Author’s response to reviews

Title: Introducing Peer Worker roles into UK mental health service teams: a qualitative analysis of the organisational benefits and challenges

Authors:

Steve G Gillard (sgillard@sgul.ac.uk)
Christine Edwards (c.edwards@kingston.ac.uk)
Sarah L Gibson (sgibson@sgul.ac.uk)
Katherine Owen (kowen@sgul.ac.uk)
Christine Wright (cwright@sgul.ac.uk)

Version: 3 Date: 28 March 2013

Author’s response to reviews: see over
**MS: 1664509930740448 Response to reviewer’s comments**

<table>
<thead>
<tr>
<th>Comments</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Since your study design is based on secondary analysis, need to include a little more information about the benefits and challenges of this approach. Address challenges related to data fit (considering that peer support was not the initial focus of the study therefore not consistently explored), and verification of the emerging themes.</td>
<td>Discussion of the secondary analysis/data fit has been expanded in the ‘strengths and limitations’ section of the Discussion.</td>
</tr>
<tr>
<td>2. The revised version of the “findings” section is improved, however, the ideas continue to be somewhat disjointed. Grounded theory analysis typically focuses on describing process. I wonder if you could consider the processes involved in becoming a peer worker within the context of the organizations that you studied. You have threads of this in the findings you present, but the themes could be re-named/re-ordered to capture how the issues unfold within the context of work. For example, “getting ready to be a peer worker”, “renegotiating relationships”, “building credibility”, “facing organizational stigma/discrimination”, “managing expectations”, “fitting in” etc. In this way, you could build the story to help the reader understand the personal, social and organizational tensions/challenges that shape integration of the peer worker and their role in the organization. Be clear on the standpoint that you are taking or message/voice that needs to be heard — do you want to foreground the process experienced by the peer workers or of the organizations that employ them? If it is an organizational message, then the process themes might be slightly different — gear your message to the intended audience. Highlighting the tensions (eg. reason for employing peer workers, relationship with staff and clients), for example, was very effective and perhaps a message for employers.</td>
<td>We are pleased that both reviewers who provided additional responses have been approving of the more in-depth analysis that, on their advice, we wrote into our revised manuscript. We have re-named one of our themes, as this reviewer suggests, to better illustrate process; we had labelled one of our themes Boundaries, boundaries, boundaries in order to emphasise the importance of the boundary issue and have re-named the theme Challenging boundaries to indicate the processes at work. We also renamed our third theme Being a Peer Worker: an experience of conflicted identity. Again, this was to clarify theme content for the reader. We feel that our set of themes do capture how issues unfolded in the context of role adoption in the teams we studied: Who becomes a Peer Worker, how and why?; Being a Peer Worker: an experience of conflicted identity; Building new teams; Challenging boundaries; Is a body of Peer Practice emerging? The reviewer is offering an alternative analysis, from a work-orientated perspective (that is, primarily addressing the Peer Worker as audience). While that is undoubtedly a valuable approach we have not taken that approach because there is not a good enough fit with our dataset to do so (primary research questions would have needed to specifically address the question of work with Peer Workers). As such the point the reviewer makes in their final paragraph opposite is more important; to be clear about our audience/message. Our intention in writing this paper has always been about providing empirically driven, conceptually informed learning at an organisational and team level on the introduction of the Peer Worker role (our second aim). Our dataset serves this aim.</td>
</tr>
</tbody>
</table>
well (within the limitations we have clarified in point 1 above) and our analysis has been structured to reflect that. We stress this aim/clarify the intended audience of the paper in the aims, methods, and discussion and conclusion sections.

3. Discussion/Conclusion section still needs some work so that your key points are clear and grounded within existing literature in the field. Instead of re-stating the findings, need to locate findings within other literature regarding employment of peer workers in mental health settings. How does your study support other findings in the literature regarding the role of peer workers? There are a number of excellent studies for example, regarding boundary issues, integration of workers into existing teams, and challenges of recruiting outsiders versus insiders. How does your study extend what is already known? As stated above, your standpoint and intended audience needs to be clear. You mention a conceptual framework related to organizational research, but I wasn’t clear about what the framework entailed or how it informed your analysis. I think you have made a number of good points in the conclusion section – could they be itemized as recommendations for employers or policy makers?

Our Discussion/Conclusion sections introduce a good deal more additional literature (references 32 to 46 cite Peer Worker and other role adoption studies in mental health and beyond to elucidate our discussion). Where we re-state findings we do so in brief summary only, in order to locate those findings in that wider literature. In this revision we add some additional sources without over-extending the paper. Again, as the reviewer suggests, we are clearer on our intended audience.

We feel that it would unbalance the paper to present a detailed conceptual framework at the outset of the paper. Instead we very briefly indicate in the Background section what some of the core concepts are in that organisational literature and then indicate at relevant points of the paper how this literature underpins our analysis conceptually.

We decided against itemising points beyond the number paragraphs we already use as we felt that the points as currently made do require some commentary; we would have to repeat those points if we also put them in an itemised list.

| 1. There were several concepts/terms that require clarification (perhaps a UK perspective that may not be easily understood by an international audience?). Not sure, for example, what you mean by a “personalization agenda” – whose agenda is this? (on page 1 & 5). Clarification of the term “antipodes” and “Trust” also needed. |
| 2. Since secondary analysis of data, need to be clear about ethics procedure – how was consent obtained to use the data? |
| 3. References missing in a few places (page 9 – explanation of grounded theory, page 11 – justifying approach to coding consistency) References to the Wellness Recovery Action Plans needs to have a registered or copyright symbol attached. |
| 4. The table outlining the study sample was very helpful, but I have a couple of questions. Was the data for your secondary analysis based on 13 of |

1. References to personalisation removed (page 1) and clarified (page 5). Antipodes amended as Australia and New Zealand; Trust is clarified as public sector health service provider.  
2. Added to study design section.  
3. The same reference applies to consecutive sentences on page 9 – we have moved the reference to the second sentence. We were not clear what missing reference the reviewer was referring to on page 11. As a team we felt that researcher agreement on coding in our study was sufficiently lower than that in the cited study using a similar approach to warrant revisiting our categories. We do not have a reference for that; we are reporting what we did. WRAP is registered – we add the appropriate symbol to every reference to WRAP.  
4. Correct; reference is made to this in discussion of the secondary analysis approach.  
5. We have moved this text as the reviewer...
121 service users and 29 of 30 staff members in the original sample? If so, it sounds like you have captured comments from most of the staff?

5. Info about coding agreement fits in the methods section, not findings since it is a strategy to increase methodological rigor in the analysis process.

6. Add more of an introduction to the findings section that outlines for the reader the key message and introduces each of the themes that will be discussed (a road map).

7. Reference list seems to initially be in numerical order, but the last 3-4 pages seem to be out of order & some missing (g. 16, 17, 28, 29)?

1. Table 1 outlining the clinical settings was very helpful – perhaps reference this at the start of the section rather than the end. You could then use the text to simply highlight key similarities and differences rather than provide details re: each program.

2. Term “adjudged” in reference to coding consistency seems a bit awkward.

3. Explanation of the value of “triangulation” of researchers as a strategy for methodological rigour was very good. You could use the term triangulation (with a reference – I think Lincoln & Guba, although others have cited this as well). Also, perhaps an example of how your standpoints shaped co-production of the narratives?

4. Did you include “negative case analysis” as another strategy for methodological rigour? In your presentation of findings, for example, you often present a key idea, then present exceptions to the ideas.

5. Not sure what you mean about “a distinctive body of peer practice” – does this refer to practice training requirements, role boundaries or the “value added” that peers bring to the team or is this reference to academic evidence from the literature?

1. We have not done this as this table is likely to appear as an additional file in the published version of the paper and so it seems sensible to retain some of the same detail in the text. We are happy to change this as the Editor sees fit.

2. We have used the word ‘considered’.

3. In both the methods section and the discussion we have avoided using the term triangulation. This is because generally accepted thinking behind prioritisation is that data is interpreted similarly using different methods/from different viewpoints etc. is prioritised over data that is variously interpreted (Patton 1990). We sought to understand, as we explain in the text, why those interpretations might be different in order to add to the explanatory power of our analysis.

We give examples in the Strengths and Limitations section of how the service user researcher standpoint shapes our analysis.

4. We did not undertake negative case analysis as a specific stage or strategy in our analysis, although as a principle using a negative case approach is one of a range of strategies informing the constant comparison approach we do refer to.

Many of the key ideas we present have both positive and negative manifestations in the data – e.g. around flexibility and hierarchy. This is not ‘negative case’ as such as all data is confirming the importance of the category (i.e. data suggesting that flexibility and hierarchy were not relevant would represent a negative case).

5. We consistently indicate that we are referring to an ‘emerging’ body of distinctive peer practice. As such this was not formalised as the
| reviewer suggests in the cases we consider. We understand that Peer Worker roles are becoming more formalised in the US but that is currently not the case in the UK. We make reference to that in the Conclusion. |