

Implementation of peer support for people with mental illness in different resource settings

How to implement the UPSIDES peer support intervention across continents and cultures in a sustainable manner?

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UPSIDES - Using Peer Support In Developing Empowering Mental Health Services

Peer support is an established intervention involving a person in recovery from mental illness being employed to offer support to others with mental illness. Peers are an untapped resource in global mental health. UPSIDES will scale-up peer support interventions for people with severe mental illness in high-, middle- and low-resource settings (Puschner, 2018).

This poster presents how peer support will be implemented and adapted to the local context by actively including peers, service users and other stakeholders throughout the entire study period. The UPSIDES implementation strategy combines scientific evidence with input from stakeholders to implement a culturally adapted peer support service which will continue to exist after the end of the study in different resource settings. The challenge is to define an implementation plan which allows for cultural adaptation and in the same time ensures comparable procedures across the study sites.



Study sites and project partners

The UPSIDES project involves

- peer support workers
- service users
- mental health professionals
- other stakeholders

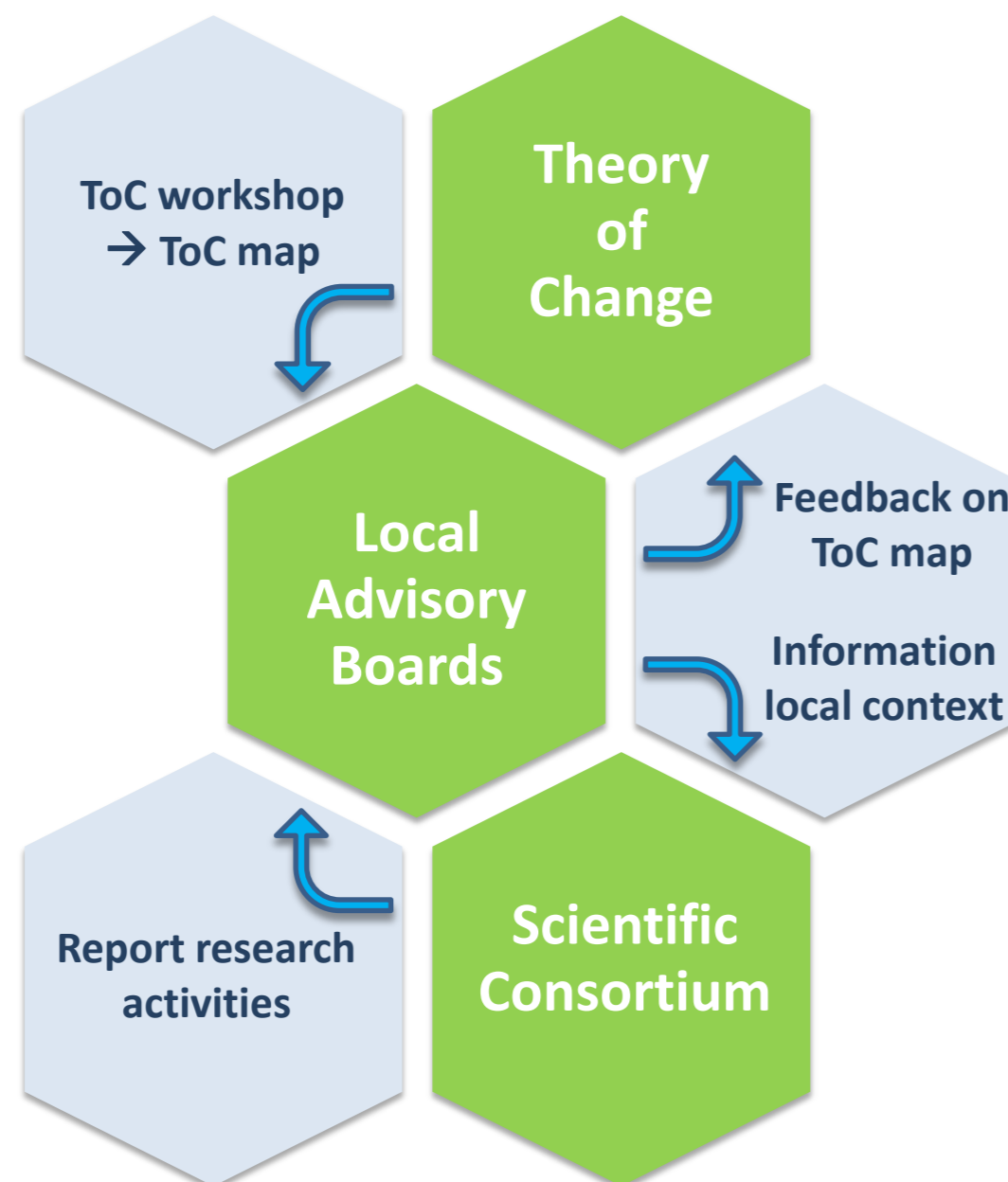
from 8 study sites in 6 countries:

- Africa (Uganda and Tanzania)
- Asia (Israel and India)
- Europe (Germany and UK)

Local Advisory Boards

Each local advisory board (LAB) consists of various representatives of stakeholders, e.g. relatives, service users, mental health staff or local community leaders.

LABs will meet biannually to provide a forum to discuss research outcomes and experiences with peer support at the local level. Theory of Change (ToC) workshops will be used to identify local barriers and facilitators for the implementation in different cultures and resource settings.

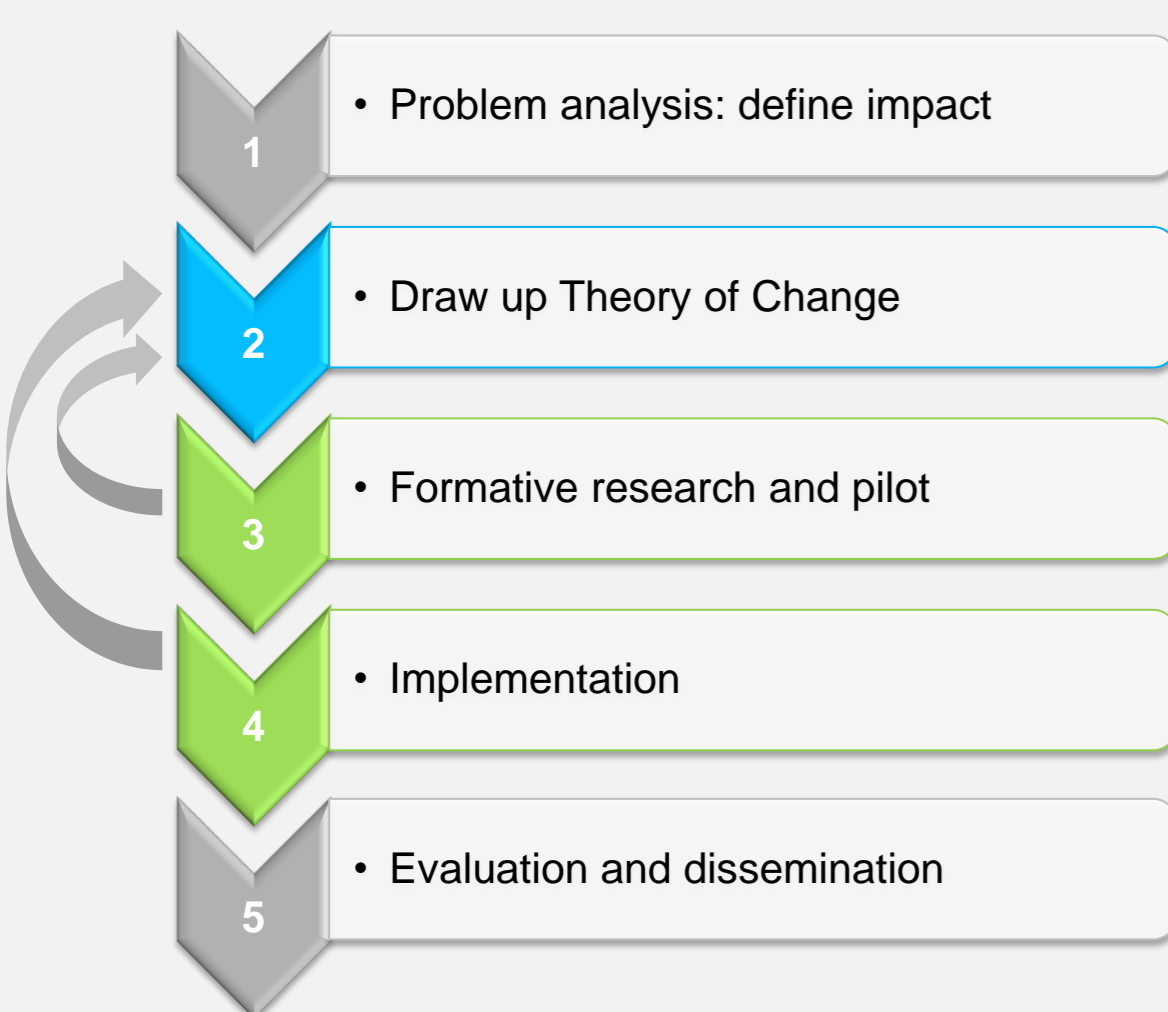


Timeline, communication flow and research activities

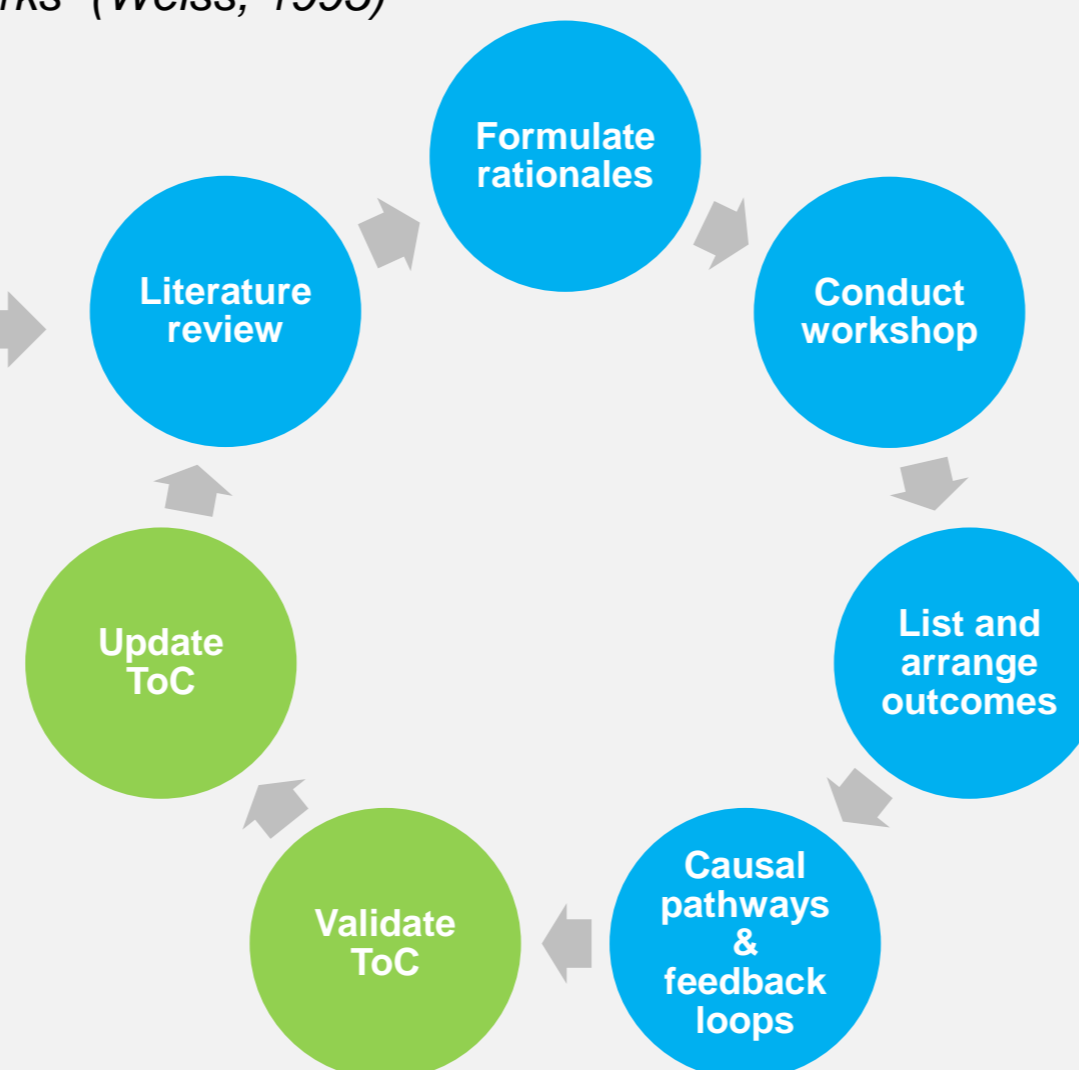
The UPSIDES implementation strategy includes a precise timeline of all implementation activities, consecutive steps and communication pathways between the scientific consortium which is divided in different work packages (WP) and the LABs to organize the flow of information and to ensure comparability across all study sites.

- **Month 6:** The outcomes of the first LAB meeting are to be reported to the work packages WP2 (current stage assessment) and WP3 (development of the intervention).
- **Month 12:** WP5 (implementation) prepares the *Theory of Change (ToC)* workshop for the second LAB meeting and will draw local ToC maps and an overall ToC map. The results will be reported to WP2 and WP3.
- **Month 18:** In the third LAB meeting the finalized intervention manual and the ToC maps will be discussed. Short reports of the LAB meetings will be sent to WP3, WP6 (evaluation) and WP7 (health economic evaluation).
- **Months 24-48:** WP6 and WP7 will provide information on study outcomes to the LAB. Subsequent updates of the ToC maps will be reported to WP5. Meeting short reports will be sent to WP3 to provide implications and ideas for changes in the intervention manual for the future implementation of peer support after the UPSIDES study.
- **Months 54-60:** The LAB members will be informed about study outcomes by WP6 and WP7. Local and global ToC maps are to be finalized and published. The LAB meetings in the last phase are crucial for the sustainability of the peer support network in the region.

Theory of Change = „A theory of HOW and WHY an initiative works“ (Weiss, 1995)



Graph designed using information of DeSilva et al. (2014) and Craig et al. (2008).



Cultural adaptation vs. comparability

One of the main challenges of UPSIDES is to find a good balance between the comparability of the procedures across sites and the cultural adaptation of the peer support intervention. The cultural adaptation will be clearly represented in each site's local ToC map. In addition, an overall global ToC map will be derived which will include common elements represented across all study sites.

Open questions:

- How to arrive at the best balance between contextualizing the intervention and methodological rigour? For example, should common "global" active ingredients be pre-specified?
- Are there objective criteria to specify the stage of optimal balance?
- How to best harmonize the steps to get there across study sites?

Literature.

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