

Title: "From the same mad planet": A grounded theory of service users' accounts of the relationship within professional peer support

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“From the same mad planet”: Service users’ accounts of the relationship within professional PS.

Abstract

Purpose

Peer support (PS)_workers are being employed despite uncertain evidence for clinical and cost-effectiveness. Psychological theories have been proposed to explain the mechanisms of PS but these lack empirical validation and specificity to professional PS. This was an exploratory study developing a substantive interpretive grounded theory of service-users’ experience of professional PS work.

Methodology

Constructivist grounded theory was used throughout. Semi-structured interviews were conducted with ten service-users who had engaged with a professional PS worker.

Findings

Three overarching themes were constructed. ‘The process of disclosure’ describes how disclosure of mental health difficulties, experiences as a service-user and wider disclosure about life experiences, interests and values facilitate the development of a shared identity with the PS worker. ‘The product of disclosure’ highlights the sense of being understood as a result of the disclosure and marks a deepening of the relationship. ‘Dual roles’ describes the tenuous position of holding both a professional relationship and friendship.

Research implications and limitations

Future research should seek to refine the theory developed and compare the effects of therapist self-disclosure with that found within PS. There were limitations within the study, including limited diversity within the sample as well as difficulties with recruitment.

Originality / value

This study connects service users’ accounts of receiving PS with existing psychological theory to move towards an understanding of the relationship between receivers and providers of professional PS.

Keywords: Service users; Professional PS; Grounded theory;

Article classification: Research paper.

Introduction

Peer support (PS)¹ has become an important part of the recovery movement within mental health services (Repper and Carter, 2011), government policy and strategy (Gillard *et al.*, 2014). PS workers are being recruited across many services within the UK (Simpson *et al.*, 2014) and internationally (Gillard and Holley, 2014), despite the equivocal evidence produced thus far (Gillard *et al.*, 2014a; Lloyd-Evans *et al.*, 2014; Pitt *et al.*, 2013). The theory behind PS is poorly understood. It is suggested that for an intervention to be robustly evaluated, understandings of how it is associated with change in outcomes should be modelled theoretically and empirically (Gillard *et al.*, 2015). In addition, with few exceptions (e.g. Gillard *et al.*, 2015), the literature on mental health PS has marginalised the perspectives of PS recipients, contrary to the principles of personal recovery.

Peer support

PS is defined as “a process by which persons voluntarily come together to help each other address common problems or shared concerns” (Davidson *et al.*, 1999, p.168). It “encompasses a personal understanding of the frustration with the mental health system and serves to reframe recovery as making sense of what has happened and moving on, rather than identifying and eradicating symptoms and dysfunction” (Repper *et al.*, 2013, p.4). The term encompasses a number of approaches that utilise the lived experience of mental health difficulties. It is distinct from individuals with mental health difficulties who work in health care settings without actively disclosing their experience to support service-users’ recovery. Failure to distinguish between different types of PS has led to the aggregation of findings for many consumer-provided services.

Types of PS

PS has developed from individuals coming together to resolve one another’s difficulties. PS has been described as forming three distinct parts (Davidson *et al.*, 1999). Firstly, mutual support groups are the progenitor of formalised PS, exemplified by Alcoholics Anonymous (AA). These groups have a flattened hierarchy with

¹ Whilst there are a number of different forms of PS, unless stated otherwise this shall refer to professional PS

members thought to hold equal status and work in a mutually beneficial manner, although the premise of equal status is in fact difficult to measure or maintain.

The second type is peer-run services, generally developed outside of statutory care and delivered by individuals who have experience of mental health difficulties. This is somewhat distinct from mutual support groups as it is not the intention for the service provider to receive care and support from those attending the groups, although with slightly more relaxed boundaries there is a degree of reciprocity (Davidson *et al.*, 1999).

Finally, professional PS services involve individuals with lived experience of mental health difficulties being employed within the National Health Service (NHS), in order to use their experience to support others going through similar difficulties. This is based on the premise that PS is a valuable component of recovery-oriented best practice for rehabilitative services (Gates and Akabas, 2007). At the time of the present research, the Trust in which it was conducted employed PS workers as supernumerary to multi-disciplinary teams (MDT). They worked in collaboration with community psychiatric nurses (CPNs), social workers, psychiatrists, clinical psychologists and other members of the MDT.

Evidence regarding PS

Research has tended to focus on benefits and challenges to the system employing PS workers (Gillard *et al.*, 2013), the benefits and challenges to PS workers in terms of effects on personal recovery (Bailie and Tickle, 2015), and the effects on the recipients of PS (Lloyd-Evans *et al.*, 2014). The majority of research has been randomised controlled trials (RCTs), quasi-experimental and experimental methods, as well as qualitative accounts.

The overall quality of evidence has been low to moderate and subject to bias (Gillard *et al.*, 2014; Lloyd-Evans *et al.*, 2014). RCTs have generally compared PS workers to treatment as usual and largely find no significant difference between peer and non-peer staff on outcomes such as hospitalisation, employment, overall psychiatric symptoms, symptoms of psychosis, depression and anxiety, quality of life, self-rated recovery, hope, empowerment and satisfaction with services. A review of the evidence identified studies that found reduced rates of hospitalisation, improved engagement of so called 'hard to reach' clients and reduced substance misuse (Davidson *et al.*, 2012). Whilst there appears to be potential for PS workers to make contributions above and beyond existing staff, demonstrable evidence regarding their effectiveness remains

equivocal (Lloyd-Evans *et al.*, 2014; Pitt *et al.*, 2013). The considerably variety of interventions offered by PS workers, and manner and services in which they are employed makes comparisons between PS worker interventions difficult (Lloyd-Evans *et al.*, 2014). PS recipients' voices are underrepresented within the literature and qualitative accounts often relate to programmes that assume a similarity with professional PS yet remain distinct.

A number of qualitative studies have explored the benefits of PS. However, few have explored potentially detrimental effects or absence of beneficial effects (Bailie and Tickle, 2015). One identified potential risks to both peer workers and recipients of PS, including risks relating to the maintenance of boundaries and risks to recipients if PS workers become unwell (Holley *et al.*, 2015). Further evaluations of this nature would provide a more balanced picture of the effects of PS. Despite limitations the conclusions of qualitative studies have identified potential benefits, including improved sense of empowerment, reduced perception of stigma (Ochocka, Nelson, Janzen, and Trainor, 2006), improved social support and social networking (Chinman *et al.*, 2008; Davidson *et al.*, 2001; Ochocka *et al.*, 2006). Such effects are yet to be demonstrated consistently.

Mechanisms underlying PS

To understand the effects of PS, it would be useful to understand the mechanisms through which it is proposed to cause change. There has been very little research on this subject and researchers state that PS lacks a theoretical underpinning and clarity with regard to expected outcomes (Lloyd-Evans *et al.*, 2014). One notable exception (Gillard *et al.*, 2015) outlines the development of a change model for understanding how PS work effects outcomes. The model draws on a number of theories, including Social Learning Theory (Bandura, 1971) and Social Comparison Theory (Festinger, 1955), but is not informed by Social Identity Theory (Tajfel and Turner, 1979), which may be pertinent in this field.

Salzer *et al.* (2002) proposed that five theories account for the potential beneficial mechanisms of PS: Social Learning Theory (Bandura, 1971), the helper-therapy principle (Riessman, 1965), experiential knowledge (Borkman, 1999), Social Comparison Theory (Festinger, 1954), and social support (Sarason *et al.*, 1983). Solomon (2004) references these same five theories but acknowledges they have no empirical support and are based on self-help groups. She claims that this is because of the difficulty in applying traditional research methods to the culture of self-help groups, but fails to specify why. Despite the complexities of establishing how PS works, it is

arguably necessary in order to understand and optimise outcomes from PS within the NHS.

Aims

This study aimed to explore and develop a substantive theory in answer to the question: what are service-users' accounts of professional PS work and how might these accounts connect with existing theory? The specific objectives were to explore service-users' accounts of professional PS work; to relate findings from these accounts to extant theory; and, based on these findings, to develop a theory that contributes to explaining the relationship developed within PS work.

Methodology

Grounded theory was appropriate as it seeks to elicit participants' understanding, perceptions and experiences to develop a substantive theoretical understanding of an under-researched phenomenon (Payne, 2007). Substantive theory is local and modifiable, unlike formal theory which remains more general and has wider application to the studied phenomenon (Corbin and Strauss, 2014). The researcher moves between constructing themes from data (induction) and the consideration of how these themes fit with other data (deduction) (Charmaz, 2014; Corbin and Strauss, 2014). Constructivism is the position of denying an objective reality and instead emphasising the subjective coconstruction of meaning between researchers and participants (Mills *et al*, 2006). Constructivist grounded theory uses a flexible approach to earlier grounded theory guidelines (Clarke, 2005).

Context

This research was undertaken within an NHS Trust employing PS workers in various contexts and teams. At the time of the research, a large proportion were employed to support individuals' transition from inpatient services to the community. PS workers were supernumerary to multidisciplinary teams (MDTs) but worked closely with other professionals to support clients. Their broadly defined role was to provide social, emotional and practical support to help facilitate clients achieve their recovery goals. They also champion recovery within their teams and aim to inspire the hope that recovery is possible for their clients. PS workers begin working with clients within inpatient settings through both self-referrals and referrals from professionals.

Recruitment

The study was advertised through PS workers and used purposive sampling to identify individuals who had worked or were working with a PS worker within the last year and for at least four weeks. Recruitment posters were also placed within Trust outpatient departments and involvement centres.

Procedure

The study gained NHS research ethics committee and local Research and Development department approval. PS workers made initial contact to assess interest in participating and provide potential participants with an information sheet and consent form and the first author's contact details to arrange participation if they wished. On meeting, participants completed written consent and a socio-demographic sheet. Audi-recorded semi-structured interviews of 30 – 60 minutes were completed in a place of participants' choosing. After interview, participants were offered a debrief regarding the study aims. Interviews were transcribed verbatim for analysis.

Interviews were all conducted by the first author, a Trainee Clinical Psychologist at the time. This professional role may have influenced participants' perceptions of the researcher and potential power imbalances, which may have impacted what was discussed, or omitted, within interviews. Attempts were made to reduce any perceived power imbalance, e.g. the participant information sheet was explicitly invitational with clear information about the right to decline and withdraw.

Participants

Ten participants, aged 19 – 53 years were recruited and are described in Table 1. Ages are not given in Table 1 to protect anonymity. Pseudonyms are used when describing participants. Ten participants were considered appropriate to achieve theoretical sufficiency: the point at which themes seem to cope adequately with new data without requiring modifications (Dey, 1999). Seven were recruited through the PS workers and three via posters. All were living independently or with family and had current contact with mental health services.

Table 1 approximately here.

One participant, Caroline, had been diagnosed with dissociative identity disorder (DID), a diagnosis associated with compartmentalised memories within different identities (Dorahy, 2001). Caroline explained that in order to get a full account of her experience of PS it would be necessary to interview another of her identities. After consultation within the research team and people with expertise in working with individuals with DID, the other identity was approached, gave written consent and was interviewed as another participant. While this approach may be unorthodox, it is in agreement with the general constructivist epistemological perspective applied in this paper.

Analysis

Charmaz (2014) proposes flexible guidelines on constructivist grounded theory. A cyclical process of data collection and analysis allows refinement of the interview schedule to further explore concepts perceived as salient to the research question. Initial line-by-line coding of data, using the participants' own language, is followed by focused coding. This evolves from the constant comparative analysis to find similarities and differences between emerging themes (Charmaz, 2014). Having identified themes, the researcher looks for negative cases, which may not fit with the emerging findings, to add depth to the analysis. Abstraction to the theoretical level is iterative, involving the movement back and forth from focused coding to more abstract concepts and developing links between them. Memo-writing was used throughout, to document this abstraction of data to the theoretical level.

Results

Three overarching themes were constructed through interviews and subsequent analysis of the data: 'The process of disclosure', 'The product of disclosure' and 'Dual roles'.

The process of disclosure

This theme describes how disclosure occurs within PS relationships and comprises 'disclosing', 'disclosing mental health experiences' and 'disclosure beyond mental health'. It also explores the degree of overlap between the disclosure wanted by the service-user and that offered by the PS worker. Disclosure tended to focus on issues related to mental health but was in no way limited to this. Indeed, disclosure of non-mental health related experiences, values and interests was a common experience and one that would seem to play an important part in the development of the relationship.

Disclosing

PS workers are employed because of the shared experience of mental health difficulty they have in common with the service users with whom they work. This is reflected in the accounts of service-users, as Alexa described:

"She's been there. She describes us as being both from the same mad planet." (Alexa).

Alexa's quote of her PS worker highlights the seemingly active identification with the service-user and exemplifies the PS worker appearing to seek common ground with the service-user, rather than holding a passive position and allowing the service-user to identify commonality. This helps to bridge the gulf between the current service-user in the midst of personal crisis and the potential to recover as demonstrated by the PS worker in the paid position of supporting others. The reference to the same planet positions them as being close to one another, yet vastly different from those around them.

Eve described the matching of shared experience and the expansion beyond what had been already disclosed, which seemed to demonstrate to her that the PS worker had a genuine understanding of their common experience. In spite of the 'big differences', there was sufficient similarity established between the two for this to feel of value to her:

“...when she expanded on how it made her feel, and suddenly came up with things that I hadn't said to her that were the same as me, so, I mean, things weren't completely the same, they still had big differences, but the initial problem was the same” (Eve).

The degree of disclosure between PS worker and their client appeared to vary considerably but in each case was able to inspire hope for the future in battling adversity. Jim articulated that the limited disclosure he was offered, served to inspire hope in the potential of recovery.

“He had had some difficulties ... he didn't go into detail ... but he'd had some difficult times in his life, and in telling me that, that encouraged me because it gave me hope for the future, because if he can do it then I can”. (Jim).

Disclosure beyond mental health

It might be natural to assume that disclosure would be limited to mental health. However, participants reported disclosure in personal experiences, interests, values and perspectives.

“I was lucky with (PSW) that he had that interest in history ...because if somebody runs with something that you enjoy ... do you know what I mean? ... I think that you start trying to um ... I think you become more open to their interests as well”. (Ian).

This highlights that conversations were not saturated with discussing mental health but went beyond those boundaries and allowed Ian to be seen, and see himself, as a person not just a diagnosis. Ian also speaks of the expanding of his activities of interest and value which may serve to further develop the relationship.

Disclosing mental health experiences

Through disclosure, there appeared an interweaving of common experiences of mental health difficulties and being a service-user. This serves to highlight similarities and develop a bond between the two. Harry conveyed the development of hope and inspiration through the narratives disclosed over time by the PS workers in witnessing and recounting their recovery:

“I suppose when they tell their stories you look for little bits of positiveness from their stories, and it does help a great deal, far more than what I can probably convey in this conversation.” (Harry).

All of the participants valued the disclosure they were privy to from their PS worker but there remained a challenge of how much to disclose to the PS worker and how to be able to ask about PS workers' experiences. This related to and is further explored in the theme of 'blurred roles'.

The product of disclosure

This theme describes the effects of disclosure on the PS relationship, rather than the process. Participants perceived their PS workers as better able to understand them because of shared lived experience. Whilst there is no way to objectively assess this understanding, it could be viewed as a product of disclosure and as enhancing the working relationship. This theme is rooted in the participants' language and offers insight into their perceptions of feeling understood by PS workers. From participants' accounts, the disclosure of experience by PS workers would appear to be the only method through which this understanding can be facilitated.

Through the establishment of shared mental health difficulties, personal experiences and mutual interests, a relationship was built on commonality and a deep understanding, or at least the perception of being understood. Most participants made reference to the sense of feeling understood by their PS workers, e.g.

"I think it's important, not only ... talking's very, very important, but not only just talking, it's talking to somebody that you can see clearly, and that understands".
(Harry)

Alexa reflected this in relation to help from her PS worker when she was struggling to understand her own experiences:

"Um, I dunno, if things come up she'll sort of, think, you know you say "Do you know what I'm talking about" and I say something that really does not make sense, she usually makes sense of it." (Alexa)

The sense of understanding produced through sharing experiences and perspectives was often held in contrast with participants' experiences of working with other mental health professionals, e.g.

“You’re like well how the hell do you know, what do you know about that really? Like, for example, with drug addicts, and they’ve got er Psychiatrists saying to them “You can do this” and it’s “How do you know, it’s not that easy, have you been on drugs?”” (Caroline)

Doubt is cast over the legitimacy of professionals’ understanding in the absence of lived experience. PS workers’ shared experiences and identity as a service-user gave the perception of being more understanding of the service-users:

“I’ve met people who have tried to give me advice. When you’ve left their company, you can tell that really it’s from a training manual, you can tell, but when you know it’s somebody who’s been there and they’ve told you their story, and you realise what they’ve been through, I think that is the key difference.” (Harry).

Harry speaks of the book-learned knowledge accumulated by professionals in comparison to the PS workers’ personal insight and experience. For the majority of participants the latter knowledge and process of disclosing held great weight and value to them. This perception of enhanced understanding through sharing experiences was described as therapeutic in its own right, but also facilitated a stronger connection between participants and their PSW.

The theme ‘the product of disclosure’ reflects a sense of being deeply understood, often in contrast with other professionals. Whilst the degree of disclosure varies between PS worker and service-user, the perceived understanding that is a result of this always seemed to develop the relationship and be viewed as beneficial. It could be argued that role disclosure through the title ‘PS worker’ is sufficient to improve understanding and subsequent disclosure further enhances this.

Dual roles

This theme highlights the unique position that PS workers come to occupy as holding both professional relationships with their clients and being perceived as friends:

“Not becoming their best friend, but becoming a friend but not their best friend” (Ian).

This holds both potentially beneficial and challenging aspects that require negotiation and planning to manage and successfully resolve. The perceived ‘friendship’ between client and PS worker is marked by a more relaxed relationship:

“You just feel so relaxed and I’ve never felt that under pressure about anything at all, I’ve just been myself.” (Betty).

Betty recognises a lack of pressure, perhaps contrasting with other relationships she may have had, and engendering a more open and honest relationship with the PS worker. This informality highlights the position of the PS worker as being something akin to a friend.

Whilst informality might imply conversations to be superficial this was not found to be the case. Indeed, the flexibility to have both more and less serious conversations allowed service-users to work at their own pace, over deeply personal content which may be difficult to conceptualise, articulate and acknowledge:

“I don’t know, it’s like quite relaxed and, like, and we can talk about serious things as well.” (Alexa)

The established relationship was seen as somewhat closer to friendship than found in other professional relationships. All participants made reference to the relationship being a friendship and viewed this positively, but there was an acknowledgement that the relationship is distinct and holds greater boundaries than a typical friendship:

“There’s only just so much you can talk to a friend about, isn’t there? And then again, there’s so much you can talk to a Peer Worker about, it’s all confidential.” (Betty).

Betty acknowledges the professional status of the PS workers and the benefit this holds in relation to confidentiality. It would seem that the relaxing of boundaries would appear to be well received by service-users and perhaps why they perceive the relationship to be a friendship as opposed to a more typical professional relationship.

“She’s laid back, you know, PS Workers, you know, they’re not like part of the Establishment, they’re more laid back and more friendlier.” (Faye).

Faye’s reference to PS workers not being part of the establishment highlights the dual position they hold. They are both professional yet somehow they are perceived to be outside of the traditional system. It would seem that the relationship is distinct in providing something that other relationships cannot. Yet there remain challenges to this relaxing of boundaries. Eve highlighted the difficulty in establishing and maintaining appropriate boundaries and holding the PS worker’s position of being a professional:

“(PS worker) were very good in that she always made it very clear that she couldn’t be our friend, she never made us think that like yeah maybe we could be friends one day, or anything like that. Whenever anything arised that were like out of the boundaries then she’d say “Oh I’m sorry but I’m a PS Worker and that’s as far as it goes”.” (Eve).

Eve highlights that she crossed boundaries in the relationship, leading to the PS worker having to reinstate expectations. . Again there are comparisons made to relationships with mental health professionals that serve to act as contextual markers for each participant, e.g.

“Yeah, you know for a fact that you’re seeing a professional and you pour your heart out to them but when you leave, you know you’re just on a conveyer belt when the next person walks in.” (Harry).

Harry’s description identifies the lack of interpersonal connection and investment by the professionals he had seen and indicates that the relationship is not one of friendship, in contrast to how his PS worker made him feel. What is unclear is what exactly constitutes ‘too’ professional.

Whilst the friendship that appears to develop between service-user and PS worker is perceived as being a positive step by all of the participants there are significant drawbacks such as the ending, e.g.

“I felt really attached to her and um it felt more like she was my friend, really, and I just felt like it was really unfair that once we’d stopped working together we weren’t allowed to be friends.” (Eve).

Jim echoed such difficulties:

“It was difficult, er, I mean I really missed him”. (Jim)

Jim spoke about the isolated position he had found himself in following his discharge from inpatient care. The support offered by his PS worker had been well received and a strong relationship had developed. When Jim’s contact ended with the particular service within which his PS worker was based, his relationship with him also had to finish. This proved particularly challenging for him and others in similar circumstances when there was a lack of other sources of social support.

Another difficult area to negotiate was when to discuss with a PS worker potentially distressing issues. This seemed related to the dual professional and friendship roles. Several of the participants expressed concern about the welfare of the PS worker should they disclose things of a distressing nature, e.g.

“I don’t feel like I want to burden her.” (Denise).

Whilst Denise had described significant disclosure within the relationship until that point, she was conflicted about disclosing more, due to the relationship. Participants did not articulate this as a problem with other professionals. There remain both opportunities and challenges to be negotiated by service-users and PS workers because of the unique position occupied by the PS worker.

‘Dual roles’ highlights the distinct position that PS workers hold when comparing the relationship to that of friends and other professionals. It would appear to fulfil a role that others are not able to achieve, however doing so entails difficult negotiations with regard to enquiring about further disclosure, and managing endings. What ‘dual roles’ does is enable the PS worker to be in a position that is intimately connected to the service-user whilst also holding professional boundaries.

Discussion

This study sought to explore service-users’ accounts of professional PS work and connect them with existing theory. Three themes were constructed from the data; ‘The process of disclosure’, ‘The product of disclosure’ and ‘Dual roles’. They highlight how disclosure encompasses mental health and wider lived experience, that disclosure would appear to lead to a sense of being understood by the PS worker, and that the position of PS worker is a tenuous balance between professional and friend that has some potential benefits but also significant drawbacks.

Social identity theory

Current literature regarding PS fails to take into account group status. During data collection and analysis within the present study it became apparent that in-group and out-group status may be significant and thus Social Identity Theory (Tajfel and Turner, 1979) is introduced here to contextualise the constructed themes.

Social Identity Theory proposes that part of an individual's identity and self-esteem is determined by their membership within a particular group. People have a natural tendency to self-categorise into one or more in-groups, which serves to delineate boundaries from out-groups. Established in-group status gives individuals a sense of belonging in the social world but also establishes a sense of 'them and us', something commonly reported in mental health services (May, 2001). Individuals may define their group status according to their profession; others may identify themselves as service-users. It has been found that subjective higher in-group status predicts better mental health status (e.g. less depressive symptoms and higher well-being) (Sani *et al.*, 2010). Whilst the implications of in-group status are interesting, especially within this population, there is no causal attribution made and no mechanism identified for how this might happen. Social Identity Theory arguably makes a rather simplistic explanation of in-group out-group processes. It asserts that individuals will positively discriminate towards their own in-group, enhancing perceived similarities, and against the out-group, enhancing differences (Tajfel, 1981). What has not been taken into account is what happens when an individual is a member of two groups such as professional and service-user, as is the case for PS workers.

The findings relate to Social Identity Theory (Tajfel and Turner, 1979) in combination with Social Comparison Theory (Festinger, 1954). The latter was proposed by Salzer *et al.* (2002) and Gillard *et al.* (2015) as one of the mechanisms underlying PS. According to this theory 'upward comparisons' are made with those deemed to be in a better position and these comparisons serve to inspire self-improvement and hope in the potential for recovery. The data suggested that upward comparisons may indeed be made with PS workers, which may lead to the inspiration of hope and potential for recovery as described in the process of disclosure.

It would be important to consider whether every individual who may be perceived by the service user to be in a 'better' position would be used within upward comparison. Based on participants' accounts, the references that were frequently made about non-disclosing mental health professionals were through negative comparisons and how service-users struggled to relate to, connect with and feel understood by these professionals. By comparison, PS workers are able to relate more easily having established commonality, a sense of being understood and an intimate connection through the informal relationship that has developed.

This raises questions regarding the selection process involved in making upward comparisons within this context. This is perhaps where Social Identity Theory may supplement Social Comparison Theory (Festinger, 1954). The latter would generalise those in a better position to be an aspirational figure, but what seems to be evident from the constructed themes is that an in-group identity is developed through disclosure. According to Social Identity Theory (Tajfel and Turner, 1979), individuals make self-categorisations to one or more group that serves to establish their sense of belonging in the social world, which also serves to establish out-groups. Based on participants' accounts, an in-group is developed through disclosure with the PS worker. This is established by the identification of commonality, whether mental health difficulties, experiences as a service-user or more widely in life experience, interests or values. According to Tajfel (1981), there will also be the establishment of an out-group, which would appear in this case to consist of non-disclosing professionals. Accordingly, differences between these two groups may be exacerbated by in-group and out-group status being recognised. Whilst the theory would suggest a potential benefit to self-esteem of service-users finding a sense of social belonging, there may be drawbacks regarding the implications this has for relationships with other mental health professionals, which would require further investigation. The model itself has some flaws, including the failure to explain the mechanism through which self-categorisation occurs.

The constructed themes pose significant questions for the position of PS workers in relation to other health professionals. The ten essential shared capabilities (ESCs) are set out as best practice for all professionals working with service-users (Brabban *et al.*, 2006). These include 'working in partnership', 'promoting recovery', 'providing service user centred care', and 'making a difference'. Based on this research, PS workers are perceived, through the process of disclosure, to understand the service users with whom they work more intimately than non-disclosing professionals. From this we might ask what PS workers are able to provide beyond that described in ten essential capabilities, perhaps particularly in relation to 'working in partnership'.

Given the potential for group differences to be exacerbated by the formation of this in-group identity the PS workers might use their position of holding dual roles to identify similarities with mental health professionals. The professionalization of PS workers may lead to a shift in alignment between other mental health professionals and service-users but is yet to be explored. Equally, non-disclosing professionals could be encouraged to find ways in

which they may be able to establish similarity or common experience with the service-user in order to enhance the relationship. This would suit the PS workers' current position of being embedded within MDTs and their role identified in previous studies for engaging 'hard to reach' individuals (Campbell and Leaver, 2003; Clay, 2005). It should be highlighted that any clinical implications would be tentative given the exploratory nature of this study and the local and situated theory that has been developed.

This research was evaluated using the guidelines described by Charmaz (2014) as to whether the constructed grounded theory could substantiate claims of credibility, originality, resonance and usefulness. This research provided an interpretive substantive theory of the experience of professional PS, however there are a number of limitations highlighted.

One limitation of this study is the recruitment method. The PS workers acting as gatekeepers to the study may have led to the perception of being personally evaluated and a concern only service-users with a good perception of PS would be recruited. This was in spite of every reassurance to the contrary as well as efforts to recruit individuals through posters as well as via PS workers. The reliance on participants' recall is a potential limitation of the study. Triangulation has many definitions but generally refers to the cross-referencing of different researchers' perceptions as a form of inter-rater reliability (Denzin, 1978). Whilst this is incongruent with the epistemological position of the author, a variety of sources that develop a rich and detailed explanation of the studied phenomenon would have been valuable. Although members of the research team have experience of using mental health services or caring for service users, the research was conducted within their professional roles. The research process may have benefited from the active involvement of current service user researchers, in line with emerging literature relating to the co-production of research (e.g. Pinfold *et al.*, 2015). The sample and data may have been significantly different had interviews been conducted by peer interviewers, although this is not without its challenges (Elliott *et al.*, 2002).

The clinical implications of this research are limited due to the situated nature of the findings in the experiences of a small sample. The participants were predominantly White British, despite that not reflecting the population of the community or mental health services from which they were drawn. There is scope for further research to explore whether demographic or cultural factors might influence the experience of PS, particularly in light of the apparent theoretical importance of social identity and social comparison. That said, the

research offers original findings, which connect service users' experiences of receiving PS to pertinent psychological theory.

In conclusion this research highlighted the spectrum of disclosure from PS workers that enables the service-user to feel understood. It offers a perspective on the tensions of holding dual roles being seen as both friend and professional and the informal approach that is apparent within PS relationships. It highlights the central importance of disclosure as a means to establish in-group identity. This was a process identification study, which could simply be described as a means of exploring the underlying processes involved in the studied phenomenon which limited the potential clinical implications at this early stage. Whilst we would hesitate to make recommendations for changes in clinical practice or training, were the theory to find further support we may make a number of recommendations. Support and supervision for PS workers in managing their tenuous role should be highlighted as being significant. Further, high quality research is necessary to establish whether the theory developed within this research may be supported in other settings.

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