

Paving the Road While Walking – Perspectives from Flexible Assertive Community Treatment Managers on Preparing the Implementation of Peer Support Work (PSW) in Outpatient Services

Kirsten Kjær Johansen, Birgitte Lerbæk, Mike Slade, Stynke Castelein & Rikke Jørgensen

To cite this article: Kirsten Kjær Johansen, Birgitte Lerbæk, Mike Slade, Stynke Castelein & Rikke Jørgensen (09 Sep 2024): Paving the Road While Walking – Perspectives from Flexible Assertive Community Treatment Managers on Preparing the Implementation of Peer Support Work (PSW) in Outpatient Services, *Issues in Mental Health Nursing*, DOI: [10.1080/01612840.2024.2391848](https://doi.org/10.1080/01612840.2024.2391848)

To link to this article: <https://doi.org/10.1080/01612840.2024.2391848>



© 2024 The Author(s). Published with license by Taylor & Francis Group, LLC.



Published online: 09 Sep 2024.



Submit your article to this journal [↗](#)








View related articles [↗](#)



View Crossmark data [↗](#)

Paving the Road While Walking – Perspectives from Flexible Assertive Community Treatment Managers on Preparing the Implementation of Peer Support Work (PSW) in Outpatient Services

Kirsten Kjær Johansen, PhD, MPH, DC^{a,b} , Birgitte Lerbæk, PhD, RN^a , Mike Slade, PhD^{c,d} ,
Stynke Castelein, PhD^{e,f}  and Rikke Jørgensen, PhD^{a,g} 

^aUnit for Psychiatric Research, Aalborg University Hospital – Psychiatry, Aalborg, Denmark; ^bUnit for Forensic Research, Mental Health Department Middelfart, Psychiatry Region of Southern, Denmark; ^cSchool of Health Sciences, Institute of Mental Health, University of Nottingham, Nottingham, UK; ^dFaculty of Nursing and Health Sciences, Health and Community Participation Division, Nord University, Namsos, Norway; ^eLentis Psychiatric Institut, Lentis Research, Groningen, The Netherlands; ^fFaculty of Behavioral and Social Sciences, University of Groningen, Groningen, TS, The Netherlands; ^gDepartment of Clinical Medicine, Aalborg University, Aalborg, Denmark

ABSTRACT



This qualitative study explored the perspectives of Flexible Assertive Community Treatment managers on preparation and employment of peer support workers. The study was based on semi-structured interviews with managers ($n=5$) in Outpatient Services in the North Denmark Region. The analysis was based on an inductive approach to content analysis which led to three themes: (1) An exploratory but energy-loaded process—deciding to employ peer support workers, (2) Paving the road while walking—preparing employment of peer support workers, and (3) Uncertainty about the “how” and the “what”—preparing mental health professionals for collaborating with peer support workers. Together these themes describe an exploratory and unstructured implementation process, revealing a lack of structure during implementation. Such circumstances are known to potentially compromise staff wellbeing, feeling insecure about own professional role, and lack of readiness to embrace peer support workers as colleagues. Applying an implementation framework and addressing the literature on barriers and facilitators may promote successful implementation of peer support worker employment.

Background

According to Westen et al. (2023), one of the most common outpatient service delivery models for persons with severe mental illness is Assertive Community Treatment (ACT). A Dutch modification of the ACT model named Flexible Assertive Community Treatment (FACT) has increased in popularity and was implemented in the Capital Region of Denmark in 2016, in 26 new teams (Westen et al., 2023). Compared to ACT, FACT has a structured and systematically organized upscaling and downscaling of care due to the clients’ needs, meaning that the support provided is based on the client’s fluctuating needs and that the support can be adjusted on a day-to-day basis from the mental health professionals (MHP) in the team (Westen et al., 2022). Moreover, the FACT model focus on recovery and empowerment and has paid peer support workers (PSWs) as part of the team (Van Veldhuizen & Bahler, 2015).

Peer support is, according to Ibrahim et al. (2020) and Mutschler et al. (2022), an approach to support mental health recovery, which is conducted by individuals based on their own experience of mental health problems and having navigated the mental health system. The Canadian Mental

Health Commission defined peer support as “the emotional and social support to those who share a common experience” (Mutschler et al., 2022). According to Ibrahim et al. (2020), establishing contact and sharing lived experiences of mental health challenges between people connects and promotes person-centred recovery. The purpose of PSWs is, as described by Byrne et al. (2021) and Ibrahim et al. (2020), to instill hope and support others in their personal recovery process. And by using their personal experience of being a patient and navigating services, to bridge the gap of distrust between service users and mental health professionals (MHPs). From the perspective of MHPs, peer support is a source of both concern and benefits. Benefits are described by Korsbek et al. (2021) in terms of PSWs bridging the world of mental health services with that of social interaction and the lived life and concerns are described by Charles et al. (2021) in terms of whether PSWs meet the requirements of confidentiality and information sharing. In addition, the special position held by the PSWs, the apparent privileges and perceived absence of specific tasks and obligations might cause reflections among the MHPs concerning

CONTACT Kirsten Kjær Johansen  Kirsten.johansen@rsyd.dk  Unit for Psychiatric Research, Aalborg University Hospital – Psychiatry, Aalborg, Denmark.

© 2024 The Author(s). Published with license by Taylor & Francis Group, LLC.

This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

their own job security and position (Korsbek et al., 2021). Reaching an understanding among the MHPs of the benefits and boundaries of the PSW role is described by Byrne et al. (2021) and Mutschler et al., (2022) as a key factor in successful implementation.

Attitudes and concerns from MHPs are essential for successful implementation of peer support in mental health services (Collins et al., 2016; Korsbek et al., 2021). Therefore, implementation of peer support work calls for structured preparation and leadership (Gillard et al., 2015; Hamilton et al., 2015; Korsbek et al., 2021; Mancini, 2018; Mulvale et al., 2019).

Evidence describes a number of relevant factors to consider for successful implementation, such as culture (Ramesh et al., 2023), implementation climate and strong leadership (Mutschler et al., 2022). Culture deals with flexibility toward the individual employee and the teams, and is expressed by showing respect, support, and trust (Ramesh et al., 2023), and strong leadership is described as engagement and commitment from leaders to employ PSWs (Mutschler et al., 2022). Implementation climate is concerned with equity in hiring processes for PSWs and other members of staff and recognizing PSWs' capability and reflecting it in the pay rates (Mutschler et al., 2022). Svensson et al. (2017) found in their study that positive attitudes and beliefs in the FACT model are crucial to successful implementation. The study states that the most important step in successful implementation takes place at the organizational level before service delivery is initiated (Svensson et al., 2017). Leaders' perspectives and responsibilities for the working environment of the involved MHPs and the collaboration between PSWs and MHPs during the process of implementing FACT and employing PSW might be sparsely described. However, we have not been able to identify any current literature presenting these perspectives. This study explores the managerial aspects of the implementation process in order to add to closing this gap in knowledge. Therefore, the aim of this study was to explore the perspectives of FACT managers on preparation and employment of peer support workers, and from the manager's perspectives how the MHPs were prepared to work alongside PSWs.

Methods

Design

The design is a qualitative interview study including all FACT managers (FMs) in the North Denmark Region. The current study is part of the research program "Peer Support and Recovery" with the overall purpose to investigate peer support and recovery in mental health services in the North Denmark Region from the perspectives of PSWs, persons with mental illness, MHPs, and FMs.

Setting

The mental health services of North Denmark Region provides treatment and care for approximately 13,400 persons with a mental illness of the 595,000 citizens in the region. The mental health services account for 1,200 full-time employees, hospital units with 270 beds, and provides outpatient care

counting approximately 98,300 face-to-face consultations per year. The services consist of two psychiatric departments, north and south, which is a geographical division of the region.

The Outpatient Services for persons with psychotic disorders count for eight FACT teams, led by five FMs. The implementation of FACT was initiated November 2019, and the PSWs were employed in September 2020. Each FACT team has employed nurses, psychiatrists, psychologists, and a PSW. In addition, some teams also include social workers and social and healthcare assistants. The average caseload is 20–25 patients per MHP. The eight FACT teams provide service for approximately 1,500 persons with psychotic disorders. Center for Recovery and Co-creation is situated in the psychiatric department south and consists of consultants that are experts in co-creation and have either user-experience or experience as a relative. The Center offers an education program and supervision for PSWs in the mental health services of the North Denmark Region.

Participants

All five FMs were invited and consented to participate in the interview study. Three had a professional background as nurses and two as psychologists. Three FMs were females and two were males. Besides being managers of FACT teams, they also had other management responsibilities e.g. head of psychologists in the department or manager of a hospital ward. Mean years of experience as managers in mental health services were 10 years with a range of 5–30 years. The one with least experience had 15 years of employment in mental health prior to being a manager. All had formal education within management.

Semi-structured interviews

An interview guide was developed, and the topics were: (a) The decision to employ PSWs, (b) The initial preparation for employment of PSWs, and (c) Perspectives on MHPs' reactions to having PSWs as colleagues. Probing was used during the interview to achieve a more detailed picture of the different aspect of the process. The probing questions addressed:

- a. The duration and extent of managerial experience; Managerial collaboration in planning implementation of FACT and employment of PSW.
- b. Planning PSW training; Developing PSW function description and defining function; The criteria the PSW had to meet to be considered for employment such as diagnosis and experience, personal recovery; Mentor function for PSW, and how the mentor was chosen/selected.
- c. MHPs' resistance toward the PSW employment; Workshop and preparation for MHP collaboration with PSW; MHPs' reaction to PSW, such as jealousy, fear and insecurity.

Three FMs were interviewed individually and two in a joint interview. The interviews lasted between 36 and 68 min

and were held during March 2022 in the participant's office or online.

Analysis

The interviews were transcribed verbatim, and analyzed using an inductive approach to content analysis, as described by Elo and Kyngäs (2008). The analysis approach describes three main phases: Preparation, organization, and reporting.

In the preparation phase the first author coded the text, identifying units of analysis. The process of open coding was guided by the aim providing insight into “what was going on” and obtaining a sense of wholeness. The coding was followed by creation of themes. The themes were grouped under headings to best describe the phenomenon, in a process of interpretation and knowledge generation. This was followed by abstraction, leading to formulating a general description of the phenomenon and creation of final themes, preparing the data for reporting.

Grouping themes, creating headings, and formulating the general description of the phenomenon was done in collaboration between the first, the second and the last author.

Ethical considerations

The research project was conducted in accordance with the declaration of Helsinki. Furthermore, the research project was locally approved by a professor and the administrator of research in Aalborg University Hospital, Psychiatry. The Ethics Committee in Region North assessed the study and according to current legislation, no approval was needed from the committee (20-01-21). All data is kept in accordance with the regulation of the European Union, General Data Protection Regulation.

All participants received oral and written information about the project and signed informed consent. They were informed that participation was voluntary and that they could withdraw from the study at any time without consequences. All participants were informed that anonymity was assured both regarding the collected data and when results were being reported.

Results

The analysis led to three themes: (1) An exploratory but energy loaded process—deciding to implement FACT and employ peer support workers, (2) Paving the road while walking—preparing employment of peer support workers, and (3) Uncertainty about the “how” and the “what”—preparing MHPs for collaborating with peer support workers.

In the following, each theme is presented with the addition of quotes to substantiate the content.

An exploratory but energy-loaded process - Deciding to implement FACT and employ peer support workers

According to the FMs, the initial inspiration to implement FACT came from two of the FMs, who at the time were

ACT managers. Curious for potential developments in the ACT model, they were searching the literature for inspiration. During this process, the concept of peer support work as part of FACT was discovered and the two FMs thought the concept sounded intriguing.

“...I think I found it captivating to consider PSWs as mental health care professionals. Just think about the potential source of knowledge about the patient that in turn can be integrated in a holistic patient approach...” (FM5)

The FMs expressed that the employment of PSWs was an issue of high concern and awareness at different levels across the organization. Some concerns discussed were the need for specific requirements for the PSWs, such as diagnosis and ability to work. According to the FMs the region granted funds to employment of PSWs despite these concerns, and PSWs became the driving force in implementing FACT in the organization. It was also described that a motivational factor for choosing to implement FACT was that it would potentially change the previous traditions of care toward a more contemporary and recovery-oriented approach.

It was stated that to initiate the implementation process, an interdisciplinary group considered the extent of implementation—whether it should be the entire FACT model as described from the Netherlands or a modified ‘pick and choose version’ (FM5) from the North Denmark Region.

“Compromises were made during the process. The result was a Northern Denmark version, choosing what we want and not aiming for accreditation. Involving PSWs was not discussed – it was considered part of the deal...despite of professional resistance to considering PSWs as equals.” (FM 5)

The implementation was described as an “exploratory but energy loaded” process by all FMs. They described numerous processes taking place concurrently but without the implementation process being standardized or structured within or across the teams. According to the FMs, the exploratory nature of the implementation process caused uncertainty among the MHPs in the teams regarding this new organization of treatment and care. The MHPs’ reactions included worries ranging from nervousness to strong criticism and concerns about relapse among the PSWs.

“I think it was insecurity...the most critical mental health professionals...I think...actually felt rather insecure” (FM5)

“...are they (PSW) mentally able to handle the job...what if they relapse...will they be readmitted here...?” (FM1)

Paving the road while walking - Preparing employment of peer support workers

Preparing the employment of PSWs was described as a laborious process by all FMs, involving knowledge gathering at all professional levels in the organization. There were several challenges during the process: technical and financial, challenges in association with the COVID-19 pandemic, and the MHPs not feeling ready for the change in practice.

There was no local standardized model for employment of PSWs and therefore the process was characterized as

“*paving the road while walking*” implying that the process was underway before next step was decided. As one FM said:

“...one can say ... many of the things we do, we have to learn from during the process, right?” (FM 2)

Some FMs described being involved in the process of preparing for the employment of the PSWs by taking part in making a function description, planning PSW training program and appointing peer mentors.

FMs stated that all staff in the organization have a function description, the purpose being to describe the core task of the function that the staff is employed to fulfill. Prior to employment of the PSWs, they described being responsible for consolidating a tailored function description in collaboration with Center for Recovery and Co-creation. This collaboration was based on close communication and the FMs expressed respect for the competences, professional knowledge and user-experience held by the employees of this center.

FMs experienced how some of the MHPs perceived the function description as insufficiently individualized, being merely a basic description of peer support work in patient care. The competencies of PSWs are based on personal user-experiences and reflects the individual’s experiences with mental illness. Hence, the function description came to be an overall description of expectations to the PSW role rather than describing the core tasks.

“Regardless of the function description, the function a peer ends up having in a team depends on personality and competences, as it does for any other professional.” (FM1)

As part of preparing the employment of the PSWs, the FMs discussed whether to send the PSWs to a peer-training program outside the mental health services of the North Denmark Region. It was decided to develop a local program anchored in Center for Recovery and Co-creation based on their knowledge and experience working with users. They described how the program was based both on the literature and experiences from training programs in other regions. Furthermore, they described how the program was planned to run concurrently with the PSWs’ employment to equip PSWs with clinical experiences before and during the training program.

“...there was a simultaneous start, all PSWs were employed at the same time, based on the intention to spend a few months in the clinic in order to better relate the peer education to clinical practice afterwards...” (FM 2)

From the FMs’ perspectives, the training program reflected a high professional standard that met the needs and requirements of a PSW.

“It was a packed program, providing knowledge about the PSW function” (FM3)

“The informal benefit of (peer) training is networking...the sense of being a ‘professional group’ (FM1)

“The elements of the peer training program...made sense and was relevant” (FM5)

However, some FMs thought it lacked basic information regarding diagnosis, and relevant psychopharmacology to equip PSWs adequately to follow along in everyday professional discussions.

In preparing employment of PSWs, the FMs described how some MHPs were chosen to be a mentor for a PSW. All new staff in the mental health services in the North Denmark Region were assigned a mentor in their first year of employment independent of their discipline. Related to PSWs this was described as a process which required careful considerations as the FMs detected what they described as resistance among some of the MHPs.

“...a mentor was appointed, someone open to the fact that a PSW is a former patient...some members of staff have, even in these patient including times, a somewhat ‘constipated’ view on patients as colleagues.” (FM 4)

Looking back, the FMs expressed the importance of involving MHPs early in the preparation of PSW employment to prevent creation of barriers to new initiatives.

“It’s an important process to become involved, not feeling new initiatives forced down ones (mental health professionals) throat... this is how I work managerially...I must have involvement in the process, as early as possible...” (FM5)

The FMs reflected that breaking down barriers in general, before receiving PSWs would enhance their possibility to flourish. Giving PSWs’ obligations and responsibility would promote their status as members of staff.

Uncertainty about the “how” and the “what” – Preparing mental health professionals for collaborating with peer support workers

Preparing the MHPs for employment of PSWs was described as largely limited to sharing knowledge and experiences from FACT teams outside the North Denmark Region on staff meetings. Some of the FMs experienced that the MHPs found the information insufficient, lacking a tailored introduction concerning how to prepare for the employment of the PSWs. The FMs experienced uncertainty among the MHPs about how to collaborate with PSWs and what role PSWs were meant to fulfill in patient care. Despite of this, it was decided to continue the process of preparing the implementation.

“...after COVID-19 pandemic, we decided now is the time for employing PSWs, right? We sensed that the mental health professionals disagreed, saying ‘we’re not ready ourselves yet’. But we said, ‘No way – we’ve got to get going, we employ them (the PSWs) before the summer holidays, they have to be ready by September 1st’. And as said so done.” (FM 2)

The FMs described some specific actions that were taken as part of the process, which was meant as ways of preparing MHPs for the employment of PSWs. One of these actions was to provide MHPs with the PSW function description. According to the FMs, the PSW function description served various purposes. It was used as a guideline to prepare the MHPs for collaborating with the PSWs and as a guide to integrate the PSW function in practice.

A second action was to select some MHPs as mentors and others to be engaged directly in the process of employing PSWs. Both processes of engagement were based on careful selection of MHPs to fulfill these tasks, as the ones engaged had to be positive toward the employment of PSWs and would support the implementation process.

“... I had selected some (mental health professionals) that had a position in the team, to be mentors for the PSWs. It was a strategic choice.... Somebody the others would listen to...” (FM 5)

Another action taken was to underline the PSWs and MHPs' equal responsibilities in practice. The FMs stated that by giving PSWs equal responsibilities such as providing legal permission to access patient records, they would be obliged to contribute and share knowledge on patient-interaction, resulting in PSWs' growth. This could constitute to a potential growth of knowledge in mental health care services based on perspectives from both MHPs and PSWs.

According to the FMs, managing PSWs would require a sense of extra attention toward both the well-being of PSWs and any potential resistance among MHPs. It was about breaking down barriers and preparing the MHPs for new colleagues. As one FM said:

“If we, as mental health care services cannot embrace employees with a different background than the ordinary educational background, as being able to contribute, then we, as a society, have a problem...” (FM3)

Implementing FACT and employment of PSWs were seen by the FMs as supporting patient involvement in mental health care. In their opinion, second step would be the on-going evaluation, improving quality of care, and overall development of practice.

Discussion

This study illuminates several aspects of the initial process of preparing employment of PSWs in mental health care, some of which are addressed in the following.

From the results, it becomes evident how the process was kick-started on a wave of enthusiasm among some FMs, aiming to change mental health care in a more recovery-oriented direction. The acceleration of the processes was probably enhanced by the political support granted. In hindsight, the lack of a structured implementation plan is obvious hence, the exploratory approach. It is essential to notice how this approach impact the various MHPs involved, in terms of barriers to implementation such as insecurity and resistance, resulting in unnecessary worries. The insufficient structure results in a sense of implementation stress among the MHPs, reinforcing the not-being-ready-for-PSWs feeling, which seemed not to be fully recognized among the FMs. Although, steps were taken to engage MHPs in the process of preparing for PSWs in clinical practice, by involving a selected group in the process. This resistance can be seen in the light of the first two of three levels of resistance to change in organizations identified by Rick Maurer (Maurer, 2010). Level one “*I don't get it*” involves thinking and rational actions toward change and may come from lack

of information and confusion over what the change means (Maurer, 2010). As articulated by the FMs, they shared knowledge and experiences about peer support with the MHPs without a significant reduction of MHPs' worries. Therefore, most of the resistance might be explained by level two of Maurer's level of resistance “*I don't like it*” which involves an emotional reaction to the change and may come from worries that the change might cause them to lose status, control or even their job (Maurer, 2010). However, it was not a consideration from the FMs that the MHPs were worried due to an emotional reaction. The third level is “*I don't like you*” and is about employees' attitudes toward the management that are inducing change (Maurer, 2010) which was not identifiable in the analysis of the interviews.

Additionally, the results reveal some apparent misunderstandings in terms of what the PSW function description is, and it's purpose. A mismatch between what the function description is *intended for*, namely defining the role of PSWs, and *what it is used for*—preparing MHPs to be colleagues and to integrate PSWs in the team, and *what it is*—a list of expectations to the PSW. The discrepancies between intention and application emphasizes the learning by doing of the entire process. This is further substantiated by the following FM's statement: “*A PSW's function in reality depends on personality and competences*”.

Whilst modifications to the PSW role are common (Charles et al., 2020), a more specific management and planning ahead of employment of PSWs would likely have resulted in a more tailored preparation of MHPs, a more uniform and tailored function description, and hence more realistic expectations to the individual PSW.

Some of the FMs mentioned that the PSW training program was lacking knowledge about psychopathology and pharmacology, which is knowledge reflecting a more biomedical approach distant from the experience-based knowledge PSW are expected to use. Is this an attempt to socialize them into traditional practice, and if so, does it pose a risk for peer drifting toward the traditional health care professionals?

Our study shows that FMs were aware of the uncertainty among MHPs concerning the role of the PSWs and establishing collaboration with them. This uncertainty underpins that applying the implementation concept “*paving the road while walking*” is associated with compromising staff wellbeing, both MHPs and PSWs in terms of expectations and roles.

Information was however available in the literature, describing how these issues could be addressed. Mancini (2018) describes various factors that contribute to effective implementation of peer support in Outpatient Services, such as clear policies and procedures and staff preparation, describing among other things procedures governing the use of peers, consultation, and training of teams, which is substantiated by the work of Mutschler et al. (2022).

In our study the accelerated decision and implementation process, may have added to an insufficient involvement and preparation of MHPs, and an initial resistance to employment of PSWs among some MHPs.

Mancini (2018) elaborates on the importance of professional education of MHPs as preparation for involving peer

support in the teams. He further states that confusion regarding peer worker roles, peer-professional boundaries and guidelines is experienced by both PSWs and MHPs and contribute to the lack of readiness both among PSWs and MHPs (Mancini, 2018). Mancini states that clear job descriptions help PSWs to identify their role, and MHPs to utilize the peer function appropriately. It is emphasized in the literature that implementation of peer support using the lens of an implementation framework can help conceptualize barriers and facilitators, and enhance implementation strategies (Chinman et al., 2017; Mutschler et al., 2022). Applying an implementation framework help address potential pitfalls in successful implementation, by addressing factors such as the evidence base for an intervention, its complexity, fit, and associated costs. It also addresses external factors such as policies and organizational network, and internal factors as communication, culture, and implementation climate within the organization. Moreover, the belief and knowledge, self-efficacy, and stage of change at an individual level, as well as stakeholder needs are taken into consideration (Damschroder et al., 2009). Mutschler et al. (2022) elaborates on the importance of certain internal factors such as training both PSWs and MHPs about the PSW role to enhance engagement in the implementation process.

Staff willingness to collaborate with PSWs is a facilitator for the implementation, which in turn requires adequate information, whereas uncertainty among MHPs about what to expect is described as a barrier to implementation (Ibrahim et al., 2020).

Therefore, structured preparation of the implementation of PSW and leadership at every level of the process is mandatory, to ensure a sense of positional security among MHPs, and to limit the barriers toward PSWs (Korsbek et al., 2021). This is essential as collaboration with PSWs can evoke concern among the MHPs in terms of confidentiality and information sharing, or be perceived as meaningful and positive, when PSWs bridges mental health care and the world of the user (Korsbek et al., 2021). Thus, guidelines and function description, as well as problem solving procedures are key factors in implementing a new collaborative relationship (Korsbek et al., 2021).

Limitations and strengths

One limitation is that the interviews were conducted late March in 2022, more than 1 year after employment of PSWs, which may have affected how the FMs talked about and remembered issues and dilemmas regarding the implementation process.

Sample size in qualitative research is often a question of reaching saturation or pragmatic choices. It is often problematized as insufficient, as small sample sizes may impede study validity and potential generalizability of the findings (Vasileiou et al., 2018). In the current study, we included all potential FMs and even though these five participants may be considered a small sample, we advocate for the aim of qualitative research, which is to reach greater understanding of human experiences rather than to reach generalizable findings (Marshall, 1996).

In the current study, the process of analysis and dissemination of findings was characterized by researcher triangulation. Researcher triangulation is an approach which brings forth multiple perspectives on the topic under study. Triangulating researcher perspectives contributes to richness and clarity, and increases the study credibility and validity (Cohen et al., 2002; Denzin, 1978). Researcher triangulation adds to the complexity of research and the time spend on the process. It also raises the demand of the analyst skills among the researchers involved (Johnson et al., 2017; Thurmond, 2001). In our study, involving skilled qualitative researchers in the process of analysis and dissemination offered a strength in meeting these demands.

Conclusion

This study explored FM's perspectives of preparation of employment of PSWs in an organization new to peer support. Based on our findings it appears that lack of structure and specific activities during implementation may compromise staff wellbeing, expressed as feeling insecure about own professional role, and lacking the sense of readiness to embrace PSWs as colleagues. Applying an implementation framework and addressing the literature on barriers and facilitators may help limit the barriers toward employment of PSWs and promote successful implementation.

Acknowledgments

This study is part of the research program "Peer support and Recovery" which is conducted in collaboration with Center for Recovery and Co-creation in Psychiatry – Aalborg University Hospital. Mike Slade acknowledges the support of the NIHR Nottingham Biomedical Research Centre.

Authors' contributions

RJ designed the study and conducted the interviews. KKJ conducted the initial coding and analysis. KKJ, RJ and BL conducted the final analysis. KKJ, RJ and BL wrote the first draft, and KKJ, RJ, BL, MS and SC commented on the following drafts, and all authors approved the final version to be published.

Disclosure statement

The authors have no relevant financial or non-financial interests to disclose

Funding

This study was supported by The Novo Nordisk Foundation and project grants in Nursing Research 2021 application number 0072529

ORCID

Kirsten Kjær Johansen  <http://orcid.org/0000-0002-0479-5846>
 Birgitte Lerbæk  <http://orcid.org/0000-0002-9196-5881>
 Mike Slade  <http://orcid.org/0000-0001-7020-3434>
 Stynke Castelein  <http://orcid.org/0000-0002-8419-568X>
 Rikke Jørgensen  <http://orcid.org/0000-0003-4911-0502>

Data availability statement

Data is not available due to ethical and legal restrictions.

References

- Byrne, L., Roennfeldt, H., Wolf, J., Linfoot, A., Foglesong, D., Davidson, L., & Bellamy, C. (2021). Effective peer employment within multidisciplinary organizations: Model for best practice. *Administration and Policy in Mental Health*, 49(2), 283–297. <https://doi.org/10.1007/s10488-021-01162-2>
- Charles, A., Nixdorf, R., Ibrahim, N., Meir, L. G., Mpango, R. S., Ngakongwa, F., Nudds, H., Pathare, S., Ryan, G., Repper, J., Wharrad, H., Wolf, P., Slade, M., & Mahlke, C. (2021). Initial training for mental health peer support workers: Systematized review and international Delphi consultation. *JMIR Mental Health*, 8(5), e25528. <https://doi.org/10.2196/25528>
- Charles, A., Thompson, D., Nixdorf, R., Ryan, G., Shamba, D., Kalha, J., Moran, G., Hiltensperger, R., Mahlke, C., Puschner, B., Repper, J., Slade, M., & Mpango, R. (2020). Typology of modifications to peer support work for adults with mental health problems: Systematic review. *The British Journal of Psychiatry: The Journal of Mental Science*, 216(6), 301–307. <https://doi.org/10.1192/bjp.2019.264>
- Chinman, M., McInnes, D. K., Eisen, S., Ellison, M., Farkas, M., Armstrong, M., & Resnick, S. G. (2017). Establishing a research agenda for understanding the role and impact of mental health peer specialists. *Psychiatric Services (Washington, D.C.)*, 68(9), 955–957. <https://doi.org/10.1176/appi.ps.201700054>
- Cohen, L., Manion, L., & Morrison, K. (2002). *Research methods in education*. Routledge.
- Collins, R., Firth, L., & Shakespeare, T. (2016). “Very much evolving”: A qualitative study of the views of psychiatrists about peer support workers. *Journal of Mental Health (Abingdon, England)*, 25(3), 278–283. <https://doi.org/10.3109/09638237.2016.1167858>
- Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science*, 4(1), 1–15. <https://doi.org/10.1186/1748-5908-4-50>
- Denzin, N. K. (1978). The logic of naturalistic inquiry. In N. K. Denzin (Ed.) *Sociological methods: A sourcebook*. In McGraw-Hill.
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107–115. <https://doi.org/10.1111/j.1365-2648.2007.04569.x>
- Gillard, S., Holley, J., Gibson, S., Larsen, J., Lucock, M., Oborn, E., Rinaldi, M., & Stamou, E. (2015). Introducing new peer worker roles into mental health services in England: Comparative case study research across a range of organisational contexts. *Administration and Policy in Mental Health*, 42(6), 682–694. <https://doi.org/10.1007/s10488-014-0603-z>
- Hamilton, A. B., Chinman, M., Cohen, A. N., Oberman, R. S., & Young, A. S. (2015). Implementation of consumer providers into mental health intensive case management teams. *The Journal of Behavioral Health Services & Research*, 42(1), 100–108. <https://doi.org/10.1007/s11414-013-9365-8>
- Ibrahim, N., Thompson, D., Nixdorf, R., Kalha, J., Mpango, R., Moran, G., Mueller-Stierlin, A., Ryan, G., Mahlke, C., Shamba, D., Puschner, B., Repper, J., & Slade, M. (2020). A systematic review of influences on implementation of peer support work for adults with mental health problems. *Social Psychiatry and Psychiatric Epidemiology*, 55(3), 285–293. <https://doi.org/10.1007/s00127-019-01739-1>
- Johnson, M., O'Hara, R., Hirst, E., Weyman, A., Turner, J., Mason, S., Quinn, T., Shewan, J., & Siriwardena, A. N. (2017). Multiple triangulation and collaborative research using qualitative methods to explore decision making in pre-hospital emergency care. *BMC Medical Research Methodology*, 17(1), 11. <https://doi.org/10.1186/s12874-017-0290-z>
- Korsbek, L., Vilholt-Johannesen, S., Johansen, G. K., Thomsen, R., Johansen, M. B., & Rasmussen, K. S. (2021). The intentional differences: A qualitative study of the views and experiences of non-peer mental health providers on working together with peer support colleagues in mental health. *Community Mental Health Journal*, 57(8), 1435–1441. <https://doi.org/10.1007/s10597-021-00807-8>
- Mancini, M. A. (2018). An exploration of factors that effect the implementation of peer support services in community mental health settings. *Community Mental Health Journal*, 54(2), 127–137. <https://doi.org/10.1007/s10597-017-0145-4>
- Marshall, M. N. (1996). Sampling for qualitative research. *Family Practice*, 13(6), 522–525. <https://doi.org/10.1093/fampra/13.6.522>
- Maurer, R. (2010). *Beyond the wall of resistance (revised edition): Why 70% of all changes still fail—And what you can do about it*. Bard Press.
- Mulvale, G., Wilson, E., Jones, S., Green, J., Johansen, K.-J., Arnold, I., & Kates, N. (2019). Integrating mental health peer support in clinical settings: Lessons from Canada and Norway. *Healthcare Management Forum*, 32(2), 68–72. <https://doi.org/10.1177/0840470418812495>
- Mutschler, C., Bellamy, C., Davidson, L., Lichtenstein, S., & Kidd, S. (2022). Implementation of peer support in mental health services: A systematic review of the literature. *Psychological Services*, 19(2), 360–374. <https://doi.org/10.1037/ser0000531>
- Ramesh, M., Charles, A., Grayman, A., Hiltensperger, R., Kalha, J., Kulkarni, A., Mahlke, C., Moran, G. S., Mpango, R., Mueller-Stierlin, A. S., Nixdorf, R., Ryan, G. K., Shamba, D., & Slade, M. (2023). Societal and organisational influences on implementation of mental health peer support work in low-income and high-income settings: A qualitative focus group study. *BMJ Open*, 13(8), e058724. <https://doi.org/10.1136/bmjopen-2021-058724>
- Svensson, B., Hansson, L., Markström, U., & Lexén, A. (2017). What matters when implementing Flexible Assertive Community Treatment in a Swedish healthcare context: A two-year implementation study. *International Journal of Mental Health*, 46(4), 284–298. <https://doi.org/10.1080/00207411.2017.1345041>
- Thurmond, V. A. (2001). The point of triangulation. *Journal of Nursing Scholarship: An Official Publication of Sigma Theta Tau International Honor Society of Nursing*, 33(3), 253–258. <https://doi.org/10.1111/j.1547-5069.2001.00253.x>
- Van Veldhuizen, J., & Bahler, M. (2015). Manual flexible assertive community treatment (FACT). *no. August*
- Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: Systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology*, 18(1), 148. <https://doi.org/10.1186/s12874-018-0594-7>
- Westen, K., Boyle, P., & Kroon, H. (2022). An observational comparison of FACT and ACT in the Netherlands and the US. *BMC Psychiatry*, 22(1), 311. <https://doi.org/10.1186/s12888-022-03927-x>
- Westen, K., Vugt, M. V., Rosenquist, A., Lexén, A., Delespaul, P., & Kroon, H. (2023). The flexible assertive community treatment fidelity scale: Description of the development in the Netherlands and adaptation in Denmark and Sweden. *Nordic Social Work Research*, 13(2), 259–266. <https://doi.org/10.1080/2156857X.2021.1952479>