

April 1st, 2015

Dear Editor,

Title: So if we like the idea of peer workers, why aren't we seeing more?

Authors: Jacki Gordon, Simon Bradstreet
Name of Journal: World Journal of Psychiatry

ESPS Manuscript No: 16608

Please find enclosed the edited manuscript in Word format.

We attach two versions:

- one that highlights all deletions (in green) and all additions (in yellow) (file name: EDITORIAL SUBMISSION FROM JACKI GORDON AND SIMON BRADSTREET – REVISED VERSION WITH HIGHLIGHTING)
- the other that shows the revised version, with all changes incorporated (file name: EDITORIAL SUBMISSION FROM JACKI GORDON AND SIMON BRADSTREET – REVISED VERSION – ALL CHANGES INCORPORATED)

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revisions has been made according to the suggestions of the reviewers (please see the pages that follow this one)

3 Disclaimer statement has been added

4 References and typesetting were corrected

We hope that the revisions are satisfactory and that our revised manuscript will be accepted for publication in the *World Journal of Psychiatry*.

We also confirm that the content of the manuscript is original and it has not been submitted, published or accepted for publication, either in whole or in part, in any form elsewhere.

Best wishes



Jacki Gordon



Simon Bradstreet

Referee comments and our changes

Referee 2445294

You are obviously highly engaged with and convinced about the impact of peer workers. According to my understanding of the problem this causes a somehow biased view. However, this might sometimes be necessary.

Nevertheless, we have tempered our stance and arguments throughout.

You should include the information of the contribution of each author on the title page.

This is now done.

Furthermore, a 'Conflict of interest' statement is missing.

This is added.

The applied reference style is not according to the instructions.

This has been remedied.

It looks a bit lengthy for an Editorial. But, I don't have a good idea where to cut something. In case that you find bits that are not really necessary to deliver your message, please try to shorten the manus somewhat.

We have shortened it so it is now 3669 words. (Note, while slightly shorter than the previous version, we were asked by reviewer 3 to add details about the mental health system in Scotland which involved 145 words that were not in the first version)

However to address minor concerns: p. 3, last paragr., last sentence should start with a big letter p. 4, 2nd paragr. - please delete 1x 'they' p. 5, end of 1st paragr. - please give a reference for this statement p. 11, 4th paragr. - please delete one 'that' (1st row)

All addressed (and thank you!)

/ Please see over

Referee 723721

I have one major remark regarding an important idea which the authors express, which, in my opinion and recommendation, should be reconsidered and reformulated: In several parts of the manuscript, the authors claim that “the use of peer workers is an indication of services’ commitment to recovery principles and approaches”, “and therefore provides a useful lens to reflect on how serious services are about recovery more generally and how services might be encouraged and supported to become more recovery-focused”. This assumption seems biased and not appropriately supported. the use or not of the ‘peer workers’ approach cannot be claimed as an equivalent or proxy of the interest of the health systems to achieve recovery. This idea - assumption is expressed in several parts of the manuscript: - Abstract: ... ‘...and a greater overall recovery coherence’ - Introduction: ‘We argue that...’ - Reflections: First paragraph: ‘We have argued that...’ and last paragraph ‘We would argue that...’ Regarding this issue, the sentence beginning with ‘Within this context, the development of peer workers role has been consistently identified as...’ (page 5) is more acceptable, since it could be an indicator of the willingness to achieve recovery, but not the contrary, given the wide range of available interventions, with greater evidence supporting them.

We have completely taken on board this important point and gone through the whole manuscript to address this. [In our previous submission, we were taking a value-based stance and being deliberately provocative to stimulate debate. However we appreciate that this may not have been appropriate, hence the changes below which we believe strengthen the manuscript significantly.]

In the abstract, we have changed:

~~We argue that new evidence must be complemented by a renewed policy drive characterised by greater accountability and a greater overall recovery oriented coherence. In its absence planners might reasonably continue to ask ‘why bother?’~~

To:

We argue that additional evidence on effectiveness is unlikely, by itself, lead to country-wide employment of peer workers. We therefore suggest that a policy commitment to peer working would be reinforced by not only a strengthened evidence base but also strengthened accountability mechanisms. In the absence of such accountability, planners might reasonably continue to ask ‘why bother?’

In the introduction, we have changed:

~~We argue that the use of peer workers is an indication of services’ commitment to recovery principles and approaches and therefore provides a useful lens to reflect on how serious services are about recovery more generally and how services might be encouraged and supported to become more recovery focused.~~

to

We reflect on the implications of these findings not only for Scotland but also for other jurisdictions seeking to increase their mental health services’ involvement of peer workers.

On page 6, we have made the following change to the heading:

~~Recovery: service rhetoric or reality?~~

Moving peer worker employment from the margins to the mainstream

We have then changed the text as follows:

~~As argued outlined above, the employment of peer workers is encouraged in recovery-oriented services. and as a consequence, It also provides a tangible example of how to translate recovery values and principles into actions (although, of course, it is not the only way that services can realise recovery). Thus employment of peer workers suggests organisational commitment to recovery.~~

On page 6, we have deleted:

~~Our editorial goes further than this, however. We argue that by offering a visible marker of decision-makers actually ‘putting their money where their mouths are’, the employment of peer workers can serve as an indicator of organisational commitment to recovery. We therefore ask – can or should peer working be used as a lever to move local areas beyond the language, and possibly the rhetoric, of recovery to designing services that model recovery values in an explicit way? Our arguments draw on a recent piece of research in Scotland that we describe below.~~

And replace this with:

We consider how to achieve this shift by drawing on a recent piece of research in Scotland that we describe below.

On page 13, we have deleted:

Reflections

~~We have argued that the development of peer worker roles is a useful barometer of planners’ and managers’ commitment to the adoption of recovery-based approaches. So why is it that in Scotland, where there has been a high profile and long-term policy commitment to the adoption of recovery based approaches, that peer worker role development has been relatively slow and geographically patchy? Also what might usefully be done differently to improve the situation and what learning might be taken from the Scottish experience by other jurisdictions seeking to develop recovery based approaches?~~

We conclude with the following edit:

This suggests that to move beyond the current impasse, recovery based approaches, peer working must shift from being perceived as the a ‘nice but not essential’ part feature of mental health service policy and provision to genuinely being the mainstay a core and consistent one.

We would argue that if Scottish mental health policy were more strongly underpinned by a vision of a recovery oriented mental health system, driven by and assessed against the principles and values of recovery, then the development of peer working roles would be indeed shift up the priority list. In the absence of this underpinning vision and the policy coherence, and its associated accountability mechanisms, Furthermore, in the absence of mental health services being held to account on this issue, the ‘why bother’ question has some credence, with or without evidence.

There is also a typo which the authors should revise and correct: - Page 3: ‘renegotiated’ begins in lowercase after a dot.

Addressed (thank you)

/please see over

Referee 2445298

The article “So if we like the idea of peer workers, why aren’t we seeing more?” I can recommend for a publication in WJP. The topic is quite novel and interesting for a regular reader. The paper needs minor changes. Methods: the authors should add a brief description of the Scottish Mental Health system as it is not well known to a regular reader.

We have added:

The mental health system in Scotland is underpinned by a raft of legislation, strategies, policies and targets that share a commitment to human rights, including participation and empowerment of those who use services. Thus, there is a legislative duty for local government (known as local authorities) to provide care and support services for people with a recognised mental disorder who are not in hospital and to provide services to promote their wellbeing and inclusion. Similarly there are duties on Scotland’s 14 regional health boards (i.e. the National Health Service [NHS] in Scotland) which are responsible for the protection and the improvement of their population’s health, to provide care and treatment for people with mental health problems. Third sector organisations (both national and local) are recognised as key players in delivering mental health care and support, and their involvement is actively encouraged by the Scottish Government.

Research findings: it is not clear which kind of patients were interviewed – patients with remission or patients with symptoms of illness. Where there any differences? What kind of treatment did the patients have?

Our research involved interviews with decision-makers and a focus group with people with a professional role in relation to peer workers. No patients were interviewed.