

Dossier d'actualité

Mai 2012

La pairaidance en psychiatrie

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Les ressources proposées dans ce dossier sont principalement issues de revues, de thèses et de mémoires.

Certains articles de revues sont réservés aux abonnés : n'hésitez pas à vous adresser à votre centre de documentation ou bibliothèque pour connaître les modalités d'obtention des articles.

Pour consulter les nouveautés parues depuis la parution de ce dossier, cliquez sur la base à interroger :

- [SantéPsy](#)
- [Pubmed \(toute date\)](#)
- [Pubmed \(références de moins de 5 ans\)](#)

1. Introduction

Ce dossier est complémentaire à celui sur [les médiateurs de santé / pairs](#) paru en mars 2012. C'est pourquoi, les références sur ce sujet ont été exclues de ce dossier. Toutes fois, certaines références peuvent se recouper dans les deux dossiers, car elles apportent des informations indispensables à chacun des dossiers.

Les références datent de moins de 5 ans pour rester au plus près de l'actualité.

2. Articles, thèses et chapitres

Documents francophones

BEETLESTONE Emma ; BOUSSER Agnès ; MESTRE Michèle

Les « pairs-aidants » bénévoles des associations d'usagers : acteurs du prendre soin en santé mentale.

PRATIQUES EN SANTE MENTALE, 2012, n°2, pp. 27-30

CARIA A

Vers l'empowerment des usagers.

In GUELFY Julien-Daniel ; ROUILLON Frédéric, Manuel de psychiatrie, Elsevier Masson, 2012, p. 758-759.

BEETLESTONE Emma ; LOUBIERES Céline ; CARIA Aude

Le soutien par les pairs dans une maison des usagers en psychiatrie. Expérience et pratiques

SANTE PUBLIQUE 2011 ; 23 (HS) : 141-153

Depuis peu, les associations d'usagers de la psychiatrie ont acquis une place parmi les acteurs de la santé mentale. Leurs actions au niveau individuel, fondées sur le soutien par les pairs, ont lieu au sein de différentes activités, comme les « groupes de parole » ou encore dans le cadre des GEM (groupes d'entraide mutuelle). Une enquête qualitative, basée sur une méthodologie ethnographique, a été menée à la Maison des usagers du centre hospitalier Sainte-Anne à Paris, où des bénévoles d'associations tiennent des permanences. L'étude rend compte de l'expérience et des pratiques de membres d'associations assurant un rôle de « pair-aidant » dans l'objectif d'amener des éléments de réflexion sur l'apport des associations d'usagers pour les personnes soignées en psychiatrie. Les résultats de l'enquête montrent que les « pair-aidants » à la Maison des usagers ou au sein de groupes de parole, partagent une expérience du « rétablissement », et des pratiques communes de soutien par les pairs. Ces pratiques répondent aux demandes de personnes souffrant de troubles psychiques, exprimées à différents temps de leur démarche de soin. Nous avons identifié quatre composantes principales du travail de soutien par les pairs. L'étude montre la spécificité de ce type de pratique parmi les différentes ressources existantes dans le champ de la santé mentale.

FAYARD Annick Coord., CARIA Aude Coord., LOUBIERES Céline.

Empowerment et santé mentale [dossier].

SANTE DE L'HOMME 2011 ; (413) : 7-44.

<http://www.inpes.sante.fr/SLH/pdf/sante-homme-413.pdf>

Donner aux patients une réelle possibilité de conduire leur propre projet de vie et vivre au mieux avec la maladie est l'un des objectifs de l'empowerment en santé mentale. Au cours des dernières décennies, la législation française a intégré peu à peu cet objectif. Concrètement, cela implique de former les professionnels et de créer les conditions pour que la voix des usagers soit entendue. [résumé d'auteur]

BEETLESTONE Emma

Entraide et Psychiatrie. Étude sur le soutien par les pairs à partir de l'expérience de la maison des usagers du Centre Hospitalier Sainte-Anne.

Thèse de doctorat en médecine, spécialité psychiatrie. Paris : Université Paris 6, 2010 : 172 p.

DUTOIT Martine ; SAINT PE Marie-Claude

La pairaidance en santé mentale.

RHIZOME 2009 ; (36) : 12.

http://www.orspere.fr/IMG/pdf/Rhizome_36_BD.pdf

La pairaidance ou l'entraide mutuelle se diffuse peu à peu en France et est reconnue dans le champ du handicap psychique¹ comme une ressource, subventionnée en tant que compensation du handicap pour lutter contre l'isolement, l'exclusion sociale et la stigmatisation. L'entraide mutuelle est vue comme un objectif des GEM ouverts en ville, voire comme un support, un vecteur pour des projets collectifs. [résumé d'auteur]

GARDIEN Eve.

La pair-émulation dans le champ du handicap : histoire, pratiques et débats en France [dossier].

RHIZOME 2010 ; (40) : 2-3.

http://www.orspere.fr/IMG/pdf/Rhizome_40_bd.pdf

L'introduction en France de perspectives renouvelées sur le handicap, portées par le mouvement social nord-américain Independent living, est à l'origine de la création du terme 'pair-émulation'. Ce mouvement pour la Vie Autonome s'est initialement développé dans le cadre d'un programme communautaire porté par l'université de l'Illinois dès 1962, programme visant à intégrer en milieu universitaire ordinaire des étudiants handicapés. Une véritable révolution architecturale de ce campus ainsi qu'une transformation profonde des représentations du handicap en découleront. [d'après le résumé d'auteur]

FURTOS Jean, LAVAL Christian.

Incontournables savoirs profanes dans l'évolution des métiers d'aide et de soin [dossier].

RHIZOME 2010 ; (40) : 2-15.

http://www.orspere.fr/IMG/pdf/Rhizome_40_bd.pdf

La prise en compte de la place et du savoir des usagers s'est souvent faite, en France, sous la modalité du conflit identitaire, tout particulièrement en santé mentale. Depuis plusieurs décennies, la politique de reconnaissance et de transmission des savoirs profanes s'est cependant progressivement imposée, par la loi. Mais voici que, dans ce champ que l'on croyait pacifié, les discussions actuelles sur l'introduction de pairs-aidants, ou médiateurs de santé rémunérés au vu de leur expérience de la maladie, porte à nouveau à incandescence les problématiques identitaires : qui est qui, qui soigner, qui est soigné. Les pairs-aidants vont-ils remplacer à moindre coût les professionnels de santé [d'après le résumé d'auteur]

ROUCOU S.

Au-delà de la loi du 11 février 2005...Les 'pairs-aidants'... Comment faire d'une 'fragilité' un atout pour mieux rebondir.

INFORMATION PSYCHIATRIQUE 2008 ; 84(10) : 913-21.

<http://www.jle.com/fr/revues/medecine/ipe/e-docs/00/04/45/4C/article.phtml>

Les 'fous' peuvent-ils apporter quelque chose à la société ? Si la loi du 11 février 2005 entérine la notion du handicap comme un désavantage à compenser, il me semble que nous devons maintenant aller plus loin en reconnaissant la plus-value que peuvent apporter les personnes en situation de handicap à travers leur expérience intrinsèque du chemin à parcourir vers le rétablissement. De nombreuses expériences de 'pair-aidance' et de 'pair-émulation', inspirées d'expériences américaines, commencent à se développer en France; elles tendent à prouver l'extraordinaire contribution que peuvent apporter les usagers ou ex-usagers des services de soins en position de 'pair-aidant'. Cet apport n'a aucunement vocation à se substituer à celui des professionnels, mais nous revendiquons son originalité et sa spécificité. Si j'avais à retenir un seul mot de mon expérience en tant qu'usagère des services de 'santé psychique', ce serait le mot RENCONTRE. [résumé d'éditeur]

LE CARDINAL P, ROELANDT JL, ROUCOU S, LAGUEUX N, HARVEY D.

Le 'pair-aidant', l'espoir du rétablissement.

SANTE MENTALE 2008 ; (133) : 69-73.

Le concept de «pair-aidant» considère que les personnes qui ont vécu et surmonté un problème de santé mentale peuvent apporter une expertise spécifique pour soutenir leurs pairs dans leur rétablissement. Un accompagnement original qui impulse une dynamique nouvelle et recadre la rechute dans un processus d'évolution positif plus global. [résumé d'auteur]

Groupe d'entraide mutuelle

BAILLON Guy

Les GEM, un paradigme nouveau pour la psychiatrie

In BAILLON Guy, Quel accueil pour la folie, Champ social éditions, 2011, p. 306-314.

FINKELSTEIN C.

Les GEM : s'entraider entre pairs.

REVUE FRANCAISE DES AFFAIRES SOCIALES 2009 ; 63([1]) : 229-31.

DURAND B.

Les Groupes d'entraide mutuelle : un acquis des usagers.

INFORMATION PSYCHIATRIQUE 2009 ; 85(9) : 803-12.

<http://www.john-libbey-eurotext.fr/fr/revues/medecine/ipe/e-docs/00/04/50/DE/article.phtml>

NAUDIN Jean, ARTHUR M, GIRARD V, FRAPPAS M, DURAND B.

Santé mentale dans la cité à Marseille : GEM, précarité et santé mentale.

PRATIQUES EN SANTE MENTALE 2009 ; 55(1) : 27-40.

LONGUET MT, BAILLON G, DESCLAUX F, ARTHUR M, DUPA MF, GERARD R, et al.

GEM : la diversité.

PRATIQUES EN SANTE MENTALE 2008 ; 54(1) : 33-7.

PIDOLLE A, BARRES M, FINKELSTEIN C, ESCAIG B, DURAND B.

Les GEM : lieux de mieux vivre.

PRATIQUES EN SANTE MENTALE 2008 ; 54(1) : 25-32.

Documents anglophones

Revue de la littérature et méta-analyses

Miyamoto Y, Sono T.

Lessons from peer support among individuals with mental health difficulties: a review of the literature.

Clin Pract Epidemiol Ment Health. 2012;8:22-9. Epub 2012 Apr 16.

<http://benthamscience.com/open/cpemh/articles/V008/22CPEMH.pdf>

We conducted a comprehensive narrative review and used a systematic search strategy to identify studies related to peer support among adults with mental health difficulties. The purposes of this review were to describe the principles, effects and benefits of peer support documented in the published literature, to discuss challenging aspects of peer support and to investigate lessons from peer support. Fifty-one studies, including 8 review articles and 19 qualitative studies, met the inclusion criteria for this review. Most of the challenges for peer support were related to "role" and "relationship" issues; that is, how peer support providers relate to people who receive peer support and how peer support providers are treated in the system. The knowledge gained from peer support relationships, such as mutual responsibility and interdependence, might be a clue toward redefining the helper-helper relationship as well as the concepts of help and support.

Repper J, Carter T.

A review of the literature on peer support in mental health services.

J Ment Health. 2011 Aug;20(4):392-411.

http://www.ccomssantementalelillefrance.org/sites/ccoms/files/Peer%20Support%20Literature%20Review%20-%20Repper%20and%20Carter%202011_1.pdf

This article aims to review the literature on PSWs employed in mental health services to provide a description of the development, impact and challenges presented by the employment of PSWs and to inform implementation in the UK.

Pfeiffer PN, Heisler M, Piette JD, Rogers MAM, Valenstein M.

Efficacy of peer support interventions for depression: a meta-analysis

Gen Hosp Psychiatry 2011, 33(1):29-36.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3052992/?tool=pubmed>

Objective : To assess the efficacy of peer support for reducing symptoms of depression.

Methods : Medline, PsycINFO, CINAHL, and CENTRAL databases were searched for clinical trials published as of April 2010 using Medical Subject Headings and free text terms related to depression and peer support. Two independent reviewers selected randomized controlled trials (RCTs) which compared a peer support intervention for depression to usual care or a psychotherapy control condition. Meta-analyses were conducted to generate pooled standardized mean differences (SMD) in the change in depressive symptoms between study conditions.

Results : Seven RCTs of peer support versus usual care for depression involving 869 participants were identified. Peer support interventions were superior to usual care in reducing depressive symptoms, with a pooled SMD of -0.59 (95% CI: -0.98, -0.21; p=0.002). Seven RCTs with 301 total participants compared peer support to group cognitive behavioral therapy (CBT). There was not a statistically significant difference between group CBT and peer interventions, with a pooled SMD of 0.10 (95% CI: -0.20, 0.39 p=0.53).

Conclusion : Based on the available evidence, peer support interventions help reduce symptoms of depression. Additional studies are needed to determine effectiveness in primary care and other settings with limited mental health resources.

Autres articles

Kemp V, Henderson AR.

Challenges faced by mental health peer support workers: peer support from the peer supporter's point of view.

Psychiatr Rehabil J. 2012 Spring;35(4):337-40.

OBJECTIVE: This study aimed to identify the various challenges encountered by peer support workers in Western Australia in the course of their work and to identify possible solutions to those challenges.

METHOD: We used the nominal group technique to collect and analyze the data.

RESULTS: The main challenge encountered by participants was a lack of understanding of the peer support worker role which caused them to experience a sense of exclusion. The main solution focused on strategies to educate consumers, managers, and health professionals about the peer support worker role. CONCLUSION AND IMPLICATIONS FOR PRACTICE: Managers have a responsibility to be informed about the peer support worker role and communicate role related information to other team members to ensure that peer support workers are included as part of the health team. Implications for practice therefore center on training for managers and inclusion of the peer support worker role in orientation programs. Further, if these steps are not undertaken, a valuable resource could be lost to a health service to the detriment of persons with a mental illness.

Ostrow L, Adams N.

Recovery in the USA: from politics to peer support

Int Rev Psychiatry 2012;24(1):70-8.

Efforts to transform the mental health service delivery system to a more consumer-driven and recovery-orientated approach has its roots in a somewhat radical anti-psychiatry and civil-rights movement dating back to the 1970s. This grass-roots effort gained momentum and credibility with Harding's landmark study published in 1988 followed by the work of Anthony et al. from Boston University in beginning to define the term 'recovery'. In 1998 the Office of the US Surgeon General issued its first report on mental health, and this critical view of the shortcomings of the existing service system set the stage for the 2003 President's New Freedom Commission and its recommendations for recovery-orientated systems transformation. The recovery movement has evolved from a more radical view in the early days, to participatory involvement in systems, to returning to alternative models of care that are more independent. Now as more peer specialists work in systems, there is an increased emphasis on non-medical alternatives and the cycle continues. Regardless, recovery, self-determination, choice, etc. are always at the centre. This paper notes the interesting cycles of recovery-orientation and how they spin around the values/tenets of the movement's early roots.

Loumpa V.

Promoting recovery through peer support: possibilities for social work practice.

Soc Work Health Care 2012 ; 51(1):53-65.

The Recovery Approach has been adopted by mental health services worldwide and peer support constitutes one of the main elements of recovery-based services. This article discusses the relevancy of recovery and peer support to mental health social work practice through an exploration of social work ethics and values. Furthermore, it provides an exploration of how peer support can be maximized in groupwork to assist the social work clinician to promote recovery and well-being. More specifically, this article discusses how the narrative therapy concepts of "retelling" and "witnessing" can be used in the context of peer support to promote recovery, and also how social constructionist, dialogical, and systemic therapy approaches can assist the social work practitioner to enhance peer support in recovery oriented groupwork.

Landers GM, Zhou M.

An analysis of relationships among peer support, psychiatric hospitalization, and crisis stabilization

Community Ment Health J 2011, 47(1):106-12.

This study's objective was to investigate how peer support relates to psychiatric hospitalization and crisis stabilization utilization outcomes. The likelihood of experiencing a psychiatric hospitalization or a crisis stabilization was modeled for consumers using peer support services and a control group of consumers using community mental health services but not peer support with 2003 and 2004 Georgia Medicaid claims data; 2003 and 2004 Mental Health, Developmental Disability, and Addictive Diseases (MHDDAD) Community Information System data; and 2003 and 2004 MHDDAD Hospital Information System data. Peer support was associated with an increased likelihood (odds = 1.345) of crisis stabilization, a decreased but statistically insignificant likelihood (odds = 0.871) of psychiatric hospitalization overall, and a decreased and statistically significant (odds = .766) likelihood of psychiatric hospitalization for those who did not have a crisis stabilization episode.

West C.

Powerful choices: peer support and individualized medication self-determination

Schizophr Bull 2011;37(3):445-50.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3080673/?tool=pubmed>

Melling B, Houquet-Pincham T.

Online peer support for individuals with depression: a summary of current research and future considerations

Psychiatr Rehabil J 2011;34(3):252-4.

TOPIC: Online peer support services are increasingly recognized as valuable resources for individuals living with depression to be proactively involved in the management of their mental health and well-being.

PURPOSE: The paper summarizes the research which has thus far explored the efficacy of online peer support services for people with depression and raises important questions for consideration of future research.

SOURCES USED: Published literature on online peer support services for people with depression.

CONCLUSIONS AND IMPLICATIONS: Online peer support services can provide many advantages for people living with depression. However, given the limited empirical evidence of the efficacy of online peer support services specifically for depression, future research is required to substantiate the anecdotal evidence of these services. Obtaining a greater understanding of such services will facilitate the development of more effective and meaningful services to assist those living with depression.

Greden JF, Valenstein M, Spinner J, Blow A, Gorman LA, Dalack GW, et al.

Buddy-to-Buddy, a citizen soldier peer support program to counteract stigma, PTSD, depression, and suicide

Ann. N. Y. Acad. Sci. 2010;1208:90-7

Citizen soldiers (National Guard and Reserves) represent approximately 40% of the two million armed forces deployed to Afghanistan and Iraq. Twenty-five to forty percent of them develop PTSD, clinical depression, sleep disturbances, or suicidal thoughts. Upon returning home, many encounter additional stresses and hurdles to obtaining care: specifically, many civilian communities lack military medical/psychiatric facilities; financial, job, home, and relationship stresses have evolved or have been exacerbated during deployment; uncertainty has increased related to future deployment; there is loss of contact with military peers; and there is reluctance to recognize and acknowledge mental health needs that interfere with treatment entry and adherence. Approximately half of those needing help are not receiving it. To address this constellation of issues, a private-public partnership was formed under the auspices of the Welcome Back Veterans Initiative. In Michigan, the Army National Guard teamed with the University of Michigan and Michigan State University to develop innovative peer-to-peer programs for soldiers (Buddy-to-Buddy) and augmented programs for military families. Goals are to improve treatment entry, adherence, clinical outcomes, and to reduce suicides. This manuscript describes training approaches, preliminary results, and explores future national dissemination.

Salzer MS, Schwenk E, Brusilovskiy E.

Certified peer specialist roles and activities: results from a national survey

Psychiatr Serv 2010, 61(5):520-3

OBJECTIVE: In 2001 Georgia became the first state to allow services provided by certified peer specialists (CPSs) to be reimbursed by Medicaid. Six other states have since followed Georgia's lead, with many others in the process of doing so. This study examined where CPSs work and what they do.

METHODS: CPSs (N=291) from 28 states completed an online survey.

RESULTS: CPSs primarily did their work within the agency rather than in the community and worked most often with individuals rather than groups. CPSs frequently provided peer support and focus on self-determination, health and wellness, hope, communication with providers, illness management, and stigma. They spent the least amount of time supporting people's family, parenting, dating, or spiritual relationships.

CONCLUSIONS: CPS work settings and modalities varied greatly, although a core set of activities was identified. Implications for developing and refining CPS roles in the system are discussed, along with suggestions for additional training and supervision.

Franke CCD, Paton BC, Gassner L-AJ.

Implementing mental health peer support: a South Australian experience

Aust J Prim Health 2010 ;16(2):179-86.

Mental illness is among the greatest causes of disability, diminished quality of life and reduced productivity. Mental health policy aims to reform services to meet consumers' needs and one of the strategies is to increase the number of consumers working in the mental health service system. In South Australia, the Peer Work Project was established to provide a program for the training of consumers to work alongside mental health services. The project developed a flexible training pathway that consisted of an information session, the Introduction to Peer Work (IPW) course and further training pathways for peer workers. External evaluation indicated that the IPW course was a good preparation for peer workers, but a crucial factor in the implementation process of employing peer workers was commitment and leadership within the organisation in both preparing the organisation and supporting peer workers in their role. To assist organisations wanting to employ peer workers, a three step model was developed: prepare, train and support. The project has been successful in establishing employment outcomes for IPW graduates. The outcomes increased with time after graduation and there was a shift from voluntary to paid employment

Griffiths R.

Peer support.

Ment Health Today 2010 nov ;25.

Bouchard L, Montreuil M, Gros C.

Peer support among inpatients in an adult mental health setting

Issues Ment Health Nurs 2010 ; 31(9):589-98.

Existing literature indicates peer support is beneficial for people with mental illnesses and plays an important role in recovery. While many studies in the mental health field have focused on formalized peer support within the community, none have explored the experience of peer support among hospitalized patients. The purpose of the current study was to explore the perceptions and experiences of naturally occurring peer support

among adult mental health inpatients. In-depth interviews were conducted with ten inpatients across four mental health units, two acute and two long-term. Interviews were transcribed verbatim and analyzed using a qualitative descriptive design. The data show that peer support among inpatients is extensive and beneficial, and occurs independently of staff involvement. The findings illustrate that peer support is a thoughtful process that involves observing, reflecting, taking action, and evaluating outcomes. Supportive actions include helping with activities of daily living, sharing material goods, providing information and advice, sharing a social life, and offering emotional support. This leads to various positive outcomes for providers and recipients of peer support, such as improved mental health outcomes and quality of life. Attempts to provide supportive interactions occur within a particular context, which can hinder or facilitate peer support. The new insights from this study could provide health professionals with an increased recognition of peer support and an appreciation for the unique role patients play in their own and in their peers' recovery. These findings have important implications for establishing collaborative working partnerships with mental health inpatients.

Robinson J, Bruxner A, Harrigan S, Bendall S, Killackey E, Tonin V, et al.

Study protocol: The development of a pilot study employing a randomised controlled design to investigate the feasibility and effects of a peer support program following discharge from a specialist first-episode psychosis treatment centre

BMC Psychiatry 2010 ; 10:37.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2885323/?tool=pubmed>

BACKGROUND: Young people with first-episode psychosis (FEP) are at risk of a range of negative outcomes. Specialist FEP services have been developed to provide comprehensive, multi-disciplinary treatment. However, these services are often available for a restricted period and the services that young people may be transferred to are less comprehensive. This represents a risk of drop out from treatment services in a group already considered to be at risk of disengagement. Peer support groups have been shown to improve social relationships among people with psychosis however individual peer support programs have not been tested on young people with first-episode psychosis; nor have they been tested at the point of discharge from services.

METHODS/DESIGN: The study is an 18-month randomised controlled trial being conducted at Orygen Youth Health Research Centre in Melbourne, Australia. The aim of the study is to test the feasibility and effects of a 6-month peer support intervention delivered to young people with FEP over the period of discharge. Participants are young people aged 15-24 who are being discharged from a specialist first-episode psychosis treatment centre. There is a 6-month recruitment period. The intervention comprises two hours of contact per fortnight during which peer support workers can assist participants to engage with their new services, or other social and community activities. Participants will be assessed at baseline and post intervention (6 months).

DISCUSSION: This paper describes the development of a randomised-controlled trial which aims to pilot a peer support program among young people who are being discharged from a specialist FEP treatment centre. If effective, the intervention could lead to benefits not only for participants over the discharge period, but for peer support workers as well.

Travis J, Roeder K, Walters H, Piette J, Heisler M, Ganoczy D, et al.

Telephone-based mutual peer support for depression: a pilot study

Chronic Illn 2010 ;6(3):183-91.

OBJECTIVES: To evaluate the acceptability, feasibility and depression-related outcomes of a telephone-based mutual peer support intervention for individuals with continued

depressive symptoms in specialty mental health treatment.

METHODS: Participants were depressed patients with continued symptoms or functional impairment treated at one of the three outpatient mental health clinics. Participants were partnered with another patient, provided with basic communication skills training, and asked to call their partner at least once a week using a telephone platform that recorded call initiation, frequency and duration. Depression symptoms, quality of life, disability, self-efficacy, overall mental and physical health and qualitative feedback were collected at enrolment, 6 weeks and 12 weeks.

RESULTS: Fifty-four participants enrolled in the 12-week intervention and 32 participants (59.3%) completed the intervention. Participants completing the study averaged 10.3 calls, with a mean call length of 26.8 min. The mean change in BDI-II score from baseline to study completion was -4.2 (95% CI: -7.6, -0.8; $p < 0.02$). Measures of disability, quality of life and psychological health also improved. Qualitative assessments indicated that participants found meaning and support through interactions with their partners.

DISCUSSION: Telephone-based mutual peer support is a feasible and acceptable adjunct to specialty depression care. Larger trials are needed to determine efficacy and effectiveness of this intervention.

Delaney K.

The peer specialist movement: an interview with Gayle Bluebird, RN (interview by Kathleen Delaney).

Issues Ment Health Nurs 2010 ;31(3):232-4.

In this interview, Gayle Bluebird, RN, Director of the Office of Technical Assistance (OTA) Center for Peer Networking, discusses the history and progress of the peer specialist movement. For the past 40 years, Gayle Bluebird has advocated for persons with psychiatric disabilities in service sectors, policy arenas, and with federal/state agencies. She has helped produce several important films and monographs on reducing seclusion and restraint. Currently her focus is on building a broader understanding of peer support services. This interview focuses on the peer specialist and the strides of peer support specialists in improving mental health services.

Moll S, Holmes J, Geronimo J, Sherman D.

Work transitions for peer support providers in traditional mental health programs: unique challenges and opportunities.

Work 2009 ;33(4):449-58.

BACKGROUND: Peer support is gaining recognition as a valuable component of mental health service delivery, and a meaningful employment opportunity for mental health consumers. Despite the potential benefits of peer support, there continues to be many barriers to the development and funding of peer positions.

METHOD: The overall purpose of this multi-site project was to build capacity for employment of trained peer providers in local, community-based mental health programs. A collective case study approach was adopted to explore how peer support was integrated into traditional mental health services. In-depth interviews were conducted with both new and established peer providers and their managers in six different programs.

FINDINGS: Analysis of interview transcripts led to identification of key work transitions for peer support workers, from defining and establishing roles, to negotiating the learning curve, and dealing with the challenges associated with their unique role as both consumer and provider.

CONCLUSION: Effective integration of peer support requires consideration of the work role, unique needs of the worker, and the overall workplace environment. Integrating peer support providers is a process that evolves over time and does not end once someone is hired.

Resnick SG, Rosenheck RA.

Integrating peer-provided services: a quasi-experimental study of recovery orientation, confidence, and empowerment.

Psychiatr Serv. 2008 Nov;59(11):1307-14.

<http://ps.psychiatryonline.org/data/Journals/PSS/3862/08ps1307.pdf>

OBJECTIVE: Peer-provided mental health services have become increasingly prominent in recent years, despite a lack of evidence of beneficial impact. The study presented here compared the effectiveness of the Vet-to-Vet program, a peer education and support program, and standard care without peer support on measures of recovery orientation, confidence, and empowerment.

METHODS: Participants were recruited in two consecutive cohorts between 2002 and 2006, one before the implementation of the Vet-to-Vet program in June 2002 (cohort 1; N=78) and one after (cohort 2; N=218). Follow-up interviews were conducted at one, three, and nine months. There were few baseline differences between the cohorts. Intention-to-treat analyses compared cohorts on changes over time on measures of recovery orientation, confidence, and empowerment. A third cohort (cohort 2-V) was constructed that consisted of the subset of participants from the second cohort who directly participated in more than ten Vet-to-Vet sessions since the last research interview (N=102). Comparisons between this cohort and the first cohort constitute as-treated analyses.

RESULTS: In the intention-to-treat analyses, the Vet-to-Vet cohort scored significantly higher on measures of empowerment. In the as-treated analyses, significant differences favoring the Vet-to-Vet cohort were observed on both empowerment and confidence. Secondary analyses of clinical measures showed significant differences favoring the cohorts 2 and 2-V on measures of functioning and on alcohol use.

CONCLUSIONS: These data suggest that participation in peer support may enhance personal well-being, as measured by both recovery-oriented and more traditional clinical measures.

Verhaeghe M, Bracke P, Bruynooghe K.

Stigmatization and self-esteem of persons in recovery from mental illness: the role of peer support

Int J Soc Psychiatry 2008 ; 54(3):206-18.

BACKGROUND: Persons with mental health problems often experience stigmatization, which can have detrimental consequences for their objective and subjective quality of life. Previous research seeking for elements buffering this negative association focused on coping strategies and revealed that none of the most often used strategies is successful.

AIMS: This article studies whether peer support among clients can moderate this negative link, and to what extent. Following the buffering hypothesis on stress and social support, it was expected that the association between stigmatization and self-esteem would be less among persons experiencing greater peer support.

METHODS: This research problem was studied by means of ordinary least squares regression analysis using quantitative data from structured questionnaires completed by 595 clients of rehabilitation centres.

RESULTS AND CONCLUSIONS: The results confirm that stigmatization is negatively related to self-esteem, while peer support is positively linked with it. Furthermore, they show that peer support moderates the negative association between stigmatization and self-esteem, but not in the expected way. These findings suggest that peer support can only have positive outcomes among clients with few stigma experiences, and that stigmatization itself could impede the formation and beneficial consequences of constructive peer relationships among persons receiving professional mental healthcare.

Nestor P, Galletly C.

The employment of consumers in mental health services: politically correct tokenism or genuinely useful?

Australas Psychiatry 2008 ;16(5):344-7.

OBJECTIVE: The aim of this paper is to examine the role of consumers as service providers and to describe the successful employment of peer support workers in a public mental health service. CONCLUSIONS: The Peer Support Worker program in Adelaide, South Australia is consistent with evidence obtained from previous research in demonstrating the successful training and employment of consumers as peer workers in a public mental health service.

Coatsworth-Puspoky R, Forchuk C, Ward-Griffin C.

Peer support relationships: an unexplored interpersonal process in mental health.

J Psychiatr Ment Health Nurs. 2006 Oct;13(5):490-7.

Consumer-survivors (C/Ss) identify peer support as a resource that facilitates their recovery. However, little is known about the factors that influence or how the peer support relationship (PSR) develops/deteriorates. The purpose of the study was to explore and describe the PSR within the subculture of mental health. Using an ethn nursing method, the study focused on informants from two C/S organizations who received peer support (n = 14). Findings revealed that the PSRs may develop or deteriorate through three, overlapping phases. Contextual factors that influenced the development/deterioration of the PSR are discussed. Understanding the processes and factors that contribute to the development/deterioration of PSRs will enable clinicians and C/Ss to assess and promote the development of healthy, supportive PSRs in mental health.

3. Voir aussi en ligne

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<http://www.psycom75.org>

Centre de Documentation du Centre Hospitalier Jean-Martin Charcot

Onglet Netvibes « Pair aidant »

http://www.netvibes.com/doccharcot#Pair_aidant

Programme québécois Pairs Aidants Réseau

En mars 2006, l'Association québécoise pour la réadaptation psychosociale (AQRP) et l'Association des personnes utilisatrices de services de la région 03 (APUR) déposaient

conjointement, à la demande du Ministère de la Santé et des Services sociaux (MSSS), un projet visant à développer une stratégie québécoise pour favoriser l'embauche et l'intégration des intervenants pairs aidants au sein des services de santé mentale. Ce projet s'inscrit en réponse à l'un des importants objectifs du plan d'action ministériel 2005-2010, La force des liens, qui préconise l'embauche de spécialistes pairs aidants dans 30% des équipes de suivi intensif et d'intensité variable. [description issue du site]

<http://www.aqrp-sm.org/projets/pairs-aidants/index.html>

Smith Lesley, Bradstreet Simon, The Scottish Recovery Network

Experts by Experience: Guidelines to support the development of Peer Worker roles in the mental health sector

2011

<http://www.ccomssantementalelillefrance.org/sites/ccoms/files/experts%20of%20experience.pdf>

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