

Peer interviewers in mental health services research

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Abstract

Purpose – *Inclusion of members of the target population in research is an increasing priority in the social sciences; however, relatively few studies employ approaches that involve persons with lived experience of the mental health system in mental health services research, particularly in the USA. The purpose of this paper is to describe one such approach, the employment of peer interviewers in the evaluation of a peer respite program.*

Design/methodology/approach – *The paper describes how peer interviewers were recruited, hired, trained, and supervised. The authors discuss some benefits and challenges associated with the approach.*

Findings – *Peer interviewer benefits and challenges: the shared lived experience between the peer interviewers and study participants contributed to increased comfort and a high response rate overall. The study opened up professional opportunities for peers, but inconsistent work hours were a challenge and resulted in turnover and difficulty filling vacant positions. The lead evaluator and supervisors worked closely with peer interviewers to ensure conflict of interest was mitigated to reduce bias.*

Originality/value – *This paper adds to the limited literature describing peer representation in research, outlining one avenue for partnering with peers to align research with the values of the intervention under study without compromising – and perhaps increasing – scientific rigor. The authors expect that even more peer involvement in the oversight, analysis, and interpretation of results would have improved the overall quality of the evaluation. Future efforts should build upon and incorporate the approach alongside more comprehensive efforts to partner with service users.*

Keywords *Participatory research, Mental health services research, Peer respites, Service-user research*

Paper type *Conceptual paper*

Introduction

Inclusion of members of the target population in the conduct of research is an increasing priority in mental health (Green *et al.*, 2014) and social science (Minkler and Wallerstein, 2011). This inclusive approach is referred to as “community-based participatory research” (CBPR). CBPR has gained attention for increasing participation rates and decreasing loss to follow-up, improving external validity, and building individual and community capacity (Viswanathan *et al.*, 2004). The practice of peer support explicitly values the “lived experience” (and hence, expertise) of those designing, administering, and delivering services; as such, it is particularly imperative to include such representatives in evaluation of peer-delivered interventions (Sweeney *et al.*, 2009). The evaluation of a peer respite program in the USA used elements of CBPR by employing data collectors with lived experience of the mental health system, or peer interviewers, to administer surveys to guests who received services at the program. This reflective paper describes the process used for employing peer interviewers in program evaluation. It also outlines the rationale for including peers in the research process and identifies benefits of this approach, as well as challenges and strategies employed to address those challenges.

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Peer respites

Peer respites are voluntary, short-term, overnight programs that provide community-based, trauma-informed, and person-directed crisis support and prevention 24 hours per day in a homelike environment (Ostrow and Croft, 2014). Staffed and operated by people with lived experience of the mental health system, peer respites often function as hospital diversion programs to support individuals experiencing, or at risk of experiencing, a psychiatric crisis. Individuals who use the services and supports at peer respites are referred to in the programs and throughout this paper as “guests.” The use of “guest” rather than “patient” or “consumer” exemplifies the program’s approach and orientation, which emphasizes mutuality and rejects the jargon used by traditional mental health services. Peer staff engage respite guests in mutual, trusting relationships that are guided by principles of respect and shared responsibility. A main premise behind peer respites is that psychiatric emergency services can be avoided if less coercive or intrusive supports are available in the community (Ostrow and Croft, 2015).

The peer respite and its evaluation

The peer respite program is overseen by the public County Behavioral Health Department and administered through a community-based organization. Since its inception, the peer respite team – which includes the county project director, a project director from the community-based organization, the program manager, and the peer supporter staff – have taken special care to consider the role and impact of a peer-operated program within a traditional public mental health system. The program’s originators envisioned a transformative role for peer-operated organizations – raising awareness about the peer supporter role and moving toward a more person-centered system that responds to the needs and preferences of the people who use its services.

The goals of the peer respite included reducing emergency hospitalizations for psychiatric crises, fostering recovery for individuals diagnosed with serious mental health conditions, reducing overall service costs, and increasing meaningful choices for recovery for users of mental health services. A mixed methods evaluation conducted by Human Services Research Institute aimed to determine whether the program was meeting its goals and document implementation lessons learned to inform the development and practice of peer respite. Using both qualitative and quantitative methods, evaluators drew from an array of data sources, including administrative data, guest surveys, and in-depth interviews with a range of stakeholders, including guests, peer respite staff, and traditional mental health providers.

The evaluation concluded in 2015, and final data analysis is underway. One early analysis documented that peer respite guests were 70 percent less likely to use inpatient or emergency services than a comparison group of similar mental health service users who did not use peer respite services, and that for individuals who used inpatient and emergency services during the study period, respite days were associated with significantly fewer inpatient and emergency service hours (Croft and Isvan, 2015). A preliminary examination of guest survey results compared scores before and after peer respite use and documented statistically significant improvements in ratings of quality of life, wellness, independence, and community connections (Croft, 2015).

Purpose and background

This paper aims to describe one avenue for engaging with peers to conduct research. The approach described here was informed by the practice of peer support, the history of service-user research, and CBPR methods. It is the authors’ intention that the approach described here be employed in future studies to build capacity of peer researchers, enhance the peer voice in research, and improve the relevance and utility of research results.

Peer support is a practice of equals supporting each other based on mutuality, respect, and a shared understanding of what is helpful (Mead, 2003). Peer support is situated in the consumer/survivor movement – a civil rights movement of people with lived experience of the mental health

system advocating for inclusion of this perspective in service systems, policy, and research (Ostrow and Adams, 2012). Peer support can occur in independent organizations operated by people with lived experience or in traditional mental health settings where peer supporters are employed alongside clinicians and other providers who do not explicitly disclose lived experience in their work (Ostrow *et al.*, 2015). Just as peer involvement in service delivery can be understood as a continuum ranging from peer-run to peer-informed, the involvement of people with lived experience in research is characterized by varying degrees of control over the research process.

Service-user research is a type of CBPR (Wallerstein and Duran, 2008) in which trained non-service-user researchers partner with members of the community. As with many approaches to community involvement in research, levels of involvement and control over the research process rest along a continuum, from no involvement to entirely service-user-led research (Sweeney *et al.*, 2009). Service users may be involved at multiple stages of the research process, from the development of study questions and design to analysis, interpretation, and dissemination. Service-user-led research projects have been funded in the USA since at least the early 1980s, including the California-based “Well-Being Project,” conducted between 1986 and 1989 (Campbell and Schraiber, 1989), the Consumer/Survivor Mental Health Research and Policy Work Group in 1992 (McLean, 2003), Consumer Quality Initiatives (Consumer Quality Initiatives, 2007), and the Lived Experience Research Network in 2013 (Lived Experience Research Network, 2014). Countries such as the UK, Australia, and Canada have seen continued growth of service-user research in recent years (Gillard *et al.*, 2012; Schneider *et al.*, 2004) and have developed in-depth approaches such as user focussed monitoring (Kotecha *et al.*, 2007) and co-production (Pinfold *et al.*, 2015; Gillard *et al.*, 2012).

Despite the continued development of service-user research internationally, service-user research in the USA remains relatively unfunded and therefore uncommon and underdeveloped. Other issues that interfere with the capacity-building of service-user-led research include discrimination in higher education and employment, stigmatizing views of people with lived experience as “biased” observers, and the rightful skepticism of the scientific method and its implications by people with psychiatric histories (Lived Experience Research Network, 2014).

It is not always feasible to include members of the target population in a project due to financial resources, availability of interested and appropriate partners, and other contextual factors (Ostrow *et al.*, in press). In the project described here, evaluators made the best use of available circumstances by employing data collectors with lived experience of the mental health system from the community as peer interviewers. This is an important role in a project such as this, as these peer interviewers are the evaluation team members who interface most frequently with study participants (peer respite guests).

There is increasing representation of researchers using participatory approaches – including capacity-building, consultation, and data collection methods – to be more inclusive of non-academically trained service users in research and program evaluation (Jones *et al.*, 2014). Capacity-building strategies empower community members to achieve their goals using research processes, develop skills needed to conduct program evaluation in the future, and increase research literacy of team members. For example, involving members of a target community in research can be uniquely valuable in providing crucial insight into appropriate questions for a survey, while methods experts may construct the survey instrument to maximize validity and reliability. The expertise of both parties is vital to rigorous research and evaluation; the inclusion of people from the community as peer interviewers has been hypothesized to increase the comfort of research participants through cultural sensitivity which improves validity of results (Ostrow *et al.*, in press). Respondents may be more likely to open up to peer interviewers, as compared to staff or student interviewers (Simpson and House, 2002), in part perhaps because of a shared history of marginalization and corresponding ability to build rapport with respondents (Deegan, 1993; Delman, 2007). Ultimately, the inclusion of members of the target community in research activities could result not only in increased capacity to conduct and use research, but also to increased service-user representation within the research community itself, not only informing research but also leading to future research studies led by trained researchers with lived experience.

Peer interviewers in mental health services research

From the project's inception, evaluators committed to working closely with the peer respite leadership to ensure involvement of, and relevance to, the local peer community for all evaluation activities. Though the project director does not identify as having lived experience, the evaluation plan was developed by a peer researcher (who is a co-author of this paper) and was structured to ensure that people with lived experience were involved as much as possible throughout the evaluation process. Of key focus in this paper, the evaluators worked with a small team of peer interviewers to act as local evaluation liaisons for the project. As the primary point contact introducing the study, coordinating data collection activities, and administering surveys, these peer interviewers were the ambassadors for the research to guests and peer support staff alike.

Job description

The job description was originally outlined in the program's grant application and later reviewed by leadership at the peer respite to ensure it aligned with peer values of mutuality and respect. The primary job function was to meet with guests at regular intervals in order to educate potential participants about the study, explain and ensure informed consent, and administer a battery of survey instruments related to recovery, wellness, and program satisfaction. In addition, peer interviewers met regularly as a group with the project director, program manager, and evaluators to assure data quality, review preliminary results, and participate in ongoing data quality assurance efforts. The job required regular contact with the evaluators, participation in training and orientation to the project, coordination with peer respite staff, and facilitation of evaluator site visits once per year.

Qualifications included lived experience with mental health issues or services as well as a combination of experience and training or education in health services research or a related field. Peer interviewers were also required to have sufficient relational skills to establish and maintain effective working relationships with peers and work with diverse populations. Initially, the job description required that peer interviewers have knowledge of modern research methods, data collection, and program evaluation. However, the project leadership found that few applicants possessed this skill set. As a result, a basic overview of these topics was provided in the orientation training, and peer interviewers were provided ongoing support from the evaluators to insure they understood how their activities were related to the overall research process.

From the outset, the peer interviewer position was meant to be separate from the peer supporter position to ensure impartiality and reduce bias in data collection. It was believed that if peer interviewers held dual roles as peer supporters, this might create a conflict of interest that could lead to peer interviewers intentionally or unintentionally introducing bias into the research process. For example, guest interviewees might not feel comfortable reporting negative outcomes or dissatisfaction with the program to individuals they had worked with as peer support staff.

Recruitment and hiring

In the first year of the grant, an Intentional Peer Support (IPS) training took place and was open to community members. IPS, a trauma-informed training and supervision model used in many peer respites, involves the development of reciprocal relationships between peer supporters and guests. The focus of IPS is to build community-oriented supports rather than create formal service relationships (Mead, 2011). Initial recruitment for the peer interviewer position was conducted at this IPS training by the project directors and program manager, and IPS attendees who met the qualifications for the position and who expressed interest were encouraged to apply.

As positions were vacated, the program leadership announced the job as an internal posting at the provider organization, through an announcement on an online classified site (craigslist.org), and at a local university campus. The job announcements were posted for two weeks. There was minimal response to these job postings from within the existing network of peers involved with the peer respite, and a majority of candidates were unknown to the leadership team prior to interviews.

Community members were invited to participate in the hiring process, interviewing candidates, and making recommendations to project leadership. Individuals were selected based on their qualifications as described in the job description and their fit with the evaluation and project team.

There was a moderate amount of turnover in the position over the four-year data collection period. One peer interviewer – a co-author of this paper – held the position for approximately four years, while eight other peer interviewers worked for shorter periods of time, on average seven months.

Training and orientation

Upon hiring and before beginning data collection, the lead evaluator conducted an initial orientation training for all peer interviewers either in person or via videoconference (Skype). Peer interviewers were given an orientation to the overall evaluation effort and were trained in consent, confidentiality, and human subjects protection. They were also trained to administer surveys consistently and impartially to ensure acceptable levels of inter-rater reliability. The training included discussions about being sensitive to guest needs and preferences for confidentiality and maintaining flexibility to ensure that guests' unique needs and preferences were accommodated to the extent possible during the data collection process. This included being available to guests to administer surveys in settings and during times that were most convenient to them, and being responsive to guest concerns about the research process. Peer interviewers and evaluators discussed the need to balance being friendly and empathetic with ensuring inter-rater reliability. Peer interviewers were also trained how to inform and reassure guest interviewees that the data collection process was separate from the service and supports they received at the peer respite. This was done to minimize the impact of bias resulting from respondents choosing the "right" answer even if it did not reflect their actual practices or beliefs. The concern in this context was that guests might provide more positive ratings of their experience because of perceptions that the peer support staff could learn of their ratings.

After the initial training session, new peer interviewers were paired with more experienced peer interviewers to conduct mock interviews and shadow the peer interviewers as they coordinated study activities and administered surveys. Through ongoing dialogue with one another and with the evaluation team, peer interviewers engaged in "on the job" learning, developing, and honing relational skills to ensure guests were comfortable and also to ensure the surveys were administered so as to reduce bias in the data collection process.

As mentioned above, the first cohort of peer interviewers had been trained in IPS prior to applying for the position. Although certification in IPS was not a job requirement and peer interviewers did not provide peer support to guests as part of the job, peer interviewers were required to take the IPS training when it was offered by the program to ensure that all staff involved in the process were informed by IPS principles and practice.

Working within the peer respite community

Program procedure was structured so that peer interviewers functioned separately from the staff team; however, there was a need to find a balance so that peer interviewers could have a place and a voice in the house community. For example, although peer interviewers were technically employees of the provider agency, they were asked not to attend regular team meetings of the peer supporters. This was occasionally challenging, as team meetings at peer respites are by nature open to all members of the community, and some peer interviewers were interested in attending those meetings, due to personal relationships with people in the house (both staff members and guests).

Most team members embraced the presence of peer interviewers as they worked with guests to coordinate study participation at the house. Peer interviewers needed to balance honoring the confidentiality of the research participants with being a part of an endeavor that is by definition inclusive and community-focused, for guests, counselors, and research staff. Ultimately, peer interviewers were seen by peer supporters, guests, and program leadership as an integral part of the peer respite community.

Supervision

The peer interviewers were directly supervised each month by the program manager and the county project director, who oversaw job performance issues. To minimize potential conflicts of interest in the supervisory relationship between peer interviewers and the program manager, the evaluator

provided initial training and ongoing support to the program manager. In addition, the evaluator participated in monthly meetings with the peer interviewers and the program manager to discuss issues pertaining to data quality such as engagement with guest interviewees, informed consent processes, and follow-up strategies. Supervision meetings were guided by the same relational IPS approach used by peer supporter staff in their relationships with the program manager, with each other, and with guests. Supervision meetings included discussions of how to make the workspace a supportive learning environment, future dreams and goals, and interpersonal relationships within the workspace. Work performance issues were addressed with a focus on mutual responsibility and shared power, and collaboration was key to all supervisory interactions.

Peer interviewer benefits and challenges

The peer interviewers, the program manager, a project director, and the evaluation team identified a number of benefits and challenges of the peer interviewer approach used at the peer respite.

Benefits

From the peer interviewer perspective, typical interactions with guest interviewees were characterized by openness and honesty resulting from acknowledgment of shared experience of the mental health service system. The response rate for baseline interviews – which were conducted within 24 hours of guests arrival at the peer respite – was 73.5 percent, which is far higher than the average response rate of 55.6 percent in survey research studies (Baruch, 1999) and roughly equivalent to large-scale studies that used face-to-face interview methods with the general public (Kessler *et al.*, 2004; Center for Behavioral Health Statistics and Quality, 2015). It is possible that some of this success is attributable to the peer interviewer's ability to quickly and effectively engage with guests.

As is typical of studies of this kind, many of the survey questions were of a personal nature, related to experiences of emotional distress, substance misuse, and trauma. Because of their training and experience, the peer interviewers were able to sit with individuals experiencing distress and connect them with appropriate supports if needed. Further, peer interviewers who received IPS training reported being able to use some of the practice in their work. For example, one peer interviewer recounted an experience in which a guest interviewee was speaking angrily about a range of topics that pertained to the survey content but was not responding to the survey questions. The peer interviewer expressed to the interviewee discomfort with the interaction, precipitating a conversation in which the peer interviewer and guest interviewee were able to discuss their mutual experiences. Ultimately, this conversation resulted in the guest and peer interviewer moving forward with the survey while both attending to their personal needs to be heard and to feel comfortable in the interaction.

In addition to the enhancing the interviewer-participant relationship, the creation of the peer interviewer position opened up a new employment opportunity for people with lived experience of the mental health system, many of whom had been receiving public disability insurance and/or who had limited work experience or experienced long periods out of the workforce. As flexible part-time work, the peer interviewer position represented an opportunity for some peer interviewers to gain valuable professional experience without jeopardizing eligibility for public benefits because of longer work hours.

Challenges and strategies for addressing challenges

Although the part-time nature of the data collection work appealed to some peer interviewers, it was a challenge for others. Peer interviewers were expected to meet with each guest within 24 hours of arrival to the program to and within 48 hours of discharge. Because of the nature of the program admission and discharge timing, there were few guaranteed work hours, and opportunities for more hours arose with little if any advance notice. For some peer interviewers, the unpredictability resulting from a lack of regularly scheduled work hours was experienced as a significant challenge. During the study period, several peer interviewers left the job for positions that were full-time or offered more consistent hours. This led to scheduling challenges as well as difficulty filling vacant positions quickly.

When it was not possible to fill vacant data collection positions (i.e. positions were posted for more than two weeks with few if any qualified applicants), the project team decided to hire on-call counselors as peer interviewers. On-call counselors were individuals with lived experience of the mental health system who had completed required training to be peer supporters and filled vacant shifts at the respite but did not hold regular staff positions at the peer respite. Over the course of the project, many on-call counselors were interested in working more hours than were available and were also qualified for and interested in the peer interviewer position. To safeguard against potential conflict of interest in this arrangement, the program leadership and the evaluators developed a protocol on-call counselors working as peer interviewers. The protocol outlined a process for ensuring that guests did not complete surveys with peer interviewers they had developed relationships with as on-call counselors. As a general rule, if an on-call counselor had any significant interactions with a guest while working a shift as a peer supporter, he or she could not administer a survey to that guest. On-call counselors who did not work a shift while a guest was present at the house were permitted to administer surveys. Those holding dual on-call counselor/peer interviewer roles met every two weeks with the program manager and monthly with the evaluator to discuss potential conflict of interest issues and ensure the process was going smoothly. When potential conflicts of interest arose, or when it was unclear whether an on-call counselor had had a significant interaction with a guest, the program manager was tasked with deciding whether an interview could take place. Overall, this system seemed to work well, although all team members agreed that having independent peer interviewers was preferable to peer interviewers performing dual roles. Copies of the protocol are available from the authors upon request.

The peer interviewers also experienced some challenges in their interactions with guests. On numerous occasions, the peer interviewers were in situations where they were conducting a survey with a guest they had a prior connections with in the community (e.g. receiving services from the same provider in the past). For the most part, these connections lent themselves to guests being more comfortable interacting with their peers, which possibly resulted in higher response rates for survey completion, as noted in the “Benefits”. At the same time, such prior connections and comfortable interactions also opened up an increased possibility for introducing bias into the interview process. Peer interviewers had to take extra care to remain impartial, often reminding guests the purpose of the survey and the need to be consistent in its application. Further, there were times that a peer interviewer passed survey administration responsibilities onto another peer interviewer because of a deeper connection that would make impartial data collection virtually impossible for one or both parties.

At times, peer interviewers noted a mismatch between the programmatic approach (based on interpersonal relationships, shared respect, and empathy) and the “cut and dry” nature of the survey questions, some of which were more clinical in focus than the peer respite intervention itself. For example, one survey instrument that was required by the funder included questions that referenced “treatment” and “symptoms,” which is not reflective of the language used by peer supporters practicing IPS. This conflict between scientific methods and community partners in CBPR-type projects is fairly common (Viswanathan *et al.*, 2004). Approaches that have been used to alleviate these issues are focussed around mutual respect and education, and may include making space for dialogue, educational capacity-building for researchers on cultural sensitivity and for community members about research, and involving community members in measure design and selection (Macaulay *et al.*, 1999). In interactions with guests, peer interviewers worked to ensure all interactions were characterized by mutual respect, and they educated participants about the origin and nature of the survey questions when it seemed appropriate to do so. Further, the evaluators and program manager worked with peer interviewers during supervision and monthly meetings to dialogue about participant responses to questions and ways to maintain cultural sensitivity while also ensuring consistency and working to reduce bias.

Implications for research

The process outlined in this paper has generated numerous lessons that should be employed in future studies that seek to meaningfully involve persons with lived experience. Clearly, the employment of peer interviewers had benefits that accrued to the participants themselves, the

evaluation team, and ultimately the quality of the data being collected. Participants reported feeling more comfortable working with peer interviewers than with research staff who did not disclose their personal lived experience. The study opened up job positions for peers that offered valuable experience and opportunities for career advancement. Finally, the quality of the research may have improved in the form of more valid survey data and a higher-than-average response rate, perhaps resulting in a better understanding of the efficacy of the intervention.

The challenges experienced by this particular effort are also illuminating and provide guidance for future research. In the design stages of research, those seeking to involve peers in data collection and other roles would do well to consider the local peer workforce's interest in and availability for research positions. The authors found that some individuals appreciated the flexibility and part-time nature of the work, while others sought more full-time positions with predictable hours. Ideally, a research project would involve a mix of these positions to ensure relevance for potential job seekers and hiring the most qualified candidates. A good understanding of the local peer workforce's capacity and needs should inform how peers are engaged as research staff.

Peer interviewers reported that at times, they themselves and participants were uncomfortable with the content of some of the survey questions, which were not consonant with the mission and approach of the intervention itself. To mitigate this concern in future studies, careful attention should be paid to the process of identifying outcomes and selecting instrumentation. People with lived experience can and should be engaged to ensure that the survey instruments selected are in harmony with the hypothesized outcomes and overall ethos of the intervention.

Finally, the authors cannot stress enough that peer involvement should not begin and end with a single position or job function. Critically, people with lived experience were involved in the conception and design of this study, not just data collection. However, more involvement of persons with lived experience in the oversight, analysis, and interpretation of results would certainly have improved the overall quality of the study. Future efforts might build on this approach or incorporate the approach alongside more comprehensive efforts to partner with service users to conduct research.

There is limited literature describing the various ways people with lived experience are represented in research. This paper describes the experience of one avenue for partnering with people with lived experience to align research with the values of the intervention under study without compromising – and perhaps increasing – scientific rigor. Involvement of peers in research is essential, and peer involvement is particularly well-suited for evaluations or research of peer-delivered interventions. Data collection is one important avenue for peer involvement, but it should not be the ultimate standard for peer involvement – involvement should be more integral and include peers in research leadership, coordination, development, and interpretation of results.

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