Reviewer's report

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

Version: 2 Date: 9 January 2013

Reviewer: Sandra Moll

Reviewer's report:

Major Compulsory Revisions

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.

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.

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?

Minor Essential Revisions

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 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 roadmap).

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)?

Discretionary Revisions

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?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests