

Irish Advocacy Network Peer Advocacy in Mental Health – Project Summary

July 2021

Background:

In response to COVID lockdown restrictions mandated by the government in March 2020, the Irish Advocacy Network's (IAN) management team decided to explore the option of continuing peer advocacy services in a remote manner using electronic devices.

Having consulted with our IT partners, LegalTech, the safest and most secure method of providing the delivery was by using Apple iPads.

IAN made a proposal to the HSE and in May 2020 they agreed to finance a pilot project with 10 devices used across the country. With secure access and on-site confidentiality coordinated, the devices were distributed.

IAN conducted a pilot on the use of this technology over an eight-week period, May to July, 2020, using a survey questionnaire to record satisfaction rates indicated by recipients of peer advocacy services through the video chat app. Findings from the pilot provided ample evidence that investment in the technologies was worth pursuing. Satisfaction toward remote peer advocacy through the video chat app was consistently high. A total of 99.1% responses were recorded on the positive scales

Around this time, Rethink Ireland were inviting application for funding under their Social Innovation Fund. We submitted a proposal to extend our remote services to utilise an additional 54 devices at a cost of approximately €63k. An extensive and detailed action plan was drafted to outline the purpose of the project and how it should be implemented.

Our proposal was successful, and we commenced the project work in October 2020.

Early Project Phase:

Due to the demand for and popularity of Apple iPad devices during lockdown, devices were difficult to secure in the initial phase of the project. We had anticipated taking delivery by early November 2020, but they arrived in at various stages up to the week before Christmas.

For each device, LegalTech had to configure and secure to ensure they were properly prepared.

As we were using the Three Ireland telecoms network, we ordered and installed SIM cards in each device before arranging delivering them to the relevant units.

Directors of nursing in the various mental health care units were notified of the delivery of devices and schedules were devised to allocate specific times for peer advocacy services.

The experience and data recorded as a result of the pilot project meant we understood the scope of the project much better than we would have and were able to implement it with confidence.

Project implementation Phase:

By early March 2021, 49 of the 54 devices had been distributed to the mental health care units and peer advocacy services, which up to this point could only be provided by telephone, began to be delivered remotely using the iPads.

Ongoing Monitoring:

Ongoing meeting and reports were completed to monitor the levels of activity and to identify problems or challenges.

Some issues that arose included iPads going missing (subsequently located), lack of cooperation in promoting or providing the devices to clients on the part of local nursing staff, breaches of confidentiality rules and the HSE cyber-attack and how this was perceived in relation to remote services.

Informal surveys were carried out to gauge the reaction of the project and weekly meetings took place involving the project team to ensure any issues were identified and addressed in a timely manner.

Surveys and Feedback:

Below is a summary report of the findings from this second survey questionnaire on the use of video chat app delivered through iPads. The survey was conducted over a 4-week period, Monday 17th May – Friday 11th June, 2021.

Sample survey questionnaire

The following questions and measures were asked of participants:

First 4 Likert scale questions:

It was easy to access the peer advocacy services through the technologies
I felt connected during the peer advocacy session through the technologies
I found I could speak freely to my peer advocate through the technologies
I felt listened to by my peer advocate through the technologies

Totally disagree	Disagree	Neutral	Agree	Totally agree
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Five-point single Likert scale question

How likely is it that you would recommend Irish Advocacy Network services through technologies to someone in the same position as you?

unlikely						likely
0	1	2	3	4	5	

The survey questionnaire ended with an open-ended question asking if the participant has anything to add. Findings are presented below with themes derived from the open-ended question presented directly beneath the tables and diagrams.

126 respondents participated in the survey. Two questionnaires were incomplete and are accounted for in the report. All participants responded to the final single five-point Likert scale question.

Summary findings

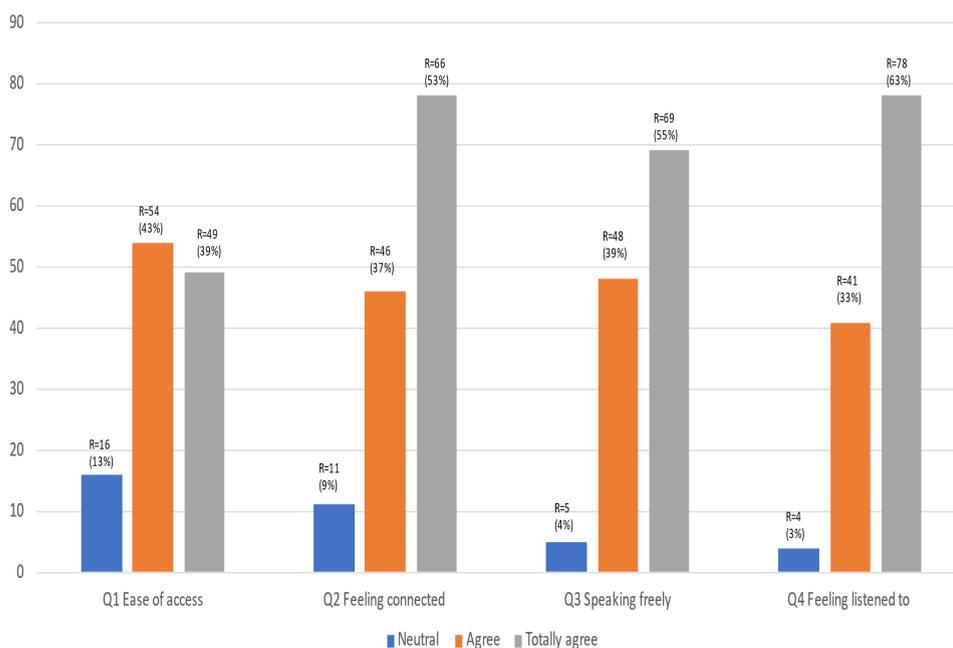
Results from the 4 Likert scale questions

Of the 449 total responses to the first 4 Likert scale questions, 90.5% (R=451) were recorded on the positive segments of the scale (Agree or Totally agree). Of the 90.5%, 38% (R=189) were marked in the Agree category and approximately 52.5% (R=262) recorded in the Totally agree category. Neutral responses amounted to 7% (R= 36) of the total responses to the first 4 Likert scale questions. Responses recorded on the Disagree segment amounted to 2% (R=10), with the Totally Disagree segment resulting in 0.5% (R=2) of responses.

The chart below illustrates the responses to the 4 Likert scale questions. To enhance legibility to the visual aids, Diagram 1 presents the degree of positive responses received from participants of the survey questionnaire (Totally agree, Agree, Neutral).

Diagram 1

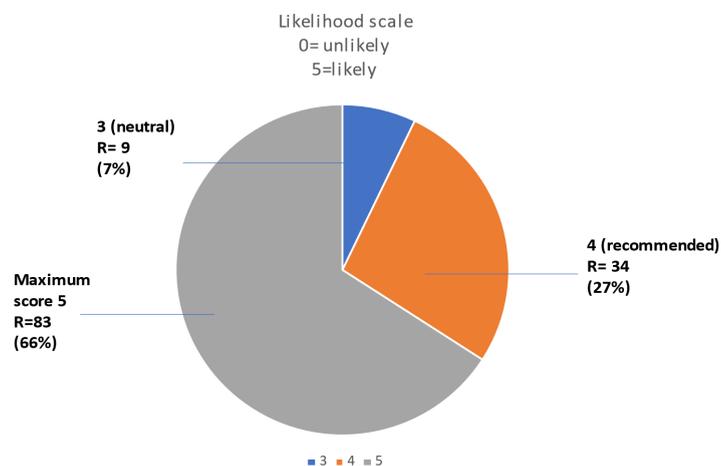
Likert scale questions indicating levels of satisfaction chosen by participants receiving peer advocacy through video chat app



Results from the five-point Likert scale question

On the five-point single Likert scale question, 93% (R=117) of the 126 participants gave a positive response (4 or 5 on the scale) when asked how likely they would recommend the IAN peer advocacy services through video chat app to someone in the same position as themselves. Of the 93%, 66% (R=83) gave a maximum 5 in recommending the IAN peer advocacy services through video chat app, with a score of 4 recorded for 27% (R=34) of participants. The remaining 7% (R=9) of participants chose a score of 3 indicating neutrality. There were no negative responses to the question recorded (2, 1 or zero). Results from the five-point Likert scale question are presented in Diagram 2.

Diagram 2 Likert scale on likelihood that participants would recommend peer advocacy through video chat app technology.



Open ended questions

Themed responses to open ended question at the end of the survey questionnaire were: 1. Positive and optimistic (the technologies were well received with optimism about future usage expressed); 2. Virtual space or physical presence? (a desire or preference for the physical presence of the peer advocate was expressed. Yet some appreciation communicating through the video chat app accompanied these comments); 3. Problems, issues and concerns (primarily privacy and inconsistency with internet coverage).

A total of 46 responses 37%

There were 46 comments in response to the open-ended question at the end of the questionnaire (37% of participants).

Positive and optimistic

A common response to the open-ended question (almost 63% of comments provided) comprised of positive feedback and optimism for the future of peer advocacy services being delivered through video chat apps. These included comments such as:

Some participants were particularly grateful for the 'peerness' as part of the relationship between client and peer advocate as provided through the technologies:

"Excellent service. It is helpful to speak to someone who went through the mental health services themselves before."

Under this theme several participants felt grateful for the presence of the advocate, be it virtually:

"I felt as if I was there beside the advocate talking".

"It was great to be able to see the person's face that I was talking to, much better than talking on the phone".

One participant was ambivalent but appreciative of the peer advocacy through the technologies:

"I was very nervous at the start as I had never used a computer to talk to someone before. Now I want to talk to more people through the computer. I won't be as shy."

Even though the majority of comments were positive and optimistic, conflicting feelings toward the technologies was also present.

Virtual space or physical presence?

The second most common theme (approximately 24% of comments provided) was a preference for face-to-face interaction where both communicants are in the same physical space. This conflicts slightly with comments under the above theme where several participants expressed gratitude and 'feeling' the presence of the advocate, be it virtually. That said, there was an obvious desire for the physical presence of the peer advocate while offering or delivering support. One respondent commented:

"No. I don't have a clue about this stuff. I like talking when the person is sitting with me."

Another commented:

"I would prefer to meet the advocate face to face. It's not the same thing at all."

Noted though in the comments under this theme was a general acceptance that given current circumstances and necessary restrictions on face-to-face interaction taking place in the same physical

space, technologies that facilitate virtual interaction is appropriate and welcome: *“It is a good service to have especially during a pandemic as it stops the spread of COVID. While still providing a service.”* This general acceptance brought forth issues and problems that need addressed if the technology is to be used effectively with the needs of the end user in mind.

Problems, issues and concerns

There were two issues, problems and concerns raised by respondents who communicated with the peer advocate through the video chat app. Interruptions to communication including quality, failures or inconsistency toward coverage whilst communicating with the peer advocate was shared in the comments at the end of the questionnaire:

“This is about the 4th week I’ve spoken to the Irish Advocacy Network services through technologies. Sometimes I find it had to talk as the internet keeps interrupting our conversation. This week it didn’t.”

One participant raised an issue about a barrier to communicate:

“Sometimes too much, there is too much background noise.”

The above potentially compromises privacy.

Conclusion

Given the overwhelming positive response to this survey it is recommended that peer advocacy, delivered through the application of video chat apps be continued. Following the positive feedback from the survey questionnaire piloting the first 10 iPads, further investment in the technologies is justified. This should help the IAN develop the capacity to deliver a blended service and augment its capacity into the future. Below are a number of recommendations for the IAN to consider when going forward delivering peer advocacy services through the technologies.

Recommendations

- 1. Recommendation to develop Guidance and Protocols to enhance the application of video chat app to deliver peer advocacy services.**

The IAN should review its protocol developed to guide peer advocates when initiating clients to the remote peer advocacy service through video chat app. This should include an invitation for peer advocacy clients to share any concerns or issues they are experiencing before proceeding to provide peer advocacy support. The aim is to enable discussion and provide assurances in order to address and alleviate apprehension, misgivings, fears and anxieties when offered (and while receiving peer advocacy support) through the video chat app. The protocol should also include guidance for peer advocates in the event these concerns cannot be addressed or alleviated eg; should peer advocates offer alternative arrangements to clients?

2. Enhancing privacy

Given variations of build where the peer advocacy operates (eg; some being old) disparities will arise where privacy for advocacy clients during advocacy calls may prove difficult to determine or in some cases not guaranteed. Communications with senior management at each site to raise and discuss this, ascertaining if there is a solution to maximise/guarantee privacy during peer advocacy sessions is required.

3. Addressing inconsistency in coverage

Similar to the above. Given variations of build and shared function of some sites where the peer advocacy operates (eg; some being on general hospital settings) consistency in coverage during advocacy calls may prove difficult to determine or address. Communications with senior management at each site to raise and discuss this, ascertaining if there is a solution to maximise/guarantee coverage during peer advocacy sessions is required.

4. Continued use of Video Chat app through iPads. Blended services and return to face-to-face interactions

The IAN should consider all of the above given the pending return to face-to-face services in the approved centres. The continued utilisation of the iPads should be established for the development of a model that extends availability of peer advocacy involving a blended service. Monitoring and evaluation of blended services should be conducted, adapting the survey questionnaire herein, but also involving the IAN peer advocacy staff.

Note; it is possible that some of the issues raised above (ie: Recommendations 2 and 3) due to the location and possible construction of the building will not be satisfactorily resolved.