

## Peer2peer training course pilot project, January - June 2018

### Celebrating, reflecting and learning: A project overview report

#### Project overview:

Moray Wellbeing Hub CIC, and our partners See Me who supported this pilot, wanted to explore and further develop the Peer2Peer tool to support community Champions to use life experiences in their wider community empowerment roles (e.g. as trainers, mentors, connectors, event supporters, campaigners etc).

The Peer2Peer course was developed as a result of a European Commission funded partnership project, led in part by Scottish Recovery Network, to train people with lived experience of mental health problems to support others in their recovery using their life experiences effectively as a core tool.

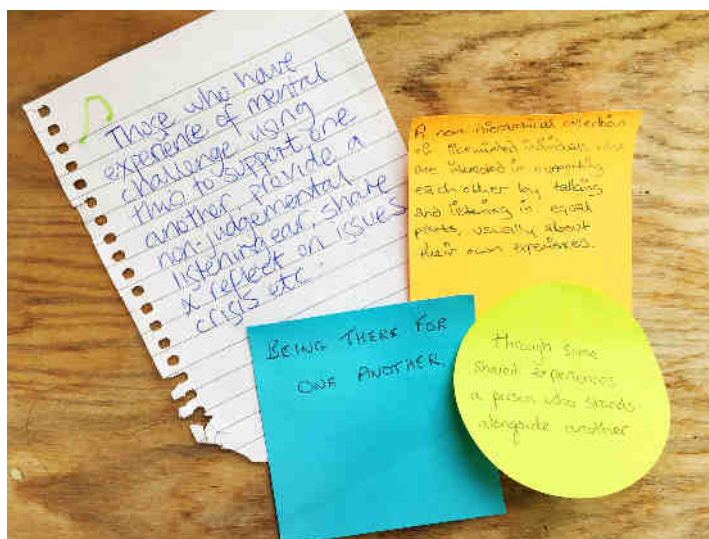


Figure 1: Participant thoughts on defining 'peer'

What we planned:	What we delivered:
Recruit a viable cohort of participants	<ul style="list-style-type: none"> <li>18 applications, all successful</li> <li>Used Eventbrite for application process with peer-mentor support for those who faced access barriers</li> </ul>
Adapt Peer2Peer materials	<ul style="list-style-type: none"> <li>New training resources created with Peer2Peer as a foundation</li> <li>Assessment paperwork and certificates created</li> </ul>
Deliver 12 two hour evening sessions	<ul style="list-style-type: none"> <li>12 sessions delivered and one catch up session six weeks post course</li> </ul>
Support up to 18 participants to achieve learning outcomes	<p>(see course learning outcomes in appendix 1)</p> <ul style="list-style-type: none"> <li>18 attendees, 15 completed the course, 13 passed assessment (one pending).</li> <li>Written assessment in 2 parts completed by all passing course</li> <li>2 attendees converted learning in to an Adult Achievement Award with partners LEAD Scotland</li> </ul>
Support participants to achieve personal outcomes	<ul style="list-style-type: none"> <li>Measured levels of wellbeing, connection, self-management, sense of control, hope, ability to give and receive support increased.</li> <li>Stigma decreased by nearly 10% in regard to sharing mental health challenges with others.</li> </ul>

*"... personal change happens through a journey of discovery, this course has been an empowering journey. Found out more about myself, more about life and stepping out of my comfort zone."*  
*Course participant*

#### Reflecting on achieving project aims:

**Project timescale and timing:** The duration changed to January – June 2018 from its the planned completion in March as part of a codesign and feedback process with participants. This meant we could fit in a break over Easter and a six week catch up post course completion; fitting around the learning needs of participants as well as their wider wellbeing and life commitments such as school holidays. One learning from the timing of the course was that for some participants the dark

evenings of January made attendance very challenging, but for others the course being run at this time of year was a lifeline and helped maintain their wellbeing. In future we will explore starting courses a little later (our first session was January 18<sup>th</sup>) but we recognise that this may present other challenges linked to funding which can be linked to the financial year.

**Partnership with See Me:** This project was a very supportive experience of partnership. As well as financially, See Me supported us around evaluation and course content, such as incorporating some elements of their own Champion training programme. Being able to contact them ad hock and informally suited the organic development of the resource and was supportive to the course project lead. The administration of their funds was straightforward and common-sense, often an area that can cause stress for small project. The whole project felt mutual, authentic and therefore also echoed the values of the course.

**Application process:** Using Eventbrite worked well for most applicants, although having a flexible approach was also important; two applied verbally due to a short closing date and technical challenges with computer access, their details were recorded at the first session. From the start we wanted to encourage strong commitment to approach and course length. For example, the application form helped to encourage achievable expectations: it asked some reflective thinking questions from them, it clearly asked if a 14 week course would be a possible commitment for them and it explored what they hoped to gain from the process.

Effective Peer Support Relationships

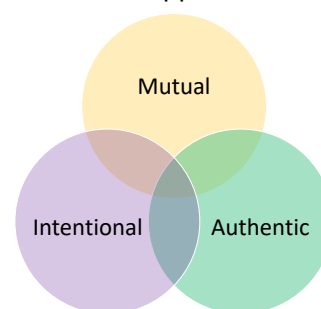


Figure 2: Core peer values

**Offering support for travel and childcare:** Having financial support to offer this was a big incentive for some Champions. Not all required the support but two were able to attend because of the financial childcare support.

**Level of commitment from participants:** The fact this was a Champion only course is a key factor in the high retention of participants for such a long course. It is also might be a factor as to why we had no unsuitable applications and high attendance each week. Of the three who did not complete the course there were clear reasons for non-attendance and none were from a lack of commitment to anti-stigma work but rather their wider wellbeing and commitments.

*"I really enjoyed being back in a peer environment, particularly sharing our dreams was very powerful bringing it back to basics about what being a champion is and how it means to individuals - connectedness"*

*"With regards to the Peer2Peer training, I now have the confidence and assertiveness to share my recovery stories and I realise that others have the same issues."*

*Comments from participant*

**Delivery by local peer-mentor:** Having someone based in the area who was both delivering and developing the course with participants was a core factor in the project's success in linking to existing mentoring around WRAP and other peer delivery. On one date a different experienced WRAP facilitator subbed for the core peer-mentor. This worked well giving variety and different viewpoints to participants. By linking the course in to wider projects in Moray this gave longevity to the investment of funding and participant time.

**Coproducing and evolving the course during delivery:** The Peer2Peer course materials were designed to be delivered flexibly and course adaption is actively encouraged. The Scottish Recovery Network (SRN), key development partners in Peer2Peer, took elements from the SQA accredited

PDA in peer work as inspiration – giving a wider choice to those who wanted to deliver and study in peer skills in Scotland and beyond.

Each week the project peer-trainer would look ahead to the next lesson and work to adapt materials, adding extra examples to exercises, creating materials from scratch and adapting from See Me and MWH core materials. They would also take into account the feedback and comments given at the end of every session by the participants. Although this created quite a lot of work week to week, it did result in resources that MWH and See Me can use internally for Champion training and for shorter courses.

We added to the standard Peer2Peer course in two ways – firstly by widening the context of ‘peer’ and secondly by rooting the course within our organisation, the champion role and anti-stigma work. The full course learner outcomes are in appendix 1.

1. Context of peer: Peer2Peer materials are very much focused on mental ill-health experiences, examples for exercises mention trauma and diagnosis but not wider related life challenges and experiences that are excellent resources for peer work e.g. cancer self-management, carer roles, alcohol and other addictions, long-term condition management, aging, parenthood etc.
2. Context of Champion role: As a flexible tool for organisations and groups to adapt, Peer2Peer is very general. However, having a local, more practical context to ground the work was very useful.



Figure 3: Peer2Peer logo

*“Good examples (role play) on trying to show what mutuality and empowerment is.”*

*“Great session again. Excellent scenarios. Learning all the time”*

*“Theory helped explain what was going on within myself”*

*“Learnt how to speak differently to people”*

*Comments from participants on course content*

**Certification, qualification and partnership with LEAD Scotland:** Despite the considerable commitment required to pass the course, we could only offer our own certificate for those who passed. Whilst not all participants were concerned that there was no recognised qualification, seeking mainly to attend the course for their own development, others chose to turn their portfolio in to an Adult Achievement Award SCQF Level 6. Working with LEAD Scotland had been successful in the past, they were flexible and very supportive, and could provide an SQA recognised qualifications. We invited their Learning Coordinator to attend part of a course session, appropriate as she was also a Champion, she then supported four people to develop a portfolio, with two achieving the award. Additionally, one participant who had previously completed an AAA with both organisations, was recruited as a LEAD Scotland peer mentor to support others.

*“I decided to take up the offer of achieving the Adult Achievement Award to further formalise my learning and felt this was an achievable goal. I gained further insight into my course through this process of reflection.” Comment from learner*

*“The Adult Achievement Award has been very helpful in further learning and motivation for my future goals as well as reflecting how much I got from the Peer2Peer Training course. I learned that my learning styles are an Activist as well as a Reflector and I think this is a good balance to have. I can also ask for help and support when I need it and I have people around who can support me.”  
Comment from learner*

*“The Adult Achievement Award was ideal for those undertaking the Peer2Peer Training allowing participants to gain a nationally accredited award for their learning and strengthening their Reflective Skills developed through the training programme. Whilst working with the participants it was evident that they benefited and enjoyed the Peer2Peer training gaining confidence in a deeper knowledge and understanding of the Peer Support role.”  
Comment from LEAD Scotland Learning Coordinator*

## Evaluation and monitoring:

**Evaluation and celebration processes:** We used a number of quantitative and qualitative data gathering processes. These had three aims - to gather evaluation data for the pilot, to support the codesign process of editing sessions week to week, to aid reflective practice and celebration of achievements for participants.

To record this we used;

1. Post-its after every session on what worked and what needed change
2. Dot feedback sheets
3. Pre and post evaluation questionnaires. (see appendix)

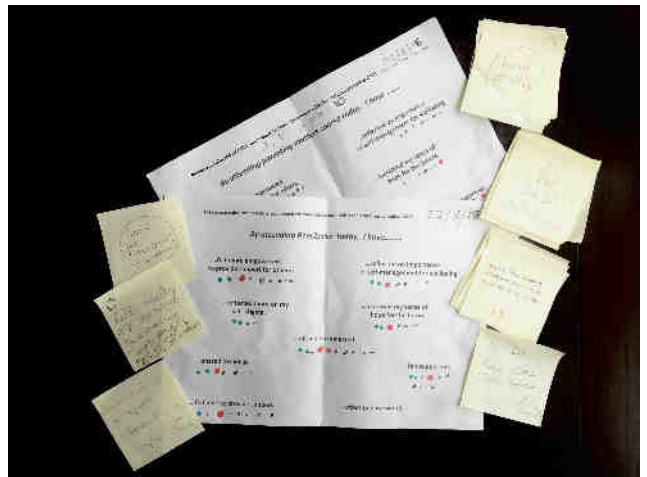
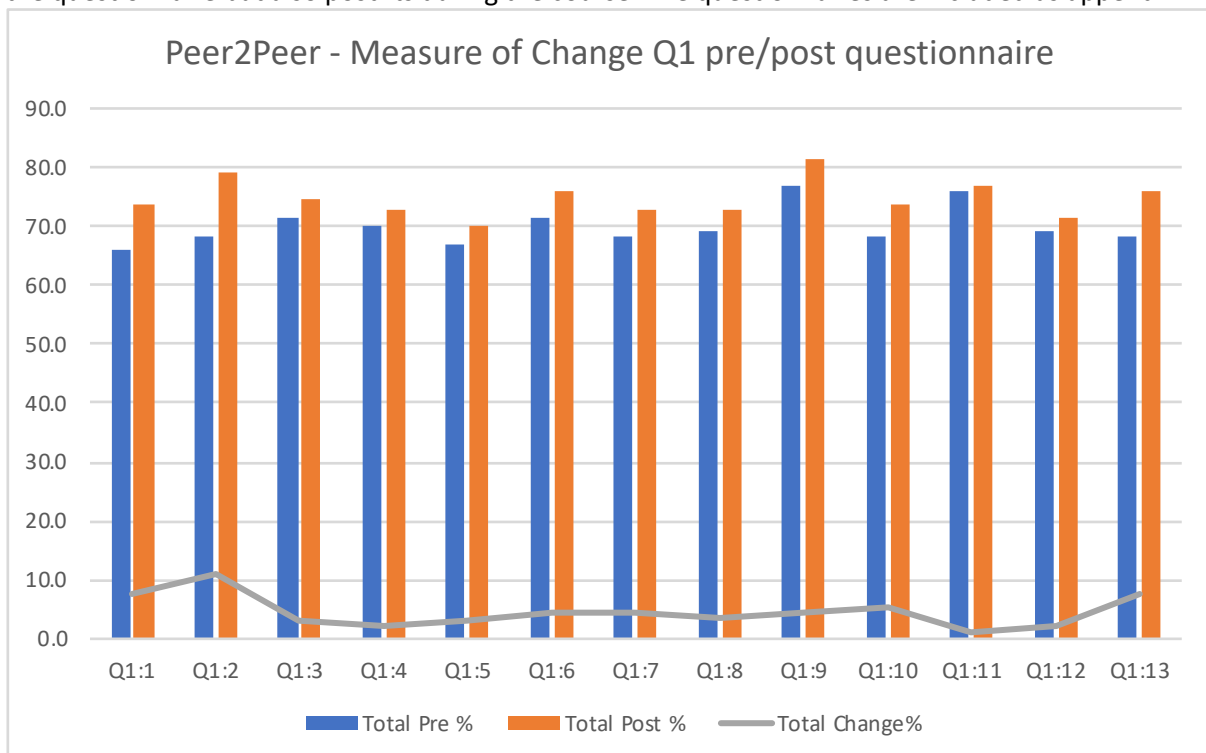


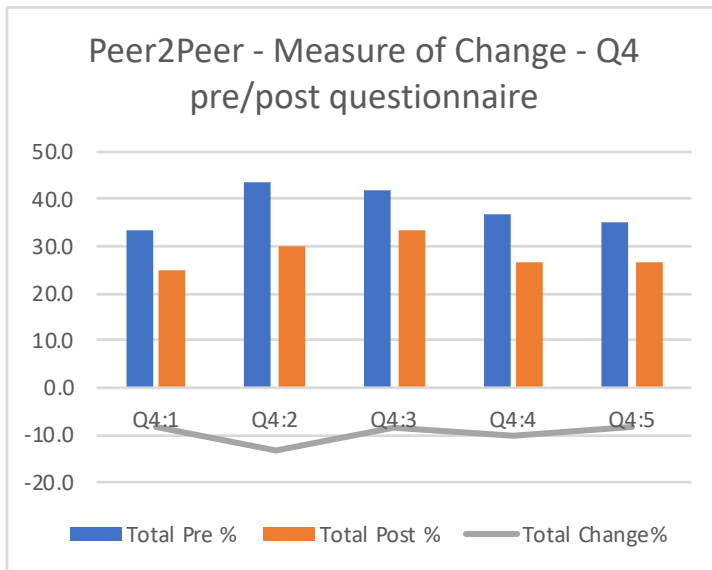
Figure 4: Examples of dot and post-it feedback from sessions

**Exploring the evaluation data:** Quantitative data (figures) was available through comparing the pre and post questionnaires. Qualitative data (personal statements) comes from the open questions in the questionnaire but also post-its during the course. The questionnaires are included as appendix 2.



- Data analysis of Q1 in the pre / post questionnaire showed that the average score over all questions, pre-course, was 70.0% (quite high for this survey) and so the overall increase to 74.6%, post-course, while not huge, was good given the high starting point. This compares with 15.5% average increase for participants in the whole range of MWH courses (WRAP, LLTTF, P2P, Parenting Matters) in the past year.
- P2P participants were, mostly, those who have previously engaged in MWH courses/trainings and so their base levels may have been higher to begin with and so a large change post course would be harder to achieve. However, given the length and depth of P2P it is good to see that in all cases there was a positive outcome. It might have been expected that there could be some fall-off of results for this group given the 12 weeks of the course and their higher starting point, but this was not the case.
- Also interesting is that the greatest change measured was around “My sense of control in life and my ability to make decisions about the future”, and the least around “My ability to use my

life experiences to inspire others". Again, this may be due to participants having had experience of using life experiences as part of their Champion role previously, therefore the base level being quite high. The sense of control increase is very interesting, and we hope this will lead to higher level of post-course engagement with activity.



- Q4 looks at sharing your own mental health challenges with different groups of people. There was an overall decrease averaging 9.7% in the five questions. A reduction in scores shows an **increase in willingness** to share experiences of personal mental health issues.

- The increase in willingness to share was greatest with work colleagues (13.3%) and least for family, friends and health care professionals. This indicates that Peer2Peer may be a very useful tool for use in challenging stigma around workplaces.

\*More detail on pre/post questionnaire data analysis is in appendix 3.

#### Participant course reflections on personal change:

- *Huge confidence boost, eye contact confidence has been a massive change.*
- *Emotional resilience - not getting nervous.*
- *Supportive group - helped me cope better in a group situation.*
- *Stressed a lot less easily. Work ethic: Strategy is better towards life goals.*
- *Aware that personal change happens through a journey of discovery, this course has been empowering journey. Found out more about myself, more about life and stepping out of my comfort zone.*
- *I keep challenging myself, sometimes I struggle but most recently it has improved, since I have accepted myself for who I am and what I thought others expected me to be!*
- *Thought provoking as how I feel around mental health issues and I obviously still feel there is stigma attached to mental health issues, since there are individuals who I would feel uncomfortable talking about mental health with.*
- *I really don't know! I guess I've been placed in a position of exploration - becoming more self-aware perhaps*
- *Increasing my knowledge of peer support working is challenging and stimulating and helps to join up the dots.*
- *Having the skills to help other people on their recovery journey helps my wellbeing. Sharing recovery stories reinforces their belief that recovery is possible*
- *I feel more confident in supporting people facing challenges and change.*
- *My interest has moved to using more strength-based language, using skills learnt and reflecting on practice*
- *My mental health is challenging though I am still on a journey and I am looking forward to the rest of my life, as a peer, a friend, and a nana.*
- *Really enjoyed this course. Very meaty and love the group.*



Figure 5: Peer2Peer participants celebrate course completion

**Next steps and improvements:**

- **Course delivery improvements:** Engage a co-facilitator for delivery where possible. Both to increase the diversity of training input and mentoring support, but also to support the wellbeing of each trainer needed for such an intense course.
- **Consider carefully timing and seasonality:** Late Winter may still be a very challenging time to start such an intensive course for peers. Taking a break over holidays works well.
- **Explore running shorter versions for specific Champion roles:** Now the resource is developed we can deliver shorter courses for those specifically interested in supporting outreach and stalls for example. This way more Champions can get involved and perhaps can complete the full course but more flexibly in different units.
- **Explore running Peer2Peer to specifically challenge stigma in workplaces:** The evaluation indicated significant change was possible in this area.
- **Involve LEAD Scotland earlier:** If we had involved our partners at the planning stage we could integrate the recognised awards more smoothly in to this, and other, courses.
- **Draw out themes from pledges and continuing barriers for project development:** These included working with young people, schools, armed forces community and outreach. The challenges such as awareness and gaining commitment from policy makers and public, highlighted that Champions faced similar barriers individually as the social movement as a whole.

**Participant next steps:** At our last session participants made a pledge as to what action they were going to undertake next, but also fed back on ongoing challenges that could get in the way of them taking action. The aim of this activity was to feed this in to ongoing projects, including mentoring, and support personal development.

Post-course pledges:	Continuing barriers beyond the course:
<ul style="list-style-type: none"> <li>• <i>Research more about going into schools and give talks on Mental Health</i></li> <li>• <i>Find a way to train for the main things I want to do! (with RAF) – commitment</i></li> <li>• <i>Do the suicide First Aid Course</i></li> <li>• <i>Complete AAA and PDA</i></li> <li>• <i>Email peer-mentor re going for coffee to discuss next steps!</i></li> <li>• <i>Start with LEAD Scotland as a Peer Mentor</i></li> <li>• <i>Research more about resources in the local area – volunteer</i></li> <li>• <i>Make more time for myself. Use my training within my voluntary roles. Try and find further experience within the format of this role.</i></li> <li>• <i>Contact RAF benevolent fund re veterans.</i></li> <li>• <i>Commit to completing the Peer2Peer assessment and continuing to set new targets and goals. 1st goal to commit to improving tech skills.</i></li> <li>• <i>MWH - speaking to groups about integrating people we have offered support who 'need'/'want' to move on to groups they have an interest in – Integration</i></li> <li>• <i>Remain positive with the eco-Therapy sessions (targeting ex-service veterans)</i></li> <li>• <i>Do more public speaking about the benefits of Peer2Peer training and peer support groups</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Publicity and marketing awareness. Word of mouth</i></li> <li>• <i>Qualifications: Access, cost, confidence.</i></li> <li>• <i>Access to YP/teachers.</i></li> <li>• <i>Getting people in the door</i></li> <li>• <i>Activism! Mental health activism - fighting against stigma. Early intervention? Petitions? Marches?</i></li> <li>• <i>Speaking out. Support Groups! Monetary funding? Publicism?</i></li> <li>• <i>Finding those who are able/want to take part? Incentives? Training.</i></li> <li>• <i>Helping 1 or 2 people a day. Educating people?</i></li> <li>• <i>Integration. Access to people? People who are stuck in their ways.</i></li> <li>• <i>Legislation - changes that enable close family concerned about a loved one to have greater input. Prevent suicide!</i></li> </ul>

## Appendix 1:

### Course Learning Outcomes:

Learning outcomes are statements that describe what a participant will be able to do as a result of attending the course. Note: The outcomes below in italics are from the original Peer2Peer course.

People successfully completing the course will be able to:

- Better understand and apply the Moray Wellbeing Hub values and the Champion role
- Feel better able to challenge stigma both external and self-stigma
- Feel more connected, hopeful, able to self-manage challenges and accept support
- *Explore the development of the recovery approach in mental health*
- *Explain peer support and its role in recovery*
- *Demonstrate the development of relationships based on peer support values*
- *Apply strengths-based approaches in the peer support role*
- *Demonstrate an awareness of how to practice safely and effectively in the formalised peer support role*

### Outputs & activity:

MWH anticipate that this course will skill Champions and increase activities such as;

- Working alongside fellow Champions to support existing and develop new projects with the MWH
- Running support groups with peers (of any interest not solely mental health challenge)
- Delivering peer-training courses to a QA standard\*
- Challenging stigma and influence change in the community through using their own experiences and supporting others to do the same
- Participants will take part in the training as well as help to review and shape the training for future courses.

*\*QA (Quality Assurance) in peer-training. Currently, the Moray Wellbeing Hub is developing core competencies that we look for from any trainer in the peer-trainer pool. These are based around the existing QA used for WRAP and involve mentoring and journaling / reflective practice as trainers develop their skills*

**Assessment & certification:** The Peer2Peer course includes written assignments from students, these are not mandatory to attend the course and we welcome creativity in exploring these and will support those with different learning needs keen to take part.

The assignments will link with the discipline of reflective practice, which is;

1. a useful tool in increasing wellbeing
2. required for any Champion wishing to undertake activity on behalf of the Moray Wellbeing Hub and share their experiences to create change.

Alternative certification on completion of the course will be issued based on your choice to complete written assessments or not.

- Peer2Peer pass - All assessments completed to satisfactory level and in time frames set
- Peer2Peer attendance certificate - given to all students who attend the course

*Note: In future, a Peer2Peer pass may be required for those wishing to lead MHW activities such as peer training*

Certification / SVQ: As part of this pilot will be exploring how this course could also support nationally recognised qualifications.

## Appendix 2: Pre and post course questionnaires

Workshop ID

Name .....date.....

### Moray Wellbeing Hub: Reflection sheet

Q1. Please use the scale to note a score these statements. Please tick a box.

	Low 1	2	3	Medium 4	5	6	High 7
My willingness / desire to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My sense of control in my life and ability to make decisions about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My sense of knowing myself and what I need in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My sense of calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My level of wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My sense of hope / optimism e.g. looking forward to events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My sense of connection to others (e.g. friends, neighbours colleagues etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to accept support from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to give support to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to take action and make a difference in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to use my life experiences to inspire others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to contribute in a group environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to self-manage challenges in my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2. "Mental health is...."

Workshop ID

Name .....date.....

### Moray Wellbeing Hub: Reflection sheet – post-course

Q1. Please use the scale to note a score these statements. Please tick a box.

	Low 1	2	3	Medium 4	5	6	High 7
My willingness / desire to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My sense of control in my life and ability to make decisions about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My sense of knowing myself and what I need in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My sense of calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My level of wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My sense of hope / optimism e.g. looking forward to events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My sense of connection to others (e.g. friends, neighbours colleagues etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to accept support from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to give support to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to take action and make a difference in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to use my life experiences to inspire others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to contribute in a group environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to self-manage challenges in my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2. "Mental health is...." - how has your understanding of this changed during the course?

Name .....date.....

Q3. What do you currently do in your community that challenges stigma, raises awareness of mental health or recovery?

Q4 How willing would you be to speak openly to the following people about existing or future challenges to your **own mental health**? (Please select one answer option on each row):

	Very willing	Willing	Neither willing nor unwilling	Unwilling	Very unwilling
Family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My line manager / supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone who has shared similar experiences (i.e. a peer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A health care professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5. Please use this space for any other reflections or thoughts you have on any of the issues surrounding these questions

#### Notes on stigma:

##### What is stigma?

Stigma is when people have negative beliefs, views or attitudes about individuals that belong to a certain group. What is self-stigma? Where we label, restrict or believe negative things about ourselves based on an experience we have had in life or belonging to a certain group.

Thank you for taking the time to complete this form



Workshop ID

Name .....date.....

Name .....date.....

Q3. What do you currently do in your life that challenges stigma, raises awareness of mental health or recovery?

- Has your interest in this changed since you started the course, and if so how?

Q4 How willing would you be to speak openly to the following people about existing or future challenges to your **own mental health**? (Please select one answer option on each row):

	Very willing	Willing	Neither willing nor unwilling	Unwilling	Very unwilling
Family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My line manager / supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone who has shared similar experiences (i.e. a peer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A health care professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5. How do you feel this course has supported your wellbeing?

Where could we improve in this?

Q6. What personal changes have you noticed as a result of attending this course?

Q7. One action I commit to taking forward as a result of this course...





### Appendix 3: Further notes on data analysis of pre/post questionnaire

Data analysis of Q1: This has 13 statements that participants rank from low to high.

- All questions in section one of the questionnaire showed positive increase (4.6% average change)
- The greatest change of 11.0% was around “My sense of control in life and my ability to make decisions about the future” (Q1:2)
- “My willingness / desire to change” Q1:1 and
- “My ability to self-manage my challenges in health” Q1:13 next (7.7%)
- “My ability to use my life experiences to inspire others” Q1:11 showed least change (1.1%) with Q1:12 (2.3%) and Q1:4 next (2.2%)

PRE-POST	Q1:1	Q1:2	Q1:3	Q1:4	Q1:5	Q1:6	Q1:7	Q1:8	Q1:9	Q1:10	Q1:11	Q1:12	Q1:13
Total Pre %	65.9	68.1	71.4	70.3	67.0	71.4	68.1	69.2	76.9	68.1	75.8	69.2	68.1
Total Post %	73.6	79.1	74.7	72.6	70.3	75.8	72.6	72.6	81.3	73.6	76.9	71.4	75.8
Total Change%	7.7	11.0	3.3	2.3	3.3	4.4	4.5	3.4	4.4	5.5	1.1	2.2	7.7

Data analysis of Q4: This had five statements regarding stigma and sharing experiences in different settings. A reduction in scores shows an **increase in willingness** to share experiences of personal mental health issues.

- Q4:2 Showed greatest drop of 13.3%
- Q4:1 and 5 showed least drop of 8.3%
- Drop in all 5 questions with **average increase in willingness of 9.7%**

PRE-POST	Q4:1	Q4:2	Q4:3	Q4:4	Q4:5
Total Pre %	33.3	43.3	41.7	36.7	35.0
Total Post %	25.0	30.0	33.3	26.7	26.7
Total Change%	-8.3	-13.3	-8.4	-10.0	-8.3