Friendship Really Matters

Exploring effects of Compeer friendships for people experiencing mental illness

Dr Ann Montclaire
Copyright © Ann Montclaire, 2011

This publication is copyright. No part may be reproduced by any process except in accordance with the provisions of the Copyright Act 1968.

Compeer Program
St Vincent de Paul Society Victoria Inc.
Locked Bag 4800
Box Hill Victoria 3128 Australia

Phone: +61 3 9895 5886
Email: compeer@svdp-vic.org.au
Fax: +61 3 9890 6515

Use or reproduction of materials contained in this report are copyright of Compeer Program at St Vincent de Paul Society Victoria Inc.
Any reproduction permitted must contain the following:

Copyright in these materials is and remains the property of Compeer @ St Vincent de Paul Society Victoria Inc. Authorship is attributed to and moral rights reserved by its author Dr Ann Montclaire.

This document may also be downloaded from the St Vincent de Paul Society website at:
www.vinnies.org.au

ISBN: 978 0 9871965 1 4

Author:
Dr Ann Montclaire, PhD, BASW, MAASW (Accred)

This project was funded by a grant from The William Buckland Foundation, which is managed by ANZ Trustees.
Friendship Really Matters

Exploring effects of Compeer friendships for people experiencing mental illness

Dr Ann Montclaire
Acknowledgements

The William Buckland Foundation (hereafter Buckland Foundation) has contributed financial support to the Compeer Program in 2003 and 2005. In 2006 The Buckland Foundation provided a research grant, in partnership with St Vincent de Paul Society Victoria Inc., (hereafter SVDP) to enable a pilot study of the Compeer Program in Victoria. In late 2009, The Buckland Foundation provided a further grant to enable the publication and dissemination of this extended report.

Compeer is an international program founded in the United States of America in 1973. It currently operates across the USA, Canada and Australia. Compeer was first established in Australia by the St Vincent de Paul Society in New South Wales in affiliation with Compeer International. Compeer has been operating in New South Wales since 1995. In Victoria, Compeer began operations in 2004 (in the middle and outer eastern regions), and regionally in Bendigo from 2006.

Without the ongoing commitment of SVDP and the specific support of the Buckland Foundation, this study would not have been possible. It is not insignificant in volunteer organisations to have the privilege of time dedicated to such an evaluation. Volunteers and their support staff are typically fully engaged in delivering services and have limited capacity to devote time to research. SVDP and the Compeer Program are most grateful for the Buckland Foundation’s generous support of this project.

This study would not have been possible without the generosity, commitment and compassion of Compeer Volunteers who gave their time to be involved; nor without the openness and goodwill of the Companions who engage with our Volunteers; nor without the professionalism and care to go the ‘extra mile’ for their clients of the mental health practitioners who gave their time. I have felt privileged in my engagement with each and every participant in this study.

Thanks must go to the St Vincent de Paul Society for bringing Compeer to Australia and in particular to the Victorian State Council for its commitment and foresight in establishing Compeer in Victoria with thoroughness and professional support via the work of founding manager Mr Geoff Brown in consultation with Sr. Toni Matha AM.

Thanks also to the Compeer Advisory Group for its professional and consumer oversight and guidance for the research and to Compeer staff who worked hard to keep the Program operating through my partial absence while conducting and writing up this research.

Ann Montclaire

About the author and consultant

The research was conducted by Dr Ann Montclaire (at various times Coordinator, Manager and Training Coordinator of the Compeer Program in Victoria), who is the principal author of this report. Ann came to the Compeer Program after extensive experience as a therapist in the mental health field.

This project has been fortunate indeed to have been able to draw upon the expertise of Professor Margarita Frederico, Head of School of Social Work & Social Policy, La Trobe University. Professor Frederico was the consultant to the research from its inception, and her collaboration in the design and evaluation of this project has been invaluable.

Suggested Citation

# Table of Contents

Acknowledgements ........................................................................................................................................ ii
About the author and consultant .................................................................................................................. ii
Table of Contents ........................................................................................................................................ iii
List of Figures and Tables ............................................................................................................................. iv
Abbreviations ............................................................................................................................................... iv
Terminology ................................................................................................................................................. v

## Chapter 1: Introduction
1.1 Description of Compeer and its context ............................................................................................... 1
1.2 Synopsis .................................................................................................................................................. 2
1.3 Brief introduction to the study .............................................................................................................. 2
1.4 Structure of this report ........................................................................................................................... 4

## Chapter 2: The participants’ story of their Compeer experience
2.1 Overview ................................................................................................................................................ 5
2.2 Companions’ experiences ..................................................................................................................... 5
2.3 Volunteers’ experiences ......................................................................................................................... 6
2.4 Mental Health Practitioners’ experiences ......................................................................................... 7
2.5 Conclusion ............................................................................................................................................ 9

## Chapter 3: The Research Report
3.1 Aims of the study .................................................................................................................................. 10
3.2 Compeer structure and processes within SVDP Victoria ................................................................ 10
3.3 Literature review .................................................................................................................................. 13
3.4 Methodology ....................................................................................................................................... 19
3.5 Data ..................................................................................................................................................... 22

## Chapter 4: Results:
4.1 Experiences of the Compeer Program structure and processes ....................................................... 23
4.2 MHPs’ view of Compeer structure and processes ........................................................................... 23
4.3 Volunteers’ view of Compeer structure and processes ................................................................... 27
4.4 Companions’ view of Compeer structure and processes ................................................................ 33
4.5 Experience and development of companionships ......................................................................... 38
4.6 MHPs’ view of the development of the companionship ................................................................ 38
4.7 Volunteers’ view of the development of the companionship .............................................................. 41
4.8 Companions’ view of the development of the companionship ......................................................... 48
4.9 Generalisation of Compeer experience to social inclusion .............................................................. 52
4.10 MHPs’ view of Compeer experience and social inclusion ............................................................... 52
4.11 Volunteers’ view of Compeer experience and social inclusion ....................................................... 56
4.12 Companions’ view of Compeer experience and social inclusion .................................................. 61
4.13 The importance of friendship in mental health and wellbeing ...................................................... 63
4.14 MHPs’ view of the importance of friendship .................................................................................. 63
4.15 Volunteers’ view of the importance of friendship ........................................................................... 68
4.16 Companions’ view of the importance of friendship ........................................................................ 72

## Chapter 5: Friendship Maps
5.1 Description of friendship maps .......................................................................................................... 75
5.2 Volunteers’ friendship maps .............................................................................................................. 75
5.3 MHPs’ friendship maps ..................................................................................................................... 76
5.4 Companions’ friendship maps .......................................................................................................... 76
5.5 Friendship map overview .................................................................................................................. 76

## Chapter 6: Conclusion
................................................................................................................................................................. 78

## References
.............................................................................................................................................................. 79

## Appendix
............................................................................................................................................................ 81
List of Figures and Tables

Figure 1  Compeer process: year 1 ................................................................. 14
Figure 2  Volunteers by age ........................................................................ 21
Figure 3  Volunteers by gender .................................................................... 21
Figure 4  Companions by age ....................................................................... 21
Figure 5  Companions by gender .................................................................. 21
Figure 6  Companions: duration of matches studied ..................................... 21
Figure 7  Friendship map template ............................................................... 75
Table 1   Volunteer friendship map results ................................................... 75
Table 2   MHP friendship map results .......................................................... 76
Table 3   Companion friendship map results .................................................. 76
Figure 8  Collated Inner Circle Map ............................................................. 77
Figure 9  Collated Middle Circle Map ........................................................... 77
Figure 10 Collated Outer Circle Map ............................................................ 77

Abbreviations

CCU     Community Care Unit
CCT     Continuing Care Team
CMHC    Community Mental Health Clinic
ID      Intellectual Disability
MH      Mental Health
MHP     Mental Health Practitioner
MHS     Mental Health Services
MI      Mental illness
PDRSS   Psychiatric Disability Rehabilitation Support Services
SMI     Serious mental illness¹
SRS     Supported Residential Services
SVDP    The St Vincent de Paul Society Victoria Inc.

¹ Mental illness occurs along a spectrum and there is ongoing debate about terminology. People referred to Compeer are those whose psychiatric illness/issues are sufficiently severe as to have caused serious, chronic disruption to their daily social and living activities.
**Terminology**

<table>
<thead>
<tr>
<th>Advisory Group</th>
<th>Professional and Volunteer advisory group that assists Compeer Victoria in the area of strategic planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Companion</td>
<td>People referred to the Compeer Program (clients of a mental health service) who are matched with a Compeer Volunteer</td>
</tr>
<tr>
<td>Compeer</td>
<td>The Program name that is a combination of the words ‘companion’ and ‘peer’, and is descriptive of the focus of the Program</td>
</tr>
<tr>
<td>Compeer Inc.</td>
<td>The incorporated body located in the USA, the parent body under affiliation with which SVDP operates Compeer in several Australian states</td>
</tr>
<tr>
<td>Intentional</td>
<td>The companionships between community Volunteers and their Companion, arranged via Compeer²</td>
</tr>
<tr>
<td>Companionships</td>
<td></td>
</tr>
<tr>
<td>Volunteers</td>
<td>Compeer Program’s trained and matched Volunteers</td>
</tr>
<tr>
<td>Mental Health</td>
<td>MHPs who refer their clients to Compeer and who agree to offer support to the Volunteer during the course of the companionship</td>
</tr>
<tr>
<td>Practitioners</td>
<td></td>
</tr>
</tbody>
</table>

² McCorkle et al. (2008) use the term “intentional friendships” which is modified to suit Victorian terminology.
Chapter 1: Introduction

1:1 Description of Compeer and the context of this study

The word ‘Compeer’ is a combination of the words ‘companion’ and ‘peer’. It aptly describes the Compeer Program aim of providing community volunteers who spend an hour a week of friendly, face-to-face peer companionship with a person receiving mental health treatment who is referred to the Program by their mental health practitioner (MHP) with whom they have an ongoing relationship. Participation is voluntary and the ethos is egalitarian. Compeer in Victoria operates an adult program for people aged 18-64. The Compeer Program recruits, screens, trains, matches and provides ongoing oversight and support for Volunteers who are matched with a same-gender, similar-aged Companion. The matched Compeer pairs commit to meeting for at least a year, but companionships can extend beyond the year. Matched Companion-Volunteer pairs engage in simple, no-cost or low-cost social activities in which each of them pays their own way. Compeer organises 12-month reviews between the Volunteer, Companion and MHP to review and celebrate the year’s companionship. Compeer also organises regular social events for Companions and Volunteers. Attendance at these socials is optional.

The primary goal of Compeer is friendship and this distinguishes Compeer from a number of other programs which also offer friendly support but which set goals in addition to friendship. Compeer does not encourage practical assistance (such as help with shopping or transport) to overtake the primary friendship aim. All Compeer activities are focussed on supporting and enhancing the one-to-one companionships. For example, bi-monthly social events offer the opportunity for matched pairs to extend social experiences to a group setting, but they are not the primary focus of the Program. Compeer provides a structured format for the ‘intentional companionships’ by setting boundaries, expectations and guidance for the development of relationships between the Companion and Volunteer who are introduced through the Program. Compeer is organised and run by professionally qualified, paid staff to provide Compeer’s support structures and to maintain the three-way relationships between Volunteers, MHPs and the Program. Compeer does not assume any clinical responsibility for Companions, but exercises a duty of care via the Volunteers.

Compeer in Victoria operates as an affiliate program to Compeer Inc., an international program operating in the USA, Australia and Canada. In Australia, Compeer operates under the umbrella of SVDP which underwrites the Program. Compeer in Victoria and other Australian states is sponsored by SVDP as a ‘Special Work’ of the Society. The Compeer model fits well within SVDP with its person-to-person approach and offers Compeer the ongoing support of one of the largest volunteer-based organisations in Victoria (and Australia).

Compeer was established in Australia (New South Wales) by SVDP in affiliation with Compeer Inc. It has been operating in New South Wales since 1995. Compeer commenced in Victoria in late 2004 (in the middle and outer eastern regions) and a satellite program commenced regionally in Bendigo in 2006.

The international body, Compeer Inc., is a not-for-profit community organisation that began in 1973 in the USA. Social Worker Bernice Skirboll modified a support program operating at the Rochester Psychiatric Centre and Compeer was born.

Skirboll [2006:6] succinctly expressed the scope of the program when it was initiated, by identifying five major stakeholders:

1. Mental Health Professionals: To this group, Compeer serves as an adjunct to therapy and shares the goals of recovery and support to the client.

2. Clients: Compeer can offer clients hope, reduced loneliness, friendship, acceptance, a non-judgemental friend, and someone who cares.

3. Funders: Compeer provides low cost service, can reduce hospitalisation time and re-hospitalisations, and can maximise dollars available for mental health services by utilising volunteers, our greatest resource.

4. Volunteers: Compeer offers caring individuals a meaningful, challenging volunteer experience, personal fulfilment, and an opportunity to make a positive change in another person’s life.

5. Client’s Family Members: Compeer extends support and respite to families, and provides a Volunteer who cares about, and is trained to assist, their family member.

Compeer Inc. provides the overarching concept for Compeer Affiliate Programs, including an Affiliate Program Manual covering policies, procedures and structures including staffing, Volunteer recruitment, screening, training and support, Companion recruitment and screening processes and affiliate reporting duties (including annual surveys). Compeer Victoria pays an annual licence fee to Compeer Inc. for an Affiliate Program in Box Hill and a satellite
program in regional Bendigo. As an Affiliate Program, Compeer Victoria is bound by licensing conditions.

Compeer Inc. recognises that each Compeer Affiliate Program operates within the local conditions of mental health services, the climate of volunteering, socioeconomic factors, population density and cultural factors, as well as sponsor agency practices (where programs are fortunate enough to have this ongoing support). Thus, each Program must fit the core principles into local conditions, without compromising the Compeer structure. In Victoria, SVDP has a centralised structure (executed through its State Council) and Compeer fits into this sponsor agency structure via the Compeer Manager’s direct responsibility to the CEO of the Society’s volunteer operations.

This research is based on Victoria’s Compeer experience. Compeer Victoria has been fortunate to be able to draw on the experiences of New South Wales Compeer, which was the first Program to operate in the Australian context. There are some different emphases between Compeer in Victoria and other states. Each Program must work within local conditions and mental health systems. All Compeer Programs, however, have a fundamental structure of providing appropriate support for the Volunteers to enable them to go out and engage in the simple, friendly, ordinary contact that all human beings require for health and wellbeing. Compeer recognises that the Program operates in partnership with, but at arm’s length from, mental health services.

1:2 Synopsis

It is well established that friendship has a positive effect on health and wellbeing across the general population. Friendship is both important and often problematic for people who experience serious mental illness (SMI). They can experience severe loneliness which is difficult to address because the symptoms of SMI can significantly affect interpersonal relationships. This qualitative, exploratory study of 55 participants in the Compeer Program in Victoria, Australia included 30 Compeer Volunteers, 13 Companions (people with SMI) and 12 referring MHPs and gathered information on 43 different companionships. This study has found that intentional companionships increased the sense of wellbeing and social connection of Companions and it produced growth in compassion, acceptance and understanding of mental health (MH) in Volunteers. MHPs reported improvements in wellness including assisting recovery and relapse-prevention and social connection in their clients. The evidence also suggests the possibility that increased acceptance and understanding of MH can generalise to the broader community via volunteers’ social networks and thus contribute to increased social inclusion and the building of social capital in the general community. The study also underscored the importance of friendship, and the similarities of the expectations of friendships, for people with and without mental illness. Through voluntary friendship, Compeer was regarded as making a unique contribution to the mental health, wellbeing and resilience of people with SMI. It was recognised that this contribution could not be replicated by paid staff and that voluntary contributions in this sensitive area require to be well structured and managed. Compeer Program processes were well regarded for providing structure and support for the development of intentional companionships.

1:3 Brief introduction to the study

In simple terms, this study explores something that seems intuitively obvious – the value and importance of friendship for people living with SMI. Social connection is increasingly recognised for its important role in mental, emotional and physical health. Interpersonal relationships are the foundation stones for building social capital and stronger communities. The value of friendship seems simple and obvious. It is a very intimate aspect of life that is largely assumed to be integral and spontaneously generated, given a modicum of opportunity. But engaging in friendship is not necessarily easy or straightforward for people who are dealing with, or have experienced, serious mental illness. They face challenges not only because serious mental illness often adversely affects their capacity for social interaction and interpersonal connection (the very things that could be helpful and supportive for them) but also due to ongoing social stigma by which they experience social exclusion.

Social attitudes towards illnesses such as depression and anxiety disorders have been improved through the work of organisations such as ‘Beyondblue’, ‘Black Dog’ and others. The information provided by such organisations continues to play a major role in the de-stigmatisation of mental illness, to the extent that depression is now said to be the more ‘acceptable’ face of mental illness. However, when it comes to people who experience serious schizophrenic, bi-polar and other psychotic disorders, they still face huge personal and social challenges. People who experience SMI face multiple challenges, including the energy and focus to deal with an inner world that can become disordered, confusing and harshly compelling, the side effects of psychotropic medications, the fear of return of psychotic, delusional or hallucinatory symptoms (or the continuing presence of them), and a sense of
loss and self-doubt. Moreover, these challenges exist in a social context of wariness and often outright fear and judgement of a society that remains largely ignorant of the realities of serious mental illness.

If people with mental illness are to reach out, or allow others to reach out to them, they must do so whilst facing their inner doubts and sensitivities. That is a huge task. Dealing with mental illness is something that can bring the strongest person to their knees – as becomes evident through the personal stories of the increasing number of sportspeople, politicians, performing artists and community leaders who have acknowledged their struggles with mental illness. These disclosed struggles are really just the tip of the iceberg in terms of the range and severity of symptoms that people can experience. If social networks are to be open to people with SMI, then more members of the community need to face their own doubts or uncertainty about how to respond to people with SMI. The Compeer Program offers one avenue for this personal face-to-face interaction to occur within a supportive structure to ease the process for all concerned. But it is essential to understand what constitute the crucial aspects of a structure that can support the development of these micro social skills – from the inclusive perspectives of the person experiencing SMI, other members of the community (Volunteers) and mental health professionals. This study explores that area.

This study also explores the often overlooked area of the experiences and responses of the Volunteers who befriend their Companions. Friendship is the ultimate two-way street. If a program hopes to operate with egalitarian intent, then mutual benefits must exist. The reported experiences of Compeer Volunteers in Victoria and elsewhere is that they get at least as much, if not more, out of the experience of their intentional friendship as they give to it. They report both enjoying and feeling better for the experience of the companionship, and a growth in understanding of interpersonal relationships generally. This study aims to gain further information on this important and little-studied area. Increasing understanding of interpersonal relationships is an enlightening experience for all concerned and one that can remove barriers to social inclusion and cohesion. Developing understanding of mental illness within a supportive framework such as that offered by Compeer potentially offers a pathway towards increasing acceptance of people with SMI into the broader community. Importantly also, it offers people with SMI the recognition that their companionship is of value to others and this recognition of self-value is something that has often taken a battering through the ravages of mental illness. This is a vital aspect to address so that people who experience SMI may claim their legitimate place in the social fabric.

In exploring the ideas and experiences of mental health practitioners in this area of friendship and mental health, this study also covers sparsely studied ground. In political climates in which there is a strong emphasis on justifying service provision in terms of objectively identifiable (and often short-term focussed) outcomes, the less obviously definable and quantifiable areas such as friendship and intimate social connection can be dwarfed by pressure for ‘through-put’ and achieving measurable objectives within the short- term. Practitioners who have committed to their career from an interest and sense of compassion for those who experience mental illness have a great deal of experience of the personal consequences for their clients which often goes beyond simplified ‘objectives’. For example, one of the practitioners interviewed mentioned that the client pre-Compeer was attending group activities (thus ticking a ‘social connection’ box), but observation revealed that, even over time, the client remained sitting on the periphery and was not actually engaged in social interaction at all.

Important focus areas included:

1. Whether it is possible or even necessary to provide a structure for people who experience social isolation associated with mental illness to establish friendship in a community setting

2. If it is possible to structure friendships, how desirable or beneficial do all participants think this is and are there challenges?

3. What particular aspects do participants view as important in this process?

4. What do participants regard as the important aspects of friendship for them personally?

These areas were explored by asking participants their perceptions around:

- The nature and degree of friendship that develops and how this contributes to a sense of wellbeing for Companions and Volunteers

- The Compeer policies and structures that are important for the support of the companionships

- Whether the operation of the program and the development of companionships contribute to broader community understanding and acceptance of people with mental illness
1.4 Structure of this report

Chapter 2 of this report is narrative in style with the intention of telling the story of the participants’ experience of the Compeer Program in Victoria in a widely accessible way. It draws on the research findings without becoming too enmeshed in the multiple and overlapping themes that emerged from the study’s wide-ranging data. From Chapter 3 onward a more formal report style is followed (including literature review methodology, etc).

This report deliberately contains extensive source material (in the second section) for two main reasons: firstly, the participants’ own language was effective in conveying their experience of the friendship offered through the Compeer Program structure, with an immediacy which it was important to acknowledge and value; secondly, the publication of (de-identified) source material may hopefully assist in further studies of this important area and other researchers are welcome to use this material in accordance with copyright requirements and with the appropriate acknowledgements.
Chapter 2: The participants’ story of their Compeer experience

2:1 Overview
Participants spoke with considerable warmth and enthusiasm about their Compeer experiences. All participants agreed on the vital importance of friendship in life. They spoke of the difficulties that mental illness (MI) typically created around making or maintaining friendships and all reflected on the debilitating effects of social isolation. Most participants (not only Companions but also Volunteers and MHPs) commented that it was difficult to maintain meaning and focus in life without the support of friends and how essential friendship was to their mental health and wellbeing. All participants agreed that it was possible to establish friendship within the Compeer structure. Friendship developed over time with greater depth of friendship in longer-established companionships. Friendship developed in circumstances where Companions had felt disconnected and in some cases had never really been able to form friendships in more ‘typical’ social settings.

Companions reported that Compeer made an important and previously difficult part of their life easier. For them it was not only possible but also necessary to establish friendship through a structured process. Volunteers found the Compeer friendship worthwhile for themselves and for their Companion. They found it both a desirable and beneficial friendship and valued being part of the supportive Compeer group. MHPs observed that Compeer provided a structure that enabled clients to access and actually engage in meaningful social interaction and that this had benefits for clients far beyond simply feeling happier to have a friend (although it also included this). The Compeer structure is unique in its friendship focus and its trust in the power of friendship to achieve tangible benefits for clients. Compeer made friendship possible and its structure was actually necessary to give these clients access to friendship.

2:2 Companions’ experiences
Past difficulties around friendship
Companions spoke of their difficulties around developing and maintaining friendships, the loneliness, isolation and feeling of disconnection that this caused. Some said they felt that if something happened to them there would be no one to know or care (apart from services of which they were clients). They said that being involved in a Compeer friendship made them feel like a real person again. Going out in the community was something of which they were generally wary and doing so made them feel normal because it was something they were doing with a friend. Many saw Compeer as their wider social group. They felt comfortable, especially at Compeer socials3, and many would attend Compeer socials in the company of their Volunteer when they would not ordinarily attend or feel comfortable in a group setting. Companions enjoy Compeer socials because they were there with their Volunteer and there is no identifiable distinction between Companions and Volunteers. Within Compeer, people did not feel that their primary identity was through their illness, but as a person. They could take the relationship at their own pace. The Volunteer knew about their illness and it didn’t put the Volunteer off, nor did the Companion feel they had to explain themselves. Companions spoke of the Compeer relationship being very different to professional relationships, more equal and ‘normal’ because they could talk about things other than their mental health or goals, they could just be themselves and felt accepted and valued for who they are.

No hidden agendas
Companions were very positive about the friendship. They mentioned in particular feeling comfortable and able to be ‘themselves’ in the relationship, the ease of not having to feel guarded or having to ‘hold themselves together’ to be what people expected. They appreciated the fact that there was no other or hidden agenda to the relationship and no goals to have to achieve. They appreciated the simple friendship, sharing activities, being able to talk about simple things and sharing thoughts and feelings without feeling judged. They felt understood by their Volunteer and 12 of the 13 felt happier (the other one was already feeling happy and that feeling continued). Some thought they could now understand how to be in a friendship and developed greater confidence in being involved in activities. The mutuality of friendship was also appreciated – enjoying the feeling of being able to give in the relationship and not just receive. Increased courage and excitement about life were also factors. For almost all Companions, there had been no challenges apart from the initial apprehension in the early meetings, until they got to know their Volunteer. Those who faced challenges (two couples) had been able to work them through and this had deepened their relationship.

3 Social events are held approximately two-monthly. Attendance by Companions and Volunteers is optional. Socials offer an opportunity to extend social skills to a group environment.
Compeer Victoria Friendship Research Project 2009

Companions saw Compeer as a highly beneficial and desirable program with no insurmountable pitfalls short of the relationship concluding (which happened in one case although the Companion was eventually rematched with another Volunteer).

Voluntary friendship important
There were aspects of the Compeer process the participants found important. Companions valued that the friendship was voluntary (although it took a little time for some Companions to become accustomed to the fact that their Volunteer was visiting them with no financial reward – just the reward of their company). Most Companions were used to relating to paid employees and services. Some Companions said that they thought their Volunteer deserved to be paid. They commented that although paid staff can be very caring, the fact that the Volunteer is coming to see them of their own desire and choice made a world of difference.

The matching was important to most Companions to find someone who was compatible to them and who shared similar interests and was at a similar life stage. They also appreciated the introduction via their MHP because this gave them reassurance and made the first meeting easier. All Companions appreciated the one-to-one nature of Compeer relationships because they could share more consistently, could talk about anything they wanted, it made the relationship more special and because most did not like groups or felt they could not relate or cope in group settings. One commented that psychiatric groups were not necessarily the best place to meet people because everyone attending was ‘needy’ in some way, whereas their Volunteer was just a ‘normal’ person. Companions also appreciated that the relationship was not goal-focussed because they did not have to achieve any tasks and it was not problem-focussed but was about having someone to share their thoughts, feelings and experiences; this also made the relationship more equal and mutual. Companions commented on feeling secure with their Volunteer and safe to practise social skills or share personal information.

The value of friendship
Companions explained that the important aspects of their Compeer friendship were having someone to talk to and share their experiences, someone they could trust and they knew would be confidential and who was outside their family group. They felt connected to the community and appreciated the regular visits and support of their Volunteers and their kindness. They spoke of feeling safe with their Volunteer and getting a better sense of what was ‘normal’. Companions also thought it helped them to be less self-focussed and it was really good to have someone tell them they were ‘ok’. Some noticed their communication skills improving and some rediscovered social skills they had not used in a long time. Many described how debilitating it is to live without friendship.

2:3 Volunteers’ experiences
Developing an intentional friendship
Volunteers described their initial nervousness when meeting their Companion. Despite the fact that a number of them had a degree of knowledge and experience with people with mental illness, as well as a desire to befriend a Companion, they still found it a little challenging in the early stages. Volunteers felt self-conscious and frightened of doing or saying the wrong thing because they didn’t want to offend or upset their Companion. Some spoke of previous experience in the general community, when they had felt unsure about how to approach a person who they knew or suspected had a mental illness or even someone who was simply behaving a little differently. This was not based on negative judgements, but because they felt they might say or do ‘the wrong thing’, so they had avoided the person. Several gave examples of how their experience in Compeer had made them more open and confident in interacting with a wider range of people. Some noted instances in which their increased confidence had similarly influenced their family and friends.

Whereas many had initially approached this volunteering from a commitment to helping another, most of the Volunteers found over time that they enjoyed and valued the friendship that developed. Only the Volunteers who were in the very early stages of the companionship, or those with Companions who were particularly severely socially debilitating by their level of illness (in all, 5 of the 30 volunteer participants) found the development of friendship slow or sometimes challenging.

Enjoying the friendship
Volunteers overwhelmingly appreciated and enjoyed the Compeer friendship. They saw benefits for their Companions as they opened up in the relationship and began to enjoy themselves. Sometimes their Companion wanted to try new experiences and Volunteers found it very rewarding to be part of that process, but they also just appreciated being part of the relationship. They appreciated what they personally got from the friendship, including the mutuality and reciprocity of friendship, learning about themselves and their Companion and gaining insight. Some spoke of freeing themselves from old stereotypes about mental illness and finding their own tolerance, patience and understanding was increased as a result of this relationship. For several
Volunteers, the advantages of their own increased tolerance and patience were reflected in improved relationships in their work settings and an increased ease in relating to strangers in the community. Several Volunteers found the regular commitment actually gave them the chance to slow down and relax and take things quietly with their Companion, so that they felt refreshed after their meetings. A common theme expressed by Volunteers was that they always felt better for having visited with their Companion.

Three volunteers did feel challenged in their relationships – two due to the severity of their Companion’s illness and one by the Companion’s chain-smoking. Volunteers also spoke of their enjoyment of being involved in a well-run program and enjoyed their interactions with Compeer.

For Volunteers, the Compeer structure was important and enabled them to meet and enjoy friendship with their Companion. Although Volunteers already had goodwill and willingness to share friendship with a person experiencing mental illness, they also needed the structure to make it happen. This also has a flow-on effect for greater openness and acceptance of people in the general community and several Volunteers noted that their growth in understanding spread to their peer group or family.

Compeer structure
Volunteers thought the structured processes of Compeer, with clear support, guidelines and boundaries for participants, was essential to enabling relationships to develop and continue. They found the one-to-one friendships offered a meaningful way for them to contribute to their Companion’s wellbeing. The commitment of an hour per week was also manageable and attractive to Volunteers because most were busy people, in the workforce or studying. Volunteers regarded their screening interview as a necessary and positive experience, although some found the prospect of an extended interview a little daunting initially. All but one Volunteer found the training very good and thorough, giving them a good introduction to their role and to mental health generally (the other Volunteer thought the training was good, but could have been done in less time). The matching process was regarded as thorough and necessary although there was some frustration for Volunteers for whom it took time to get an appropriate match. All Volunteers agreed that it was better to wait for a good match than to make a less suitable match and appreciated that the groundwork in the matching process was instrumental to a successful ongoing companionship. Compeer’s ongoing support structure of both informal and via group support sessions was mentioned and commended by all Volunteers, while Compeer socials (for Volunteers and Companions) were seen as supportive to companionships and an opportunity for Companions to experience groups in the company of their Volunteer.

Value of friendship
Volunteers found that sharing communication, conversation, humour and simple enjoyment were important between them and their Companion. They realised that their commitment, consistency and reliability was very important for the development of companionship and that this reflected respect and trust. Being a non-judgemental peer who was supportive, empathic and confidential was also important. One Volunteer said that the longer she was in the Compeer relationship, the more she realised how the values of friendship should be the same with everyone. All Volunteers agreed that similar values applied to their broader friendship groups.

2:4 Mental Health Practitioners’ experiences
Uniqueness of Compeer
Mental Health Practitioners spoke of their clients’ isolation and desire for human contact. They said that although many clients wanted and needed social contact, they felt unable to initiate this for themselves or even to reconnect with family or friends because the process of their illness has been so socially disruptive. Their clients were often lonely but also fearful of social contact. Some said clients would use professional services, even at times claiming to be psychotic, just to get the MHP to visit in order to have some human contact. Several commented that their clients had said they didn’t need more professionals (than they already had) but they just wanted to have someone to talk to, someone to be a friend.

MHPs spoke of the uniqueness of Compeer’s one-to-one friendship base as necessary for clients who would not attend groups, or if they did attend, they never actually interacted with anyone. They said that without Compeer, there were no other services that provided exactly what Compeer did for their clients. MHPs observed the development of trust, self-care (e.g. in personal presentation), motivation (including cooperating with medication regimes), reduced service usage and improved relationships with other support systems as the Compeer friendship developed.

4 The recruitment, screening, training and support of Volunteers and the Compeer structure required for companionships.
Compeer benefits exceeded expectations

MHPs saw great benefit associated with their clients’ involvement with Compeer and for many, these benefits surprised them and exceeded their expectations. They found that in addition to increased emotional wellbeing and social engagement, their clients’ service usage reduced and they became more cooperative with therapy. Some believed that Compeer involvement played a role in relapse prevention. In some cases the benefits of Compeer involvement were considered to be on a par with medication and therapy. It was noted that whilst medication and therapy were essential for addressing symptoms, this did not necessarily enhance the quality of life for people who had become socially disconnected. Another benefit to MHPs in some cases was information about clients’ abilities and interests through the Volunteer involvement that were unknown through the professional contact, but which could contribute to the therapeutic relationship. There were no concerns about Volunteers overstepping boundaries despite some MHPs’ initial apprehension about this possibility. Several MHPs acknowledged the difficulty of quantifying the effect of the Compeer input, but all believed very strongly that it was definitely advantageous for their clients and the majority considered Compeer to be ‘important’ or very important for their clients.

Overall, MHPs regarded Compeer as highly beneficial for their clients and any initial apprehensions that some had about volunteer programs in general were dispelled by their experience with Compeer. They regarded Compeer as unique and important and one that offered a service that could not be replicated by paid mental health staff.

Voluntary friendship enhances self-esteem, assists recovery

MHPs thought that Compeer’s referral documentation was thorough and well organised with clearly stated expectations of the referring agencies and they found this to be an efficient use of their time. Although some MHPs had concerns about volunteer programs in general, almost all thought that it was very important for their client that the friendship was voluntary. They saw this as enhancing their client’s self-esteem and self-worth by knowing that someone wanted to come to see them, without being paid to do so. In relation to this, MHPs thought that Volunteer screening was very important and well handled within Compeer. Volunteers were considered well trained, with good awareness of mental health and of the boundaries of their role. Compeer’s communication processes were seen as important and sound.

MHPs thought it was important that the friendships were structured and that this provided security for their clients. They also observed that Compeer avoided the stigma associated with mental illness due to being arm’s length from mental health services and operating in the community. Compeer socials were considered important because they involved normal activities with a group of people who are not exclusively mental health staff or other people with mental illness. MHPs noted that confidentiality was very important and Compeer standards were well regarded. Compeer’s reputation was an important factor and MHPs were reassured by colleagues’ feedback about Compeer. The matching process was thought to be carefully considered and an efficient use of MHPs’ time for their clients’ benefit.

All MHPs strongly agreed on the importance of social connection in assisting recovery and improving wellbeing for their clients. They also thought the one-to-one friendship, as distinct from group activities, was important. They found that clients could develop trust and improve their social skills in this more intimate environment. Several MHPs raised questions about Compeer’s requirement for MHPs to remain involved with their client (a Compeer Inc. requirement) and this in turn influenced the types of clients who could be referred to Compeer.

Friendship as a fundamental human need

MHPs commented on friendship as a fundamental human need. They regarded friendship as essential to the quality of life, regardless of any other issues. Feeling valued simply for who you are, being accepted and not being judged were fundamental to self-esteem, confidence and resilience. They thought that friendship reduced the risk of suicide, that it normalised life and was a basis of feeling connected to community. They pointed out that the onset of mental illness typically occurred at critical life stages, leaving the person feeling impoverished, overwhelmed and not understood. MHPs also thought that the reduction or loss of friendship left clients vulnerable to making poor substitute friendship choices (e.g. around drugs or addictions). They thought friendship helped clients to cope better with their illness and it was often also supportive for the client’s families. Every MHP spoke of the importance of friendship in their clients’ lives. In this regard, they referred to their whole client base and not solely to those referred to Compeer.

In their own lives MHPs, as Companions and Volunteers had done, spoke of the value of support, shared activities and interests, non-judgemental acceptance, feeling understood and able to be yourself. They thought that friends sustained them, gave them a sense of purpose and optimism and
broadened their perspective on life. The give and take, mutuality and reliability were all important. They agreed that it would be very difficult to live without friends and also thought that it was important to have a range of friends (close friends and ‘social’ friends). They thought their friendships made them less self-absorbed, increased their listening and social skills and increased their awareness of others. They regarded friendship as vital for themselves and for everyone.

2:5 Conclusion

The foregoing has presented the experience of study participants. Experiences were very positive and all participants see significant benefits from their engagement with the Compeer Program. Companions, Volunteers and MHPs found that genuine, rewarding friendships could develop within the boundaries of Compeer. Participants agreed that Compeer was a highly desirable and beneficial service. They saw few potential pitfalls in Compeer’s operations. Some MHPs expressed apprehension about volunteer services other than Compeer and had reservations about other volunteer services they had experienced. Because of this they were aware of the importance of professional oversight and the Compeer support structure was well regarded and seen as essential to avoid any potential challenges of a volunteer-based service in this sensitive area.

The three participant groups had various views about the particular aspects of Compeer that were important for them. For Companions, important aspects include that it is voluntary, well matched, one-to-one, is not goal-focussed (other than friendship), that meeting via their MHP gives a sense of security that the Volunteer is trustworthy, and the Volunteer being reliable and consistent is important. For Volunteers, important aspects were the thoroughness of Compeer’s structure, guidelines, boundaries, matching and support structures. They thought the one-to-one friendship offered them the opportunity to help their Companion in a very personally rewarding way and they appreciated the care in matching them with their Companion and the ongoing support and contact with Compeer that assisted the development of friendship. MHPs valued that Compeer was well organised with an efficient and clear structure. They valued the sound screening, training, matching and ongoing support and supervision of Volunteers and that the friendship was voluntary and one-to-one. They thought that Compeer maintained a good reputation through its structures and the professionalism of its staff and that it provided sound and essential social contact for clients in a non-stigmatised environment.

All participants spoke of the importance of friendship in their lives. Results showed that all people wanted similar things from friendship and there are core aspects across the groups. The results also clearly showed that Volunteers and Companions did experience key aspects of friendship, even though the relationships started off in a contrived way. Companions valued the opportunity to debrief and to share their experiences. They thought that friendship helped them to get a better perspective on life and commented that you get to ‘know yourself better’ through interaction with friends. The friendliness and support of MHPs were mentioned as important but it was a very different and less personal experience than friendship. One commented that she missed the hugs and simple touch that friends naturally give each other. Several commented on their sense of loss, that when they became unwell they lost their friends and how difficult life is without friends.

Volunteers likewise spoke of friends ‘just being there’ for one another, being able to ‘be genuinely yourself’ and not feeling uncomfortable about expressing yourself, just ‘hanging out’ together. Feeling appreciated, sharing views of different subjects and feeling the freedom to agree or disagree, honesty and keeping in touch were important. Sharing fun with friends was very important. Volunteers also thought that friendship deepened over time as you shared ‘history’. MHPs, as Companions and Volunteers had done, spoke of the value of friendship in their own lives, talking about the value of support, shared activities and interests, non-judgemental acceptance, feeling understood and able to be yourself. They thought that friends sustained them, gave them a sense of purpose and optimism and broadened their perspective on life. The give and take, mutuality and reliability were all important. They agreed that it would be very difficult to live without friends and also thought that it was important to have a range of friends (close friends and ‘social’ friends). They thought their friendships made them less self-absorbed, increased their listening and social skills and increased their awareness of others. They regarded friendship as vital for themselves and for everyone.
Chapter 3: The Research Report

The foregoing chapter (2) provided a narrative summary of the experience of the study participants. The following report presents the research study and findings in full. The study was funded by a research grant from The William Buckland Foundation in partnership with the St Vincent de Paul Society Victoria Inc. The grant enabled a pilot study of the Compeer Program in Victoria and the publication and dissemination of this extended report. This study gathered qualitative data towards ensuring that Compeer can continue to operate to a level of practice that best serves the interests of the participants and the broader community.

This study, the Compeer Program, the Volunteers, the Companions and the MHPs all deal with the personal, individual face of mental illness in the community. Compeer works in a practical way to provide the underlying structure operating in the background of the one-to-one companionships. It is important that this structure supports, while not impeding, the highly personal interactions. The engagement of Volunteers and Companions with the backing of Compeer and the MHPs are vital components in personalising the social response towards mental illness.

3:1 Aims of the study

This qualitative, exploratory study was designed to examine the nature of the Compeer companionship as experienced by Companions, Volunteers and referring MHPs, in order to:

- Contribute to understanding the role played by Compeer and the participants in assisting social interaction and community inclusion to assist recovery and relapse prevention in people who experience SMI
- Explore how the process of the companionship can increase awareness and understanding of the effects of mental illness in the community
- Contribute to understanding how community inclusion of people with SMI can assist to build that community and increase social capital
- Provide complementary, qualitative evidence to add to quantitative statistics gathered from Compeer’s international annual surveys, to enhance and deepen understanding of those results
- Provide information to SVDP about the effectiveness of the Compeer approach as a component of its mental health strategy
- Complement research conducted about Compeer USA
- Highlight areas for further study

In relation to the above, the study aimed to consider in particular:

- What the essential characteristics of the Compeer Program are – which aspects, structures and processes are important to the support of companionships
- What themes emerge from each of the three participating groups and are there complementary themes
- If it is possible to structure and foster this kind of relationship in an egalitarian manner
- If improvements could be made to the service
- What challenges are faced by Volunteers and Companions in their relationship
- The nature and value of friendship experienced by participants
- If and how, simply sharing an hour per week of friendly peer companionship can make a difference in the life of a person living with mental illness
- How something as personal as friendship and companionship can be effectively initiated, structured within boundaries and developed outside the less structured social processes in which such interactions usually occur – processes that are generally made more difficult by the nature of SMI with which Companions live.
- What happens in these intentional companionships and whether the social connection begun in this manner actually develops in a mutually beneficial way in order to provide useful outcomes for Companions and Volunteers and if there are possible community flow-on effects for the broader community

3:2 Compeer structure and processes within SVDP Victoria

Under SVDP Victoria, Compeer has been set up with a strong commitment to employing professionally qualified staff (mainly social workers) with mental health experience to provide appropriate screening, training and support so that the Volunteers can engage in companionship as seamlessly as possible. It operates to support the Volunteers and does not assume direct responsibility for the Companions except of course via the duty of care of the Volunteers. This helps to ensure that professional boundaries are maintained between Compeer and the mental health services; that Compeer can liaise with mental health staff when necessary; that information held on Volunteers and Companions to assist matching
is handled with appropriate confidentiality and sensitivity (and all participants can feel assured about this); and that the direct contact between Compeer and the Companions is based on the friendship offered by the Volunteers. This position at arm's length from mental health services also serves an important function for the Companions, of distinguishing between paid services with a primary focus on their mental health status, and Compeer Volunteers whose focus is to be with them for regular, friendly social companionship. Compeer in Victoria has employed staff with mental health training, qualifications and experience to:

- Comply with staffing expectations of Compeer Inc. Licence Agreement
- Ensure mental health knowledge and capacity to promote the Program as a professionally run, confidential, and reliable source of volunteers for participants with potentially complex sensitivities
- Maintain appropriate boundaries between Compeer’s friendship focus and the therapeutic focus of referring agencies or individuals (especially given that Compeer requires referring agents or their delegate to maintain oversight of the referees’ mental health)
- Facilitate the inter-professional exchange of information in a reliable manner that respects client’s rights in regard to information that is necessary to facilitate the friendship, with the client’s permission and knowledge
- Facilitate appropriate Volunteer and Companion screening to provide sound risk-assessment processes for all participants, including SVDP
- Provide appropriate training which includes both information and self-reflective practice to enable Volunteers to fulfil their friendship role with clear boundaries, in particular those boundaries that differentiate between ‘friendship’ and ‘therapy’, and with a clear commitment to equality and mutual respect
- To provide competent oversight and assistance for challenges or difficulties that may arise for Volunteers in the companionship, and to encourage Companions to seek any required assistance from appropriate sources
- Facilitate social interactions between participants in group gatherings
- Comply with Volunteer rights and responsibilities

- Provide direct public information, and through Volunteers to promote the de-stigmatisation of mental illness and encourage an attitude of understanding, acceptance, equality and social inclusiveness for people who experience mental illness

**Information Sessions and Volunteer screening**

Upon enquiry, interested potential Volunteers are invited to an Information Session which covers a broad introduction to mental illness, focussing in particular on the personal experience of those experiencing MI, the effect on their social interactions, and how friendly companionship can assist that person whilst also being an enjoyable and rewarding experience for the Volunteer. The Information Session also gives an overview of Compeer’s structures and expectations.

The Screening Process uses an open-ended, semi-structured interactive interview that allows the potential Volunteer to speak about some important times/experiences in their life and how this has influenced them to apply to be a Compeer Volunteer. Selection criteria have been developed, and a major screening focus is the potential Volunteer’s capacity for respectful acceptance and self-care as a basis for the capacity to care for another in a fundamentally egalitarian manner. The interview allows potential Volunteers to discuss their personal experiences and expectations to ensure that the Program is a good mutual ‘fit’. This approach simultaneously covers the important issues of personal balance and non-judgementalism that are keys to assisting companionships to work for everyone. The extended Screening Interview (1½ to 2 hours duration), Referee Checks (potential Volunteers supply three referees) and Criminal Record Check comprise the main screening process. Appropriate potential Volunteers are invited to attend training sessions.

**Volunteer Training**

Compeer Victoria’s Volunteer Training process focuses on the person the Volunteer may meet, not that person’s illness. However, information is provided about different types of mental illness and how this may affect a person’s thoughts, actions and beliefs, in order to assist Volunteer understanding and acceptance of what their Companion may experience. Through the recruitment, screening and training, Volunteers are asked to reflect on their own life experiences, thoughts and beliefs, their strengths and challenges, to reinforce the egalitarian basis of the relationship notwithstanding differences in life experience and social skills their Companion may have. Volunteers engage in experiential learning activities around what they may experience in regard to a Companion’s thought processes, beliefs, behaviours and particular sensitivities. The training
covers full information and practice around the roles, expectations, rights and responsibilities of Compeer Volunteers including:

- Ethos of the Program and how this fits within SVDP ethos
- Boundaries for the companionship
- Time commitments
- Confidentiality
- Duty of care
- Self-care including health and safety for self and Companion
- Non-judgementalism
- Types of mental illnesses
- Mental health services structure
- Listening skills
- Guidelines for developing a companionship
- Communication skills
- Negotiation skills
- Crisis management
- Suicide awareness
- Reporting duties
- Importance of Compeer social events
- Arrangements for holidays or other periods of absence
- Review of companionships
- Availability of ongoing support
- Evaluation of the training

Training is interactive and uses both information-based and experiential learning, including role-plays, to prepare Volunteers for the practical processes of developing a relationship with a Companion. Trainees receive a Training Manual, a Volunteer Handbook, Commonwealth Government (Department of Health and Ageing) brochures giving information on a range of mental illnesses, and a Social Activities Handbook (prepared by a former Volunteer) outlining free or low-cost activities available in the service locale.

The comprehensive Volunteer Handbook contains all key training information and includes Volunteer Rights and Responsibilities. Upon successful completion of training and post-training evaluation conducted via personal interview with Compeer Volunteer Support staff, Volunteers are then available for matching with a same-gender Companion of similar age, location and interests.

**Matching, Volunteer contract, reports and ongoing support of companionships**

Matching a Volunteer and Companion involves a Compeer staff member and the potential Volunteer meeting with the referring MHP to discuss the suitability of a potential match. The MHP, knowing their client, has the opportunity to assess the suitability of a match between this Volunteer and their client. If the match appears suitable, the MHP will then undertake to introduce their client to the Volunteer. After the potential Companion and Volunteer meet, they decide whether or not to proceed. If they agree to proceed, they organise between themselves, a mutually agreeable time and venue for their next meeting. All meeting arrangements from this point are decided between the Volunteer and Companion with the Volunteer taking the lead role in ensuring that mutually suitable arrangements are made. At this point, Volunteers sign a Contract with Compeer (including role and expectations) for a 12-month commitment to weekly meetings with their Companion.

Over the period of their involvement with Compeer, Volunteers have ongoing informal access to support from Compeer staff as required and are encouraged to communicate regularly. Volunteers also attend more structured Group Support/Supervision Sessions, allowing them to also have contact with other Volunteers. Volunteers are required to provide simple written monthly reports to Compeer about their activities with their Companion and copies of these reports are regularly forwarded to the referring MHP. Compeer also provides an avenue for Companions to contact their Volunteer by passing on messages between visits if necessary, as Companions do not have access to their Volunteer’s phone number.

**Boundaries and reviews**

Because these are ‘intentional companionships’, they commence in a structured way that provides a framework for building a relationship over time. The boundaries are designed to provide a sense of security of expectation for both participants. As the Companion and Volunteer get to know each other, the structure becomes a background for the relationship, not a major focus.

The boundaries and structures of Compeer are based on the normal processes of the development of friendship (e.g. exploring shared interests, communication, negotiating boundaries and arranging future contacts) but the stages are spelled out more clearly and consciously and are stretched out over a much longer time frame suited to the intentional nature of the friendship and the particular sensitivities around interpersonal relationships.
For people referred to the Program, information about Compeer is included in the Referral packs for MHPs to give to their client/s. Companions also receive information from Compeer upon the commencement of a companionship (i.e. after both parties have agreed to continue to meet).

At the end of each 12 months (or earlier if necessary), a meeting will be held to review the companionship. All participants’ intentions for the future are discussed including the ability, desire or appropriateness of continuing companionships. Many of the companionships continue beyond the 12 months. Any required changes are discussed at this time. If companionships must conclude within the 12-month period (which occasionally happens), a review and celebration of the friendship are organised wherever possible.

The Volunteer, the Companion (if willing and able), the MHP and Compeer staff member attend this session to review and celebrate the companionship, and to make any changes that may be required. Throughout the recruiting, screening, training and ongoing support, the focus is upon each trainee’s integration of both Compeer’s philosophy and the training information presented to them. This integration, the risk management assessments (for benefit of Companions and Volunteers), appropriate training, ongoing oversight and support for companionships and necessary but arms’ length relationship with MHPs all rely on the experience and skills of Compeer staff.

Compeer also runs regular social events for Volunteers and Companions with the intention of providing a pathway into more community group activities.

**Equality**

Relationships between Volunteers and Companions are based on equality. It is recognised (and reinforced through training) that ‘equal’ does not imply ‘the same as’. All participants in the Program have an equal right to care and respect, but Companions often have different requirements to assist them to engage in friendship due to the additional stresses or difficulties that have occurred as a result of their experience of SMI. The focus of the Program is that this activity works best when it works for everyone involved. The intent of equality is reinforced in practical ways; for instance, Volunteers are not usually reimbursed for expenses. Each participant (Volunteer and Companion) is expected to pay their own way except for occasional assistance that may be provided by Compeer (e.g. movie tickets or coffee vouchers). Compeer also runs and pays for social events such as coffee afternoons, picnics or social get togethers; these occur approximately two-monthly throughout the year. Many Companions who would not ordinarily attend a group social event will do so in the company of their Volunteer.

**Program promotion – for Companions and Volunteers**

Compeer staff members regularly liaise with mental health services and promote the Program through talks to staff meetings and supplying Referral Kits and other information to MHPs. Compeer expects that mental health support will remain throughout the period of Volunteer contact. It is noted that, over time, specialist mental health support may gradually devolve to general health services if this becomes appropriate for the Companion’s progress. Compeer staff members are also regularly involved in community program promotional activities such as attending volunteer resource fairs and providing interviews and articles for publication through various local media.

**Advisory Committee**

Compeer Victoria has a voluntary Advisory Committee comprised of interested professionals (currently including SVDP, social work, academic, mental health service, legal, psychiatric, Volunteer and Compeer representatives). The aim is to keep track of the ‘big picture’ policy, process and promotion issues to guide and advise Compeer management. Compeer in Bendigo has also established a Reference Group of similar professionals and consumers, to provide support and guidance for the local Program Coordinator.

**3.3 Literature Review**

This literature review covers a necessarily brief sample of information around friendship, social connection and mental health, from Australian and overseas sources. There are some challenges in supplying a specifically relevant literature review, not only because of the time constraints for this study, but also because this is a developing field of knowledge in which the main protagonists are voluntary programs such as Compeer and isolated Companions themselves, both of which have limited capacity to air their collective voices. There is also limited literature on the experiences of the volunteers in such programs. However, the area of mental health psychosocial rehabilitation services is a well-established and researched field, and literature in the more recent recovery-focussed area is fast growing. The following literature samples aim to demonstrate some of the current thinking in the area, including the assumptions that are often embedded in thinking about recovery and relapse-prevention; and to consider how these might impact on approaches to services such as Compeer.
Fig. 1: Compeer process: year 1.
Much of the psychosocial rehabilitation literature is focussed on treatment to ameliorate ‘illness’ and achieve diminution or absence of symptoms. Whilst social isolation is one of the well-recognised long-term features of mental illness, it is not necessarily regarded as a ‘symptom’, but as a consequence of a symptom; for example, under diagnostic criteria for major depression, the Diagnostic and Statistical Manual of Mental Disorders says:

The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. [DSM IV TR: 2000:356] (Italics added)

Other disorder groups such as anxiety [Ibid: 312] and schizophrenia [Ibid: 435] also refer to symptoms leading to significant disturbances in social functioning.

This results in a more or less subtle assumption that alleviation of symptoms should improve social functioning. And whilst symptom alleviation is a fundamental requirement insofar as it can be achieved, it is not in itself necessarily sufficient to achieve the personal social connectedness that is recognised as part of the recovery process.

Psychosocial rehabilitation is often influenced by therapy focussed (pathology based) thinking, aimed at alleviating disability rather than being positively geared towards the human flourishing that underpins positive mental health. Rehabilitation services, as the name implies, often aim to engage or re-engage the person in some community, employment or other activities. These activities are expected in turn to reduce a person’s call on treatment services, and provide a certain level of social context; however, they possibly offer a less certain level of actual interpersonal engagement. Michael Walker [2006] takes aim at the insinuation of pathology-focussed language in recovery-oriented programs:

Humanitarian, political, and financial pressures have given birth to the recovery model...This includes being client-centred, being passionate about helping clients get what they want and find meaningful roles in life, having a vocational and community integration focus, and really meeting clients where they’re at. However, the discourse of the medical and psychological models still lives in the language spoken in recovery programs... The content of our conversations with clients can be about their goals, their quality of life, accountability, community integration, high expectations, self-determination, independence, self reliance, etc.; but the context of our communication is “you have a pathology that makes you different from the rest of society” and “we have the expertise to help you overcome this pathology in order to live meaningfully like normal people do.” [Walker: 2006:76]

He goes on to say that:

Despite the scientization(sic) and medicalization(sic) of the mental health profession, practitioners have all acquired certain common sense skills that work... These include skills such as rapport building, empathy...” [Ibid: 83]

Walker’s comments prompt consideration of the development of practitioners’ ‘common sense skills’, which have been observed by the researcher in the process of interviewing practitioners during this study. These more egalitarian-focussed communication skills appear to develop in response to the ‘intuitively obvious’ necessity for clients to engage on a genuine interpersonal level if their quality of life is to improve. This has relevance for the Companion-Volunteer relationships developed in Compeer with friendship as its primary goal.

The effect of retroactive and therapy-focussed thinking is subtle, but can be seen in the way that terms such as ‘social inclusion’ and ‘community participation’ are often tacked on to other terms such as ‘employment’, ‘education’ and ‘training’. The National Action Plan on Mental Health 2006-2011, for instance, lists the last of its four intended outcomes as:

Increasing the ability of people with a mental illness to participate in the community, employment, education and training, including through an increase in access to stable accommodation. [Council of Australian Governments: 2006:7]

Not only is the general term ‘community participation’ included with other clearly definable criteria, but it is implicitly subsumed by them (i.e. this link creates a subtle implication of the importance of ‘doing valid’ over ‘being valid’). The progress measures by which the intended outcome will be evaluated are:

- Participation rates by people with mental illness of working age in employment
- Participation rates by young people aged 16-30 years of age, with mental illness, in education and employment
- Prevalence of mental illness among people who are remanded or newly sentenced to adult and juvenile correctional facilities
- Prevalence of mental illness among homeless populations [Ibid]
These progress measures prompt consideration of whether people not living with mental illness would consider their ability to work, to engage in education, to have somewhere to live, and to stay out of gaol sufficient to constitute their community participation. Although such progress measures are undoubtedly baseline expectations, they address only an institutional level involvement (or non-involvement); they do not address the more intimate level of interpersonal engagement that most people would consider necessary for a motivated and fulfilling life.

As Dr Corey Keyes (Associate Professor of Sociology and Public Health, Adjunct Professor of Psychology, Emory University, Atlanta, USA) points out:

The definition of mental health and mental illness suggests they are distinct and opposing concepts...In turn, measures of work productivity, disability, chronic physical illness, cardiovascular disease, psychosocial functioning, and healthcare utilisation reveal that anything less than mental health as ‘flourishing’ is associated with increased impairment and burden to self and society. In other words, the absence of mental health is as problematic as the presence of mental illness...


These issues are relevant for Compeer because it operates on the border between clinical services and the more intimate level of social interaction – friendship. Friendship is an important part of community participation, and is clearly necessary for human flourishing. However, because of its apparent simplicity, and its tendency to be subsumed under the broader ‘social connection/productivity’ umbrella, it may also be easily overwhelmed in a competitive funding environment. The medically oriented pressures of clinical service needs, and the economically oriented pressures of service-usage reduction and ‘gainful’ employment of people with mental illness are difficult areas to compete with. In such an environment, it is easy for Compeer ‘friendship’ services to get lost under the weight of seemingly more important or more readily met needs, especially when it comes to seeking additional resources for recurrent funding of the Program. This issue operates not only at structural or governmental levels, it is such a strong social theme that it can carry right through to the interpersonal interactions between Volunteers and Companions. This becomes evident as Volunteers sometimes put themselves under pressure to do ‘more’ with their Companion than simply meet regularly to share their friendship. It can be difficult to maintain consciousness of the value of ‘being with’ as distinct from ‘doing for’, as a basis of a fulfilling interpersonal engagement.

The area in which Compeer operates is a ‘quality of life’ area aimed towards wellbeing and not only amelioration of illness. This is not to dismiss a mounting body of evidence that supports the positive contribution of social connection to health. This clearly has relevance for mental health, as supported by studies on friendship and physical and emotional health which will be discussed shortly. However, Compeer operates in an atmosphere more readily geared to quantifiable outcomes. Randomised controlled trials to provide quantifiable, evidence-based practice are rapidly becoming the standard acceptable form of evaluation; however, there are potential ramifications of this expectation that risk missing or devaluing the effectiveness of more simple, intuitively obvious, personal (and often less-expensive) contributions, whilst entrenching the organisational status quo. This includes, but is not limited to:

- The probability that large and securely funded organisations are likely to have greater capacity to produce high-level evaluations than volunteer-based, self-help, donation-funded, or service-based organisations, which are typically insecurely and/or poorly funded, with limited opportunity to devote the time necessary to produce what is currently regarded as ‘rigorous’ research.

Debra Rickwood highlights the importance of listening to those who have direct experience of mental illness—the people affected and their families. In her discussion paper on relapse prevention, prepared for the National Mental Health Promotion and Prevention Working Party, she points out that:

Both service-based and self-help programs are...clearly relevant to relapse prevention, although self-help and peer-based approaches have been researched less frequently and rigorously in terms of outcomes.

She also later says that:

Despite the lack of methodologically rigorous evaluation of self-help programs, descriptive and anecdotal evidence abound regarding the importance and effectiveness of these groups for both consumers and carers in preventing relapse. [Rickwood: 2004:23]

These help to underscore the importance of accessing the experiences in order to discover what
underlies the ‘abounding anecdotal and descriptive evidence’ of such programs. Even then, this comment apparently refers to self-help groups and not one-on-one relationships.

The term ‘Social Capital’ is used to describe “the particular features of social relationships within a group or community” [VicHealth: 2005:1]. The term includes a sub-category of ‘Bonding Capital’ covering relationships with friends. The VicHealth research summary of ‘Social Inclusion as a determinant of mental health and wellbeing’ quotes strong evidence (from the epidemiological research of Seeman [2000], Berkman and Glass [2000] and Eng et al. [2002]) of significant correlations between poor social ties and mortality from almost every cause of death. This research summary paper also quotes links between social connection and mental health and wellbeing. [VicHealth: 2005:3-5] These connections are demonstrated primarily in relation to stress, anxiety and depression; they do not specifically mention the more seriously debilitating end of mental illness where Compeer Volunteers typically operate. It stands to reason, however, that if social connection can have such profound effects on physical health and psychological wellbeing for the general population and those affected by the relatively less serious mental illness, it should also be valuable for those more seriously affected.

Indeed, the body of information and intuitive acknowledgement of the importance and value of friendship is steadily growing. Links such as those described above are increasingly being drawn between friendship and physical, emotional and psychological wellbeing. When it comes to the area of serious mental illness, however, the capacity for friendship and social connection is frequently limited not only by the nature of mental illness as it impacts on the individual’s sense of self and ability to relate to others, but also by community responses towards them. In studying the issue of social inclusion and recovery, Repper & Perkins [2003] noted that:

The specific cognitive and emotional difficulties that led to a diagnosis of mental health problems are usually less disabling than the discrimination and exclusion that accompany them. It is not usually periodic crises or the continuing ‘hearing of voices’ or ‘delusional ideas’ that prevent a person working, studying, or engaging in social or leisure activities. The major barriers lie in prejudice; the belief that anyone who experiences such things cannot possibly do the things ‘normal’ people do. [Repper & Perkins: 2003:vii]

This sentiment is also reflected in the Australian Government Department of Health and Ageing [1995] DVD One in Five which interviews Steven Leicester, a young man who experiences episodic schizophrenia. Mr Leicester comments on the lack of understanding or acceptance demonstrated by university lecturers when he applied for higher studies. This was despite having very successfully completed his undergraduate degree part-time whilst also living with schizophrenia. He claims he was told that he must have been misdiagnosed because someone with schizophrenia could not have achieved what he had achieved. Although this DVD is now somewhat dated, this kind of prejudice and lack of understanding is still referred to by Repper and Perkins almost a decade later.

Staeheli et al. [2004:234] conducted a one-year peer partnership project that reflects great similarities with Compeer’s approach (although, unlike Compeer, there was a small monthly budget allocated to each couple to cover activity expenses). They comment that the fundamental human desire for companionship is often overlooked for people with psychotic disorders. Their qualitative (narrative based) interviews “...bore witness to the desires and capacities of [people with serious mental illness] to rise to the occasion within the context of a structured and supportive relationship...these interviews illustrated some of the ways in which people with psychosis continue to want to be, and are able to be, part of a social world.” [Ibid].

A number of the findings of Staeheli et al. about the qualities of the relationships reflect similar experiences to those of Compeer. It is worth noting a number of these, in particular:

- The sense of satisfaction and increased self-esteem engendered in the ‘Companion’ through their experience of being valued in the friendship [Ibid: 238]
- The importance of equality and reciprocal sharing of personal experiences [Ibid: 239]
- The qualitative difference between the friendliness of a mental health professional, and a peer friendship [Ibid: 241]
- The development of friendship despite contrived beginnings; and moreover, the usefulness of a contracted structure as a component of establishing and maintaining the relationship [Ibid: 242]
- The perceived value of engagement in ‘normal’ social activities [Ibid: 245]
- The generalisation of the experience to other social relationships [Ibid]

A 2007 survey of 585 subjects conducted by the Mental Health Foundation (Scotland) found
friendship played a very important role in preventing mental ill-health and aiding recovery for those experiencing mental health problems. [Mental Health Foundation: 2007:1]

The main types of support found helpful are simply ‘being there’ and emotional support. Service users overwhelmingly reported that having friends around when they are in mental distress is positive. [Ibid]

The supportive attributes may appear deceptively simple, but the nature of friendship, whilst appearing simple, can obviously have some profound effects.

Interestingly, subjects were also asked how their friendships were affected during the period of the mental health problem. Respondents were invited to tick as many responses as applied.

- 44% reported withdrawing completely
- 37% wanted to see friends less than usual, and
- 37% said it was hard to keep in touch [Ibid: 4]

Although the study did not report the severity of symptoms, these responses demonstrate the difficulty for people of maintaining social relationships whilst experiencing mental health problems. The study also asked the question ‘Who did you receive most help from?’ to which the highest response (at 41%) was ‘friends’, followed by mental health practitioners at 39%. [Ibid: 5] The same report also quoted a study by Machalak et al. [2006] of people with bipolar disorder who rated social support as the top item in determining their quality of life. These findings indicate a curious paradox, with people withdrawing from friends whilst simultaneously recognising the importance of their support. They suggest two important things: firstly, that the presence of friendship can positively impact the experience of MI; and secondly, that the actual experience of the illness is itself an impediment to maintaining (or forming) friendships. This would tend to support the importance of providing some form of structure to support friendships for people experiencing MI (either through community support and information where friendships already exist, or – as with Compeer – providing the boundaries and structure to support intentional friendships).

A most interesting aspect of this study that could have relevance for Compeer is the fact that it also surveyed people who were friends with others with a mental illness. 484 of the total of 585 respondents had themselves experienced mental health problems, 389 said they had a friend who had such experience, and 270 put themselves into both categories [Mental Health Foundation: 2007:2].

Almost half of the friends reported not knowing enough about mental health to feel that they could help or advise their friend, and the top three inputs that would have improved this were:

- A professional to talk to (54%)
- Better general information about mental health (48%)
- More information from my friend about how s/he was feeling (44%) [Ibid: 9]

This indicates a degree of mystery that surrounds mental illness, even for those who have themselves had experience, or whose friend has had the experience. This has relevance for Compeer Volunteers, approximately 1/3 of whom have spontaneously disclosed personal experience with mental illness; and if this group is added to those who have had a friend or family member with the experience, the number is approximately half of our Volunteers (as reflected in this Compeer study cohort). Yet most of our Volunteers still express that they develop more understanding through the process of their companionship. This seems to suggest that the area of mental illness still has some considerable way to move towards demystification.

A 2005 survey, conducted through SANE Australia, canvassed 76 carers and 182 consumers. The survey found that loneliness and social exclusion are major issues of concern, with a high proportion of respondents reporting frequent feelings of loneliness. Specifically:

- 34% felt lonely “all the time”
- 38% felt lonely “often”, and
- 20% felt lonely “sometimes” [Elisha et al.: 2006:282]

Most interesting, for this study’s purposes, are the evaluations conducted by McCorkle et al. [2008 & 2009]. They conducted both qualitative and quantitative evaluations of a Compeer Program in Rochester, USA (‘Compeer Friends’ – a qualitative study that interviewed 20 Compeer participants; and ‘Increasing Social Support for Individuals with Serious Mental Illness’ – a quantitative study that compared 75 adults with SMI receiving ‘treatment as usual’ with 79 adults receiving ‘Treatment as Usual’ plus Compeer). The qualitative study interviewed 9 Companions and 12 Volunteers (including one participant Companion who became a Volunteer, hence n=20).

Both clients and volunteers described matches that deepened over several years from helper/helpee relationships into rich, mutually beneficial friendships. Many clients became more outgoing, sociable, and active,
with increased self-esteem, self-worth, and self-confidence. Major benefits reported by volunteers included gaining a good friend themselves and feeling good about helping someone else. No significant drawbacks were reported by clients or volunteers. [McCorkle et al.: 2009]

They also suggested that the relationships take more than a year to develop and deepen to genuine mutually rewarding friendships. (Note: the McCorkle qualitative study did not include the views of referring practitioners.)

The numbers of participants being far greater in Rochester, USA than in Victoria, Australia, gave the quantitative study a large sample base (over 750 Compeer participants) from which to select. In this quantitative study, McCorkle et al. [2008] compared 75 clients with SMI receiving community psychiatric ‘treatment as usual’ with 79 clients engaged in the Compeer Program.

Compeer clients reported significant improvement in social support and a trend towards improved subjective well-being. After 6 months, social support increased >1 SD for 13%, increasing to 23% at 12 months, supporting qualitative research suggesting the “active ingredient” in intentional friendships often takes more than one year to develop. This subgroup of respondents showed significant gains in subjective well-being and reductions in psychiatric symptoms. [McCorkle et al.: 2008]

Comparison of this research demonstrates similarities in the experiences of the two programs operating on opposite sides of the globe, albeit with reasonably similar population demographics.

A study by Flanagan and Davidson [2009:18-25] from Yale University studied the features that affect the community inclusion of people with mental illness. Noting that:

Despite the concerted efforts of mental health practitioners, family members, and people in recovery themselves, many people with mental illnesses remain on the margins of their communities. Studies continue to suggest that people with mental illnesses often report that they feel excluded from general society. [Ibid: 18]

They concluded that their data supported that personal contact and experience with people with mental illness reduces fear and increases benevolence and further suggest that personal contact should be integral to community integration and anti-stigma campaigns. [Ibid]

The final reference is a simple one from Stefan Klein who notes:

A civic sense, social equality, and control over their own lives constitute the magic triangle of well-being in society. The better these three criteria are met, the more satisfied people are with their lives. But one can’t view these factors in isolation. They need and reinforce one another. [Klein: 2006:252-3]

It highlights areas that many people with serious mental illness lack. It may also be relevant for another area investigated by this Compeer research project – the effect on the wellbeing of Volunteers of engagement with the Program; and it also has relevance in relation to the multidimensional nature of mental wellbeing, and supports the case that studies in this area should be approached from a range of perspectives, as this study has done.

In conclusion, this brief Literature Review informs several key issues. It offers some evidence that:

- People with mental illness experience social exclusion
- Peer friendship is problematic for people with mental illness
- It is possible to alleviate social isolation
- Friendship can assist in relieving the disability associated with mental illness
- Social isolation is not (and possibly cannot be) effectively addressed within professional mental health services
- Friendship between two people can be a rewarding and enjoyable experience for both parties notwithstanding the presence of a diagnosed mental illness

These are areas in which Compeer offers supportive service.

3:4 Methodology

The methodology of this study was based on and guided by the experiences of:

- Companions matched with a Compeer Volunteer
- Compeer Volunteers
- MHPs who referred their client/s for companionship.

It was also informed by the experiences of the Compeer Program in Victoria and as an affiliate program of Compeer International. This study was funded on the basis of Dr Ann Montclare as primary researcher (who has variously held Coordinator, Manager and Training and Support positions within
Compeer Victoria Friendship Research Project 2009

Compeer), with consultation provided by Professor Margarita Frederico of La Trobe University. The involvement of Dr Montclaire as a Compeer staff member was considered to provide more advantages than drawbacks for this study.

Whilst time constraints were a constant challenge for the researcher (who continued other duties throughout the study period), this method had the advantage of allowing the researcher-coordinator (a counsellor with extensive mental health experience) to approach the study with significant reflective practice skills [Schon: 1995] in relation to both participants and processes. This contextual knowledge and ongoing relationship with participants supported the researcher’s ability to delve in some depth into the meaning of what was said by participants. The fact that this is a voluntary program (for Companions as well as Volunteers) means that any study of its participants is likely to tap into those who were sufficiently satisfied to choose to remain with the Program (anyone not satisfied could or would presumably have opted out). To balance this, enquiries about limitations or drawbacks were specifically invited on the basis that this feedback would assist the Program to improve its operation.

Volunteers and Companions who had been meeting for at least three months, and MHPs with currently matched clients were invited to participate (although several also gave feedback on past clients who had experienced Compeer companionships). The shortest matches studied were 4-5 months, and the longest were into their third year of meeting. The duration of matches was separated into < 6 months; 6-12 months; and >12 months. This gave a snapshot of experiences over different time frames. Each participant was interviewed about his or her experience of the Program, and responses were not matched for specifically paired companionships. This was necessary to preserve the anonymity of participant responses in a relatively small population, and to encourage open discussion.

At the commencement of the study, Compeer Victoria had approximately 40 current matches in the 3+ month category. Preparation time meant that the conduct of interviews for MHPs fell largely over the Christmas holiday leave period, and this reduced the number of MHP participants (although, given the large amount of data collected, this was probably just as well). MHP interviews were also hampered by staff changes, where referring MHPs had either changed caseloads, clinics or jobs and there was thus no one who could comment on the client over the pre and ongoing period of Compeer contact.

The study was qualitative and exploratory in nature, and was based on semi-structured interviews with Companions, Volunteers and MHPs. To ensure comprehensiveness of records, all interviews were audio recorded, and de-identified transcripts of participants’ responses were produced. Results were coded for themes and a sample was cross-checked between the researcher and the study consultant.

Outlines of interview structure and questions were sent out with consent forms as part of the informed consent process. Participants were asked open-ended questions, covering a wide variety of areas, around their experiences with the Compeer Program, their thoughts on the nature of friendship, the influence of MI on friendship, levels of mental, social and emotional wellbeing, social connectedness and skill development.

**Participant characteristics**

55 people participated in this study:
- 30 Volunteers discussed 32 companionships (2 had 2 matches)
- 13 Companions
- 12 MHPs discussed 21 companionships

53 of the 55 also completed (optional) ‘friendship maps’.

Although results were not matched for specific companionship pairs, of all companionships upon which data were gathered:
- 4 had information from all 3 sources (Volunteer, Companion & MHP)
- 9 had information from the Volunteer & MHP
- 6 had information from the Volunteer & Companion
- 1 had information from the Companion & MHP
- 8 had information from MHP only
- 13 had information from the Volunteer only
- 2 had information from the Companion only

In total, some information was gathered on 43 different companionships. There was a range of ages and duration of matches represented across all categories, and more females than males were represented in the study. See following Figures 2-8 for details.
Volunteer characteristics
N=30 (discussing 32 companionships)

Duration of companionship in Volunteer cohort
Companionships studied from the perspective of the Volunteer cohort were grouped into three categories according to duration of the companionship at the time of the study. The shortest companionship studied from the Volunteer perspective was four months and the longest were into their third year.

<table>
<thead>
<tr>
<th>Duration</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 months</td>
<td>9</td>
</tr>
<tr>
<td>6-12 months</td>
<td>12</td>
</tr>
<tr>
<td>12+ months</td>
<td>11</td>
</tr>
</tbody>
</table>

Companion characteristics
Diagnoses (of 43 companionships discussed)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia</td>
<td>20</td>
</tr>
<tr>
<td>Schizoaffective</td>
<td>6</td>
</tr>
<tr>
<td>Schizophrenia/chronic paranoid</td>
<td>3</td>
</tr>
<tr>
<td>Schizophrenia/Aspergers</td>
<td>1</td>
</tr>
<tr>
<td>Dissociative Identity Disorder</td>
<td>2</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>5</td>
</tr>
<tr>
<td>Bipolar Disorder/Depression</td>
<td>1</td>
</tr>
<tr>
<td>Bipolar Disorder/Aspergers</td>
<td>1</td>
</tr>
<tr>
<td>Social Phobia/Depression</td>
<td>1</td>
</tr>
<tr>
<td>Depression</td>
<td>1</td>
</tr>
<tr>
<td>Depression/Anxiety</td>
<td>1</td>
</tr>
<tr>
<td>Depression/Bulimia</td>
<td>1</td>
</tr>
</tbody>
</table>

Companion cohort directly engaged in this project N=13

Companions by age, gender and duration of companionship

Fig 2. Volunteers by age

Fig 3. Volunteers by gender

Fig 4. Companions by age

Companions by gender

Fig 5. Companions by gender

Fig 6. Companions: duration of matches studied
MHP characteristics

N=12

Gender: 10 female; 2 male

Total companionships discussed: 21 (15 female and 6 male). Individual MHPs reported on between one and three clients.

Location: 10 MHPs were from community mental health clinics, and two were in private practice.

Professional background and experience: MHPs came from a range of professional bases and the cohort included psychiatrists, social workers, psychiatric nurses, psychologists and occupational therapists. All were experienced clinicians, with the majority having long-term experience.

3:5 Data

Approximately 60 hours of interviews were audio recorded. An additional (estimated) 13 hours (15 minutes each) was spent with participants completing social network maps (completion of social network maps was voluntary and was completed by 53 of the 55 participants). Interviews lasted an average of an hour. One of the longer-term Companions had kept extensive notes from each 12-month review period, showing significant progress over the companionship as well as marked improvement in mental health; this valuable information was incorporated into results although much of it could not be directly referenced because it would have been identifying. The majority of participants were interviewed in their homes (Companions and most Volunteers) or places of work (MHPs and some Volunteers).

To ensure comprehensiveness of records, all interviews were audio recorded and de-identified transcripts of participants’ responses were produced. These transcripts summarised interviewer questions, except for areas where participant comments were followed through for further clarification, in which case the interviewer’s comments/questions were recorded. Over all interviews, a total of approximately 15 minutes of recording was lost due to poor sound quality of segments of interviews.

Companions were questioned about the following areas:

- Their expectations of the Program
- The importance of the voluntary nature of the companionship
- Whether or not they would/did attend groups
- The effect of MI on friendship in their life
- If/how their companionship had developed over time
- Decision-making, boundaries, and connection with their Volunteer
- Rewards and challenges of the relationship
- Changes in wellbeing
- The importance and qualities of friendship
- Their social network and where the Volunteer fits into this

Volunteers were questioned about the following areas:

- What prompted their interest in Compeer
- Their perceptions of Compeer processes (including induction, screening, training and support)
- Changes in their understanding about MI as a result of their Compeer experiences
- Meeting their Companion and development of their companionship
- Rewards and challenges
- Generalisation of their experience to other situations
- The importance and qualities of friendship
- Their social network and where the Volunteer fits into this

MHPs were questioned about the following areas:

- Their experiences with Compeer including information, structures and processes
- Who they would consider appropriate for referral to Compeer
- Objectives and outcomes for their client/s
- Observed changes in the client’s mental, physical, emotional health and wellbeing, social connectedness, and skill development
- The importance of Compeer for the client/s
- Suggested improvements for Compeer processes
- If/how Compeer differs from other support services – detail
- What if Compeer hadn’t been available
- Importance of friendship for their client
- The importance and qualities of friendship in their own life*
- Their own social network*

*(These last two points were optional)

The transcribed interviews were collated into subject areas, and major themes were identified for each area. A sample of identified themes was cross-checked with the project consultant for consistency of identification.
Chapter 4: Results

4:1 Experiences of the Compeer Program structure and processes
The breadth and depth of data from three different sources are extensive and detailed, so major results have been grouped into four main themes:

1. Experience of the Compeer Program including its structure and processes (to contribute to understanding of the role of Compeer in social interaction, community inclusion and recovery/relapse prevention)

2. Experience and development of companionships. The actual experiences reported from all sources, including rewards and challenges, skill development, wellbeing, awareness and understanding of the effects of SMI in the community

3. Exploring potential social inclusion of people with SMI through the importance of individual friendship and how this may assist community development through social integration, increasing social capacity and assisting the development of social capital

4. Exploring the importance of friendship through discussion of the actual experience of Compeer friendships as well as participants’ overall perceptions of the importance of friendship in their lives.

4:2 MHPs’ view of referring clients to Compeer and expectations of Program

Major themes included the importance of the following areas:

- Documentation
- Clearly documented expectations of referral agencies
- Clear boundaries for Volunteer involvement
- Personal presentation (Compeer staff and Volunteers)
- Community information (allows client to drive process)
- Compeer’s reputation and credibility (positive comments from colleagues, Compeer staff professionalism, communication processes)
- Trust and confidence in Volunteers
- Appropriate matching
- Friendship program outside MHS for clients
- Compeer’s support for Volunteers

Documentation and referral process
Compeer documentation was well regarded and considered important for referral purposes. MHPs reported positively on their experience of the Program’s processes, finding them to be clear and well organised. Expectations of the Program were enhanced by referral material that clearly outlined the parameters of the Program and expectations of referring agencies. Compeer staff was regarded as friendly, approachable and communicative. Follow-up communication and feedback were well regarded. The referral process was considered an efficient use of MHP’s time and a good investment for their client.

It has been incredibly efficient. There was the initial discussion and forms but it hasn’t taken up much of my time at all, maybe in all three hours [for two clients] but not a great amount at all. The referral form is efficient and the meetings too. None of that was difficult. [MHP #9]

I think I got more than I expected in terms of the administrative support from the [Compeer] staff; like I didn’t actually expect to have notes and information sent to me from meetings...So I think that’s really good. [MHP #3]

It hasn’t been burdensome at all. And it has gone along very well. I would say it was very cost-effective in terms of time. It was a good bargain. [MHP #8]

Personal presentation of Compeer staff and Volunteers
The personal presentation of Compeer staff at MHP meetings, pre-match meetings with Compeer and Volunteers and the matching process were noted for their professionalism, confidentiality, careful selection, matching and supervision of Volunteers. Positive comments from colleagues prompted program credibility, particularly in an area where volunteer programs have been treated with some caution due to the complexity of the needs and sensitivities of clients with SMI. In describing their thoughts prior to experiencing the Compeer Program, some mentioned concerns about volunteer programs in general, e.g.:

I suppose there are pros and cons there because there are always questions about why people want to volunteer. And I suppose there is always a possibility that volunteers are coming for their own needs but obviously that is what you address. It is an important one to address, because the clients are often very vulnerable. [MHP #9]
I would want volunteers to have a general understanding of the kind of people they are with. And I do wonder if the volunteer themselves may have some personal motivation to doing this, but I suppose that’s a usual concern. But then I see some paid staff members who do it for their own reasons, so I suppose there is no difference. [MHP #4]

Probably what I expected was different than what I got because I remember being involved in [another] program previously many years ago and we had a lot of problems in matching people with severe disabilities. A lot of the volunteers were new graduates and often they couldn’t comprehend the difficulties and disabilities of the people that they were matched with. [MHP #2]

Voluntary friendship important

Despite some concerns about volunteer programs in general, almost all MHPs noted the importance of the Compeer companionship being voluntary. There was recognition of the greater impact on client self-esteem and self-worth from knowing that someone wanted to come to see them, without being paid to do so. MHPs generally thought that their clients viewed the Volunteers as more compassionate than paid workers could be, e.g.:

I think that it’s voluntary is important because it is not a professional relationship. I think a lot of people with mental illness have lost a lot of their social support and it’s very important for them to develop friendships to aid their recovery. [MHP #12]

I was expecting to get company for my clients, someone they could go out with and do things with, someone not related to mental health workers and it was very important that they were not related to mental health workers... it’s a different relationship when they talk to someone who is totally outside – not part of mental health services. [MHP #10]

I think that it’s the voluntary aspect that enables the friendship to be equal in a way that a paid relationship never could be and it means that in this way the relationship can be quite genuine rather than just because they have to. [MHP #7]

Many clients will say to me “I don’t want another paid professional to help me”...I think that for some people, having a person who is volunteering just because they want to and they can choose not to at some stage if they want to, is a really important distinction and I think it makes them feel really much more valued because the person is doing it because they want to. [MHP #3]

I think because the volunteer is coming from a different place and that they are people who want to make a difference in someone’s life without being paid for it. I think there is a different motivation and that can result in good-quality relationships. [MHP #1]

Screening and ongoing supervision/support of Volunteers

This was raised as an important area. In describing their thoughts prior to experiencing the Compeer Program, they spoke of general concerns about volunteer programs, e.g.:

If the Volunteer had established dependency – that could have potentially sent the client back to where she began. So the supervision was very important to consider the Volunteer’s response. I think without supervision it could potentially have been of no therapeutic benefit, depending on the Volunteer of course and their grasp of the issues. [MHP #12]

I think you have the structure pretty solidly based so that you know what you’re doing and who you would match to, that’s the impression I get anyway. I think if that wasn’t working well we would be getting many more phone calls and if the volunteers didn’t have you to debrief with I’m sure we would be getting more phone calls, so I think that support of the volunteers is obviously working. Because you don’t take clinical responsibility, that continues the not clinical focus which is good. [MHP #3]

Clear expectations of MHP role and Volunteer boundaries

Clarity about MHP role and Volunteer boundaries with their client were both mentioned as important. The following comment provides a significant example:

I have in the past had lack of clarity with other services but with Compeer there were clear expectations about what my role was, what was expected, it was very efficient. [MHP #1]

I think we gravitate towards the Compeer service because you have that understanding of mental illness...that’s where your Compeer service has very good boundaries and good communication processes. And I think that’s very important. Your Volunteers seem to be aware of mental illness. [MHP #2]

I have never had a problem with the Volunteer overstepping any boundaries. [MHP #12]
Structured friendship
The structured nature of the friendship was recognised as providing important boundaries for clients, e.g.:

There is a bonus element of this being an arranged friendship too, in that friendships can be a little bit tenuous at times. Friendships can kind of rely on both the parties keeping their end up. The Compeer structure provides a matrix that the friendship develops in. It’s like a safety net for those people who lose their own boundaries... And what’s interesting is that the structure of the Program helps to model the boundaries, it keeps that friendship going. [MHP #7]

Compeer avoids stigma
The fact that Compeer operated outside the usual mental health services was considered important by all MHPs. Compeer avoided stigma associated with mental illness due to being arm’s length from MHS and operating in the community. In this context confidentiality was considered important and Compeer standards were well regarded. The Compeer socials were considered important because they involved normal activities with a group of people who are not exclusively MH staff or other people with MH issues, e.g.:

Compeer doesn’t seem to have, from what I hear, the same stigma associated with it as the more psychiatric help organisations have. So it’s not seen as a psychiatric support service. So Compeer, from my perspective and I think from others’ perspectives, does not have that stigma associated with it. And social events that are organised in other psychosocial rehab settings are fairly much the same the world over. They do really similar things which are really useful and helpful, but this is something that's very different from the social interaction that they have at Compeer’s socials. [MHP #3]

Community requests for Compeer
That requests for Compeer services came via other clients or through Compeer promotional material was mentioned as important. The community information also opened the possibility for clients to drive the process. The reassurance of colleagues’ feedback about Compeer was important to MHPs, e.g.:

There were also times when other caseworkers mentioned within our team of case managers. They talked about Compeer and my own experiences from what I heard anecdotally from other case managers, they are very, very grateful and appreciative to have Compeer involved with their clients. [MHP #11]

The matching process
The matching process was considered to be good, and carefully considered. Comments included:

I think we struck gold on the first one so I think the matching process has been good. I know it is only as good as the Volunteers you have, but I think the match with [Volunteer] was very good...I have in the past had lack of clarity with other services but with Compeer there were clear expectations about what my role was, what was expected, it was very efficient...I think they had a good rapport I think it was a good match. [MHP #1]

[Client] has definitely formed a bond with the Volunteer. She feels quite comfortable talking about anything with her...I think the match has been very good too. [MHP #3]

I could add that my goals have gone along beautifully and I think that the Compeer Volunteer has been a good match. [MHP #8]

[The client] took to the new Volunteer very quickly. [MHP #2]

It didn’t take long for [client] and the Volunteer to get along well there was rapport instantly they were very well matched...the engagement has been fantastic. [MHP #9]

She seems to have been very well matched in terms of her interest and compatibility with the Volunteer. So there was a lot for the client and Companion to talk about from day one. [MHP #11]

I think there haven’t been issues about mismatched or anything like that. I haven’t seen that. I think it seems likely that it’s very carefully screened and all endeavours are made to make it a good match and make it work. I felt that the Volunteer got a lot of support from Compeer. [MHP #5]

Concerns regarding the ongoing role for MHPs
Several MHPs saw the Program providing an opportunity for them to withdraw and raised questions about Compeer’s requirement for MHPs to remain involved with their client throughout the engagement (a Compeer Inc. requirement). This in turn influenced the type of clients who could be referred to Compeer, e.g.:

One of the things that we struggled a bit with was that we were required to still be case managing the people who were referred. So I suppose by the time we were moving people towards Compeer, they were almost ready for discharge in some situations. [MHP #5]
The importance of friendship and social connection

MHPs recognition of this as a reason for referring clients included:

I was very enthusiastic about it, it sounded fantastic and all of us were saying this is exactly what we need. [MHP #11]

For most of our clients, socialisation or spending time with someone who isn’t a clinician or someone who is not involved in their health care is really important and really lacking. So it is fantastic – a great, great initiative. [MHP #7]

Most expected the Program to provide an opportunity for friendship and companionship, and for their client to be able to do ‘normal’ (not MH-related) activities. Whilst some MHPs initially expected a reduction in their client’s social isolation, most hoped that their client would experience friendship that could generalise to community engagement.

...friendship and building their confidence and their social skills so that they can then move on to being more involved in the community and developing other friendships. [MHP #11]

Aid to recovery/relapse prevention

All MHPs strongly agreed on the importance of social connection in assisting recovery and improving wellbeing for people with MI. One MHP who acknowledged initially holding little hope for the establishment of friendship for the referred client (the referral had been family-driven) expressed surprise that the client and Volunteer had developed a companionship and that this coincided with (and in the MHP’s view, probably factored in) the client’s positive life change and increased independence.

MHPs referred to Compeer with the hope and expectation that the companionship would reduce the client’s social isolation and improve their social skills as an aid to relapse prevention, recovery, social and community reconnection. Comments included:

I think a lot of people with mental illness have lost a lot of their social support and it’s very important for them to develop friendships to aid their recovery. [MHP #12]

One of the things that I would be hoping for her is that having someone outside the system, she may learn some things about the way she communicates that might help her to consider whether she wants to continue communicating in that way with people. I think she doesn’t realise the effect she has on some people sometimes, from a non-clinical point of view. And she doesn’t get that feedback from people very often. [MHP #2]

Yes, friendship and building their confidence and their social skills so that they can then move on to being more involved in the community and developing other friendships. I think it can be an avenue for more support and not remaining just in that relationship. [MHP #1]

I thought it would be a good way to help her to learn to socialise in an appropriate manner and hopefully (and this has worked out) the Compeer Volunteer may be able to model some social skills and lessen her isolation. [MHP #8]

Compeer was also considered as an intervention to improve their client’s mental state on the understanding of the importance of social engagement on mental health, e.g.:

...it sounded very appropriate for the needs many of my clients presented with – just in terms of the context of their being very isolated from the mainstream as one of the problems associated with their illness, particularly schizophrenia; and the intention was to break down some of the walls which clients find themselves in. [MHP #11]

I just wanted to make sure she had someone there really. I didn’t actually expect the change in her, especially in relation to the use of clinical services [reduction]. That kind of wasn’t my goal but that was an unexpected outcome. [MHP #7]

Between the GP maintaining the medication and the Compeer Volunteer I think this has probably prevented relapse in this man. [MHP #10]

So many people ask us ‘if you could only find me someone I could spend time with, that would make me feel so much better and would stop me feeling so alone and all kind of stuff.’ [MHP #3]

Effect in relation to families

The effect of Compeer in relation to clients’ families was also mentioned, as was the difference between friendship and family relationships.

It’s not like you can say Compeer would take the place of the family but it is a totally different relationship. [MHP #2]

It was just about an increasing social connection with people who are very isolated and perhaps receiving one-on-one experience
with social interaction. I think that provides respite for the families. Also with my second client, the family was not very involved but I think it’s very good for them to have contact with people who aren’t necessarily professionals. [MHP #9]

...people tend to value friends most because their families have cut them off and they’ve been unwell for a long period of time and they don’t have friendships. So I think the ability to go out and have fun with someone and talk or just spend time or having a cup of coffee or something like that is very valuable for the client and I think that they really appreciate that. [MHP #6]

One-to-one distinct from group activities
One-to-one as distinct to group activities was said to be important for almost all people referred (especially those experiencing negative symptoms). MHPs described clients beginning to share, develop confidence, and benefit from the role-modelling Volunteers could offer.

Different activities were held at the SRS but she would never go along and get involved so I wondered if the one-on-one input would work better for her because she would not be involved in any group activities. [MHP #6]

I think the one-on-one helps certainly because there is always a degree of symptom in her I think. It is easier for her to maintain some focus with one-on-one. She wouldn’t have so many distractions and I think this would be easier than with a big group for her. Particularly for her thought processes. [MHP #4]

As well as people referred to Compeer, MHPs also raised the importance of one-to-one contact for many people with SMI – for example:

Lots of people – lots and lots of people will not go to groups because they have either lost or never had those social skills to make a connection and to engage with people on any level. They feel incredibly anxious in groups, so the one to one aspect of Compeer is much safer for them on many levels. [MHP #3]

The difficulty of matching a client in an outlying (semi-rural) area
One MHP raised this as an issue. The importance of Compeer staff regularly speaking to MH clinic meetings was raised by several, particularly because levels of staff turnover in CMHCs meant that personal awareness and information about the Program could be lost as staff left.

Referral of people with dual diagnosis
Referral of people with dual diagnosis (including ID and active alcohol/drug dependency) was generally regarded as inappropriate due to difficulties of Volunteers forming peer relationships. Violence or aggression was also regarded as inappropriate, and several discussed concerns about people with personality disorders, but the general conclusion was that it depended upon the individual. Comments such as the following referred to the recognition of the potential for development of relationships.

I think anyone who we couldn’t engage, we could not expect the Compeer Volunteer to engage because we are supposed to be the experts. [MHP #2]

4:3 Volunteers’ view of Compeer structure and processes
For Volunteers, their experience of Compeer structure and processes are expressed through the areas of what brought them to Compeer (including their personal motivation), their experience of the Information Sessions, Screening Interview, Matching Process and Compeer support (including Group Support/Supervision).

How Volunteers initially heard about the Program

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Information Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Local (free) press article</td>
</tr>
<tr>
<td>4</td>
<td>Advertisement (via church newsletter)</td>
</tr>
<tr>
<td>3</td>
<td>University display</td>
</tr>
<tr>
<td>2</td>
<td>University website</td>
</tr>
<tr>
<td>1</td>
<td>Via another Volunteer</td>
</tr>
<tr>
<td>1</td>
<td>Volunteer resource centre</td>
</tr>
</tbody>
</table>

Experiences and expectations of the Compeer Program were gathered around why Volunteers chose Compeer for their volunteering commitment and how they experienced the Program’s structure and processes. The personal motivation for considering involvement in the Program in most cases included the fact that it was one-to-one, offered scope for making a real difference in another person’s life, it was an interesting area, it offered the possibility of meaningful interpersonal interaction as distinct from more general volunteering opportunities, it offered learning opportunities, and that it was ‘do-able’ because it was about offering simple friendship and involved a small although regular time commitment.
(of one to two hours per week for at least one year). Compeer structure and processes were viewed as positive, competent and supportive and encouraged people to pursue this particular volunteering opportunity. Major response themes are indicated in the following results (includes multiple responses):

### Numbers of responses by theme regarding discussion of personal motivation to volunteer with Compeer

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Were interested in helping in a one-to-one, personal relationship</td>
</tr>
<tr>
<td>15</td>
<td>Thought the hour commitment per week was manageable</td>
</tr>
<tr>
<td>11</td>
<td>Wanted to give something back to community</td>
</tr>
<tr>
<td>9</td>
<td>Had previous involvement with other volunteering</td>
</tr>
<tr>
<td>9</td>
<td>Wanted to learn more about/have experience with mental illness</td>
</tr>
<tr>
<td>7</td>
<td>Had family or friend/s experience with MI</td>
</tr>
<tr>
<td>7</td>
<td>Had always wanted to volunteer and now had the time to do so</td>
</tr>
<tr>
<td>7</td>
<td>Said the flexibility of time was important (mutually agreeable times to meet)</td>
</tr>
<tr>
<td>6</td>
<td>Had some personal experience with MI and wanted to help</td>
</tr>
<tr>
<td>3</td>
<td>Thought volunteering in a program with good support/backup was important</td>
</tr>
<tr>
<td>3</td>
<td>Thought to offer friendship was both manageable and a good thing to do</td>
</tr>
<tr>
<td>2</td>
<td>Wanted something with a bit of challenge</td>
</tr>
<tr>
<td>2</td>
<td>Thought they would get to meet someone they wouldn't ordinarily meet</td>
</tr>
</tbody>
</table>

### Numbers of responses by theme regarding discussion of experience of Compeer structures and processes

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Program structure/important for support</td>
</tr>
<tr>
<td>29</td>
<td>Training good/informative/learned more about MI</td>
</tr>
<tr>
<td>27</td>
<td>Supervision sessions worthwhile/good to connect with others</td>
</tr>
<tr>
<td>7</td>
<td>Supervision three monthly is good timing</td>
</tr>
<tr>
<td>7</td>
<td>Expectations, goals, boundaries made very clear</td>
</tr>
<tr>
<td>7</td>
<td>Hospitality/welcoming feeling appreciated</td>
</tr>
</tbody>
</table>

### Volunteer experiences

#### Importance of support, guidelines and boundaries

As indicated in themed responses above, Volunteers were unanimous in their regard for the overall importance of the Compeer structure. Many saw Compeer support, guidelines and boundaries as an essential part of their volunteering commitment in this area. For example, one person with prior experience in another area of volunteering said:

> “You try to link in with the agencies that are available, but it is difficult because you end up in situations where you are kind of left by yourself and it would be nice to have a little backup. So I guess that’s where the Compeer Program comes in. You know that it’s coordinated for a particular specific reason and you’ve got some backup.” [Vol #1]

I find this program very well organised, the other organisations have been satisfying as well, but the Compeer Program I’ve noticed is very well structured...and I found the course in terms of educating us in terms of mental illness was good. [Vol #13]

It is easier to [help people with MI] through Compeer because there is back-up of Compeer. And also, I was not really aware of the boundaries and Compeer is very correct saying that boundaries are necessary and you
don’t go in trying to cure the person et cetera. And the training was quite good too in that respect. [Vol #26]

When I first rang [Compeer] I explained my family situation [experience with MI in family]. I said I didn’t think I could make it to the Information Session and I asked if I could just be matched up with someone. And [Compeer staff] explained that we do things a little bit differently. And I think down the track I did have a laugh with [Compeer staff] about what I had said, because the thing that really, really impresses me is just how thorough are the processes. [Vol #29]

Compeer offering meaningful one-on-one interaction

The structures were generally regarded as enabling relationships to develop that would not reasonably have been possible without them. Most were attracted to Compeer by the possibility of helping through meaningful one-on-one interaction (as distinct from more general, administrative or financial contributions). Volunteers also spoke of the personal interaction encouraging them to become involved and to remain engaged in this volunteering experience.

I attended the Information meeting. I hit the jackpot with this...Hitting the jackpot means I was welcomed, my skills were utilised. I feel grateful for that. [Vol #2]

There’s not enough to help people in those situations [MI] really. And because of my experience with my [friend] years ago – it’s something you never forget about. It can happen to anybody, and that’s why I thought if I can make a difference to help someone move on in their lives, then I would like to do that. [Vol #16]

This has been the longest and most consistent period of time I have done volunteering. I think it’s good because it is consistent and one-to-one. In other places you’re one of however many and you’re just talking, but this one-to-one is more personal. [Vol #21]

It was the fact that you could make a difference in somebody’s life by giving so little. I have one hour a week and it is so little when you think about it, and yet it means so much to other people. And that is what really grabbed my attention. And I thought, well I can do that, I have time and I like people. [Vol #3]

The way [the advertisement] was worded was a very open invitation...I thought, “I’ve got nothing to lose, I’ll follow this through”. And

I felt very positive about it after coming here for the interview and those sorts of things. Particularly the training, I thought it was very good and very positive and gave everyone a much deeper insight into mental illness. I felt very keen about it. It was something I wanted to go on with. [Vol #6]

Appeal of one hour per week, and flexibility

The commitment of one hour per week, and flexibility of time (arranged between them and their Companion) were also important. Compeer information was regarded as clear and comprehensive and expectations for Volunteers, as well as goals and boundaries, were made very clear.

I think the fact that it was a one to one, you could build a relationship and could develop a rapport and there was flexibility in time, it didn’t have to be specific days. These aspects were very significant factors for me. [Vol #19]

I quite liked the fact that I didn’t have to make a set date every week and, I didn’t have something that I was locked into, but it was just like a friendship. It would have the same sort of obligations as a friendship but a little more flexibility. [Vol #4]

I always wanted to do something in volunteering and I am interested in mental health so the two just fit...it wasn’t as time-consuming as something else so I thought one to two hours a week – I could manage. The time was a factor and the fact that I was talking with people that I had an interest in helping. [Vol #14]

Personal development opportunities

Volunteers spoke of Compeer offering them personal opportunities too; for example meeting people you would not normally meet, an experience of feeling valued and supported as a Volunteer and reciprocity of a mutual relationship and the opportunity to learn were included in reasons for volunteering.

I chose Compeer at the time because I thought it was more pleasant in terms of the interaction with Companions and with the staff of Compeer as well. I felt more valued [than in previous voluntary work] and didn’t feel so much like a resource to be used...[I had] a general feeling of compassion towards other people and obviously that is a two-way street, so you give and receive. Another reason is to learn, I value life experience a lot and to learn about new situations and how to handle different situations and people. You learn not so much about the others, but you learn more about yourself and that’s probably the
greatest reason is self-improvement. So again, it works for everyone. It’s two-way. [Vol #24]

I thought it is something I could do and I thought it was something that would be really helpful. And I thought I would meet people who I would not normally meet and I would meet some interesting people. So those criteria came together and I thought ‘yes, this is spot-on’. [Vol #23]

I had done [volunteering for two other organisations]...Look I found the whole process of Compeer processes to be excellent because I didn’t get a lot of support in my [other volunteering]. I really needed support and feedback but I felt there wasn’t a good structure there for supporting the volunteers. I just found the whole process with Compeer to be excellent just the whole support structure and the training. I found it very informative and I like the ability to be able to ring up and talk to people or see people if I have a problem. [Vol #9]

I thought it would be a good idea to help someone else. I had wanted to get organised and to be involved in other activities outside of uni. I just thought – ‘Hey you know, it would be good to benefit someone else and I will feel good about it too’. [Vol #17]

I had learnt all the theory about genetic conditions but I had no actual experience of how that actually affected people in reality. [Vol #21]

Volunteer motivation

Wanting to give something to community was a motivation given by 11 Volunteers. Comments included:

I thought this would be a really good thing to do and would be a good way of being able to put back into the community. So that’s what’s really prompted my interest. [Vol #19]

I wanted to give something back to community...People are a bit separated these days and we don’t keep in touch...I think doing this helps you to realise that there are other people as well and sometimes people who struggle more than you do, and might need your help and I think it makes you more understanding if you can be with these people on a level. [Vol #10]

I think my first motivation was to give back [to community] and I was looking to something that I could volunteer for in order to do that in the local community. [Vol #13]

I wanted to be able to do something to help the community and I chose this area because of my own experience with [family member’s] mental illness. And I suppose I had the knowledge and experience to be able to be a good companion. [Vol #6]

I just think its part of your responsibility if you have the time. You need to put something back into the community. But I think more, I wanted to help people. And this was the area I wanted to help them, because I thought I had some understanding of [mental illness]. [Vol #15]

Six Volunteers disclosed personal experience of MI (typically at the less serious end) and were motivated to volunteer due to their personal understanding and experience of MI.

I had seen the advertisements in my local newspaper and I had experienced a bit of mental illness myself so I can appreciate what it’s like, it’s not nice for anyone to experience. I thought I would like to volunteer. [Vol #5]

And when I went to the Information Session it was just like – ‘bang’ – it was like. ‘Where were you when I needed you?’ Obviously there were more people out there who needed this, so I thought I could do this. [Vol #20]

I haven’t had to have any drug therapy or anything as full on as have some of the Companions, but I have some understanding of what they have experienced being socially isolated, and the effect on me and people around me. [Vol #7]

Volunteer screening

The screening interview was seen as necessary, and was generally regarded as a positive experience, although initially seeming daunting to some, and occasionally triggering emotional responses, e.g.:

I thought ‘God what have I let myself in for!’ So I came there as nervous as anything, and yet I was pleasantly surprised...It gives you an insight into things and it prepares you too so you’re not walking in there quite ignorant. [Vol #3]

...the interviewing process was excellent and skilled. I thought it was very good. [Vol #19]

I think the induction and training was very good it was very well handled. I think it is – as you know, I had some emotional responses when we had the interview and the training. I think it’s important that you need to be able to handle this. [Vol #18]
And our interview, that was quite an in-depth interview and getting referees, I thought that was very good. You were sort of trying to make sure you had the right people to do this. And whoever structured this, I think they did a really good job and I think it made it quite easy for us to ease into the Program. [Vol #15]

We got a package of material to have a look at. I thought that this was very clear and it gave us a very clear outline of what was going to happen. I found that the interviewing process was excellent and skilled. I thought it was very good. [Vol #19]

Training
The Information and Training Sessions were well received by all participants. There were three suggestions made for possible improvements: one thought the Training could have been delivered in a shorter time-frame [Vol #30]; another would have liked to see a person with lived experience contribute to the Training [Vol #6]; and the third [Vol #23] felt that the Training could have offered more role-playing opportunities and could have been a bit more confronting and less positive. The majority of Volunteers, however, thought the Training gave them a more positive outlook on MI and greater understanding of the complexities, e.g.:

I thought the training was good actually. I learned something. Even though I’ve suffered a bit myself, everyone is different. Even I deal with some of it at work...it opened my eyes even though I’ve been dealing in this area for 10 years. But I learned a lot about mental illness from the training. I even learnt a bit about myself and what I experienced. I thought the training was good, very thorough, I thought. As I said, I learnt a lot from it. [Vol #5]

Training is very thorough and very supportive and supervision is very regular and I think it’s all helpful from a Volunteer’s perspective. I actually couldn’t ask for much more support. [Vol #13]

Overall I would say it was really good. I tend to pick up on little things where I think, things could be a little better. I think if it was a bit more dynamic it would be good, maybe some more role playing or acting out of situations I thought that would have been good. [Vol #23]

I learnt a lot at the Information and Training sessions and it gave me some sort of security feeling that I had so many people there who are doing the same job that I do. And there are people who stand by me, at everything I do, and I can turn to them and ask for help. So I think it was absolutely beautiful. I didn’t have that sort of back up before especially in the previous program. [Vol #11]

I think the preparation of Compeer training was really good and particularly the training about mental illnesses and different mental illnesses was really succinctly done, you know just very well presented. Having done mental health through a couple of years at Uni as a subject, it was amazing to get that information in a very short time and it was well presented and easy to integrate. [Vol #27]

I think the videos were great. The content that you gave us about the various mental illnesses was really informative and enlightening as well. I think the way in which you tried to – pacify isn’t quite the word I’m wanting – to allay people’s fears about what it might be like...probably because my previous experience of mental illness would be what you read in the paper – people out of control and CAT teams needing to be called and so on and perhaps that anxiety about, ‘What if this happens and how do you manage that?’ I think the way in which you allayed people’s fears about that was really very good. [Vol #19]

An aspect of training most frequently discussed as memorable and helpful was the role-plays. Training role-plays are experiential and practically based, with participants having an opportunity to play both ‘Volunteer’ and ‘Companion’ roles. Although some expressed initial apprehension, they remembered the learning:

I thought that was really very good because you, if you’re put in a situation and made to think about how the other person may be responding and what are you going to do about it – that is a good way of learning. [Vol #16]

I think that the role-playing was good. In particular I don’t think I will ever forget the role-playing...and that’s actually one of the things that I’ve been quite impressed with, with all the Compeer material that [boundaries] have always been stressed throughout. [Vol #8]

I thought it was very well structured training and it went beautifully and the role-playing was good. I thought I would hate that, but it just made you think about what you would do in that situation. [Vol #15]

One Volunteer also found the ‘non-judgemental’ exercise memorable.

Yes I would say I have a lot more understanding about ‘not judging’! I am always working on
that. I actually sometimes find myself doing that...I remember we had to write down the number of times we make little judgements, and wow – that was really interesting! I didn’t realise just how often I did it. That is something I still take with me. [Vol #7]

Matching process
The time gap between the initial enquiry re volunteering with Compeer and actually being matched with a Companion was a source of frustration for one Volunteer.

I first rang and enquired in January or February and it took until September for the whole process to happen and to find somebody. And I understand that. I can understand why that happened. However when I first enquired I was told it was a year’s commitment. I had in my mind that it would actually be for this year, so now it’s going in to more than half of next year...so that was a bit frustrating that it took that amount of time. [Vol #22]

All Volunteers appreciated the importance of careful matching – comments included:

You have done all hard work you found out about me and my Companion and you matched us – that would be beyond me – I can offer friendship. [Vol #3]

It showed me how important are the processes that you have for matching new Volunteers to the right person because all the ground work actually keeps the relationship going, whereas I think if you didn’t put that ground work in, the relationship could easily peter out. And I think that part of the process is actually crucial and I ‘get’ why it happens now. [Vol #29]

At a pre-match meeting with the referring MHP, one Volunteer expressed surprise at the severity of her potential Companion’s morning drowsiness. She nevertheless wished to continue with the match:

At the information session [Compeer staff] said that usually people with mental illness are not morning persons. I didn’t know that. What I thought then, was that meant they could not get up at 6.00 a.m. but they could be up by 8.00 a.m. My expectation was still not matching reality at that time. When I heard that 11.00 was too early and 12.00 was too early I was very shocked. [Vol #12]

Ongoing support and groups
Compeer’s support was mentioned and commended by all Volunteers. This included ongoing individual support as well as group support sessions.

There is support there. There is no lack of communication whatsoever, I can’t find any thing, I couldn’t say anything, I don’t think [Compeer has] missed a beat – that is my experience. [Vol #7]

It’s really well organised and following up is good and the [Compeer] person to consult with is very helpful. [Vol #22]

Training is very thorough and very supportive and supervision is very regular and I think it’s all helpful from a volunteer’s perspective. I actually couldn’t ask for much more support. [Vol #13]

It’s all been good. It’s all been very supportive. I probably don’t do my monthly reports as regularly as I should but I’m always followed up about that so that’s great. It’s all been very supportive. There are no things I would change. I’ve always been asked what Compeer could organise for me and I’ve always said ‘nothing – it’s really good’. [Vol #14]

Something I think that’s very good about the program is that we can call you guys when we need to. I know for instance that I called you on a weekend once and I know with other organisations you would never get that sort of support. And I think it is really, really valuable Compeer offers that support. So think it’s very helpful if you are having difficulties to be able to talk to someone who can tell you what to do. [Vol #21]

The importance of professional oversight and support was mentioned by one Volunteer, particularly in relation to potential intercultural challenges.

I think it is a very risky thing to be playing with people’s lives when they are vulnerable. And we don’t know what we are doing as much as some others so we really need the support. And the more multicultural society becomes I think the more we are going to need this especially when that is a factor with mental illness. [Vol #2]

Group Supervision sessions were valued for the opportunity they afford to relate to other Volunteers, share experiences, options, and to de-brief. Volunteers were able to compare their experiences and differences between Volunteer-Companion pairs were highlighted and able to be discussed, as the following range of comments indicates:

They have different situations than the person I’m matched with, and some people seem to form friendships out of it. They seem to have
gone further than the volunteering process and really formed a friendship. [Vol #5]

...very useful, very informative because I had some problems with my Companion because she wasn’t very responsive and she acted as though she didn’t really want to be there. I have felt like an intruder into her little world that she had built up for herself so I had many doubts about this and whether she really needed me. And after talking about this at supervision with other people it was suggested that I should persevere and now things are much, much better I am so happy because she looks forward to my company. It’s good now. I think she enjoys my companionship and I enjoy her companionship. [Vol #11]

...it’s interesting to talk to everyone else and see their experiences are very different and to see how different people handle different situations. You take some of it and you drop some of it because it doesn’t apply. There are some situations that disturb me – sometimes we lose track of why we are there with a person. We are there to support people, not to make changes in their lives – that is up to them – so it is important to discuss that in the group supervision. [Vol #24]

The first time I felt quite nervous, sitting around with people. I find that sort of thing overwhelming anyway – sitting around with a lot of people I don’t know. But it was definitely very helpful to hear other people’s ideas and how they handle different situations and some things you could apply for yourself. So it was very helpful. [Vol #7]

The information sessions didn’t actually help me all that much, but the supervision sessions, they have helped. Sharing the issues that others have come across has taught me about the daily issues that people have to deal with, that is what has been important for me. And also when I go along there with a problem that I have had, there have been so many people there with ideas about how to manage it that I had come back with an idea how to manage it. Just ideas, I think well maybe I can try it this way and I think that has helped. So supervision is very important I think it has taught me a lot. I have the training, I have the knowledge but the day-to-day experience is good. [Vol #20]

I didn’t know what to expect and it was great to hear other people’s stories – especially some long-term Volunteers – and it made me feel like I was validated in what I was doing and made me realise there are highs and lows and that everyone is experiencing the same sort of thing. [Vol #27]

Compeer socials

The group socials (for Volunteers and Companions) were also mentioned as being supportive of companionships.

And the morning teas and that sort of thing I think are excellent. It is an opportunity to meet other people who are doing the same thing, and also for the Companions to come and see that there are other people who are coming along – to meet a general group. [Vol #6]

Reports

Volunteers did not generally mention Monthly Reports, but those who did generally regarded them as a necessary irritation, e.g.:

I have difficulty for instance getting the monthly reports done all the time. If I was to do the monthly report properly would probably take 20 minutes. I do it online now. I can see why you would want to have something like that to get an idea of what’s happening. I wonder if you might be able to have some sort of online survey on the Internet instead of monthly reports. But on second thoughts, that’s probably too expensive too, so probably the form is a better idea. I just need to spend less time on it. [Vol #30]

I probably don’t do my monthly reports as regularly as I should but I’m always followed up about that so that’s great. It’s all been very supportive. [Vol #14]

4:4 Companions’ view of Compeer structure and processes

The main experience of the Compeer referral process for Companions revolved around the fact that this Program provided them with an opportunity to engage in friendship. Most had limited expectations beyond this. Information about the Program came primarily from their MHP, although one knew another person with a Compeer Volunteer, another saw it in the paper and proactively sought referral. Three Companions also commented on a long gap between being referred and meeting their Volunteer. The voluntary nature of the relationship and that it is one-to-one (e.g. as distinct from groups) was also regarded as important.
Expectations pre-Compeer

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes (initial expectations of Compeer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Someone to go out with (got on well and got more than expected)</td>
</tr>
<tr>
<td>2</td>
<td>Expected someone to get along well with who would share interests</td>
</tr>
<tr>
<td>2</td>
<td>Not sure what to expect</td>
</tr>
<tr>
<td>2</td>
<td>Can’t remember – overview only</td>
</tr>
<tr>
<td>1</td>
<td>Knew another consumer with a Volunteer (positive example)</td>
</tr>
<tr>
<td>1</td>
<td>Proactively asked MHP to refer – for friendship</td>
</tr>
<tr>
<td>1</td>
<td>Knew it would be someone about own age</td>
</tr>
<tr>
<td>1</td>
<td>MHP explained it</td>
</tr>
</tbody>
</table>

Was sufficient information given about Compeer at time of referral?

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Yes – “There’s not much you particularly need”</td>
</tr>
<tr>
<td>3</td>
<td>Can’t remember – nothing very concrete until met Volunteer</td>
</tr>
<tr>
<td>3</td>
<td>Didn’t really know what to expect</td>
</tr>
<tr>
<td>1</td>
<td>Was scared – something about meeting a friend about my age</td>
</tr>
<tr>
<td>1</td>
<td>Not enough explanation</td>
</tr>
</tbody>
</table>

Initial expectations

Examples of initial expectations and information about Compeer upon referral include:

There was someone I was living with at the CCU and she had a friend from Compeer, so I knew a little bit about it. I thought it looked like a good idea and I put my name down when the CCU suggested it to me. [Companion #1]

I remember I was scared. I knew it was a friend or someone and my caseworker said it would be someone around my own age something like that. [Companion #2]

I guess I wasn’t introduced into the Compeer Program before I met my Volunteer. I don’t remember the program being explained to me. I think I was given an overview but nothing that was very concrete. It was a long time ago now I’m trying to remember. [Companion #3]

I expected to meet someone I might become friendly with and I thought he would share common interests with me and that we would get along really well. My Volunteer doesn’t share some of the interests I listed but I am really happy with him...there wasn’t a lot of information to get. [Companion #4]

I heard about it through my case manager. She told me about it and I met my Volunteer and we’ve been going out ever since. [Said she had enough information regarding Compeer from MHP.] [Companion #5]

I didn’t know what to expect because I had never been involved in this sort of thing before. So I really didn’t know what to expect. Initially I really didn’t get a lot of information because we waited for such a long time and then eventually when it happened, it all happened fairly quickly so I was waiting a long time and I hadn’t thought about it a lot. [Companion #6]

I didn’t expect anything. Others just told me that I was going to get a volunteer for company. I didn’t know what that entailed. Like I just thought we would go out a little bit. But then we got to go for coffee and cakes and things…I didn’t know what to expect but we went on to discuss that later and I was happy about that. [Companion #7]

I guess I just wanted to get out more socially... It was a bit scary when I started the Compeer Program but that’s probably fairly normal and it’s the sort of stuff that most people would experience. I think it might be scary for the Volunteers too...there’s not much [information] you particularly need. My Volunteer gave me some information about some of the rules that were pretty much commonsense for instance each paying their own way. She gave me some information from Compeer but I can’t actually remember it because it was all pretty much commonsense so it didn’t stick in my mind...I was not quite sure where it was going to go after 12 months. It might have been nice to have some information about that although I understand it would be hard for you because you don’t know at the beginning what’s going to happen at the end of 12 months so I’m not sure how you’d get around that. [Companion #8]

All I expected was that someone would come and sit with me and take me out to places... and now we have a wonderful friendship and I think the service is very good and helpful – yeah that’s exactly right. [Not really enough information beforehand.] [Companion #9]

I was hoping I would get someone to help me get back into the community because when I
got sick I really lost my confidence. Just to have someone to talk to is important. I actually first read your call for volunteers in the local paper and when I rang up I spoke to Compeer about getting a volunteer for myself and that’s when I was given the information to take to my [MHP]...I didn’t really know what to expect. And there was also a gap in time that it took to arrange the Volunteer, so I was wondering if it was going to happen. It seemed like ages to me. I was getting a bit frustrated not only with myself but also with how long it was taking. [Companion #10]

I’m not really sure what I expected. I think it was explained to me. I have a terrible memory. [Companion #11]

Well it is a long time to think back because it is nearly two years since we started. I didn’t expect any more than it has actually been in fact it has been better than what I thought it would be...I don’t remember too much being explained about it. My caseworker just went a million miles an hour and filled out lots of forms and I found it hard to keep up with her. [Companion #12]

I first didn’t know what to expect and it was explained that someone would be coming to see me once a week and so I only expected that but I found that I’ve got a lot of friendship support from the program as well. And my Volunteer supports me during the week as well as when we go out together. I had enough information before I started the program. [Companion #13]

### Importance of voluntary friendship

The majority of Companions thought the voluntary nature of the friendship was very important.

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Value the voluntary nature of contact</td>
</tr>
<tr>
<td>2</td>
<td>Depends more on the person</td>
</tr>
<tr>
<td>1</td>
<td>Doesn’t matter as long as they are there</td>
</tr>
<tr>
<td>1</td>
<td>Don’t know – mixed feelings</td>
</tr>
</tbody>
</table>

Two Companions expressed the importance of the voluntary nature of the relationship particularly well:

I am not saying that you couldn’t have a paid person...but I think it would be completely different. You would be employing a mental health professional even if they weren’t particularly well-qualified as opposed to a friend...a professional role is different to a friend. Someone actually choosing or wanting to spend time with me [is different] compared with a professional obligation. Given that I have quite low self-esteem this is very important. [Companion #8]

I think it’s important from my perspective because it gives me the reassurance that my Volunteer comes because she wants to see me. She actually wants to do it. Because you can get a lot of carers and helpers along the way that are paid to do things with you and for you, but it’s important to have that ultimate friendship and the camaraderie, and you can’t get that from a paid employee over time. And because she is a volunteer you have the feeling that she wants to come and she wants to spend time with you and I think that makes all the difference in the world. [Companion #13]

Other comments included:

I think it depends on the person. I really like my Volunteer she is very nice. [Companion #1]

Yes [voluntary relationship] was important. It shone through in that he was very much an accepting sort of person and very keen for me to know of his friends and his culture...it was just a fantastic time that I had with him. It was really time well spent. [Companion #3]

It makes it more friendly I guess. I wouldn’t mind if someone was being paid but then it would make more of the responsibility for them than from the heart – it is good, I enjoy that side of it. [Companion #4]

I think it’s actually more important that we come from a similar background we both had studied [similar areas]. [Companion #10]

Not being paid and just being a Volunteer, it shows that they want to do what they’re doing and that just seems and feels much better than having someone who is paid to do something – and actually wanting to do something. [Companion #11]

Well I wouldn’t complain if he did get paid for it because I think it takes a lot to do something like this and not a lot of people would do it. It takes a special person to do something like that – to reach out. [Companion #12]

I know that my Volunteer is aware of my diagnosis, so I don’t have to tackle that with her or walk on eggshells around it. There are no preconceived ideas that families might have about how you react, or how you respond or who you are, what you are, and where you’re coming from. Whereas my Volunteer
was aware from the start that I had a mental health problem but she wasn’t biased in any way against me before we started. And again – just the fact that I knew she wanted to help someone and it really helps me that she wanted to spend time with me and she has made that commitment. [Companion #13]

Compeer relationship as distinct from other relationships

Companions commented on the difference between relationship with mental health worker (or family and other friends) and volunteer friendship.

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Expressed that it is different – is more personal than their professional relationship</td>
</tr>
<tr>
<td>1</td>
<td>Commented only on the difference between this and family or other friends – ‘different’ and ‘easier’</td>
</tr>
<tr>
<td>1</td>
<td>Commented only on difference between this one-to-one than other outreach group where he felt he couldn’t fit in with the group</td>
</tr>
</tbody>
</table>

Differences between professional and Compeer relationships were described as:

- More relaxed
- Much closer
- It’s about friendship
- Discussion topics not limited
- Information can be shared (mutuality)
- Can discuss age-peer issues
- More flexible
- Not pressured
- Can share activities

Two Companions also described Compeer relationships as easier, less judgemental and less complex than family relationships. Comments include:

It’s more like a friendship. We can talk about whatever I want, like music and things like that or anything about my music or shopping or things like that...I don’t really talk about boys or things like that with my mental health worker so I can talk about anything – boys or shopping or anything at all, with my Volunteer. [Companion #2]

It is not the same relationship as with my family but I have a much closer relationship with him than with mental health services – than with my case manager or my psychiatrist...It’s more support for me I can talk to him about more things and he has had experiences in the past that helped me to talk about so it’s more important to me that it is more personal. [Companion #4]

The relationship with my Volunteer has been very important. She talks to me about her family, not very much but she has talked about it. It’s more personal I think. It’s okay with my caseworker but it is not as personal we can’t share so much information...It feels a bit more special, I feel secure with her. [Companion #5]

It’s much more relaxed – much more relaxed! [Companion #6]

To have the Volunteer is wonderful. Not that I want to tell all my problems but to just have someone here to talk to and go for a walk with. I really appreciate that. [Companion #9]

It’s more intimate than a professional relationship. Because it’s a peer relationship it’s more equal. I feel I can talk to my Volunteer about anything and I can tell her how I feel without having to go into it in detail. So it’s more casual with a friend whereas with the professional they want to know how you react to everything...and it’s not about my illness. There’s no pressure. I find sometimes that I get very anxious when I have to see my psychiatrist, whereas when I know my Volunteer is coming I think ‘great that will give me an opportunity to go for a walk’ or something like that. [Companion #10]

I’m very comfortable with my Volunteer, we can talk about anything. Initially we didn’t get involved with talking about each other’s families but as time has gone we share more about what’s happening with our families like he will share about what his son and his wife might be up to and so our relationship has grown so that we can share much more of our lives and things that are happening its more open now and gets more open as time goes along. It’s as if we’ve known each other all our lives. [Companion #12]

With my Volunteer I don’t have to have my guard up all the time and I can be who I really am without any inference from past history or anything coming through, because my Volunteer isn’t worried about that sort of stuff...the Volunteer is ‘in the picture’ [about Companion’s mental illness] and that’s just given, so I don’t have to worry about it. I’m not hiding anything from her and I don’t feel like that intrudes on our relationship. [Companion #13]
Compeer as distinct from other support groups (particularly one-to-one)

The Compeer structure of one-to-one friendships was canvassed via whether Companions had attended other support groups pre-Compeer, or if they preferred one-to-one companionships.

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes (prefer 1-1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Specified that they preferred one-to-one, others did not comment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes (attend other support groups pre-Compeer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Yes – attended pre-Compeer also</td>
</tr>
<tr>
<td>3</td>
<td>Not confident to try before Compeer but do attend now</td>
</tr>
<tr>
<td>2</td>
<td>No – not interested or confident to try</td>
</tr>
</tbody>
</table>

The structure of one-on-one companionships was important for the majority of Companions (8 out of 13) who would or could not attend groups. Reasons included:

- Groups have a life of their own, and it is not easy to ‘break in’ to an ongoing group
- There is stigma associated with ‘psychiatric’ groups
- Companion is too shy or lacking in confidence to cope with a group
- It is easier to talk/you can share more one-to-one
- There is greater continuity of communication
- Psychiatric groups are not necessarily the best places to form friendships

Of those who did attend groups: three did so only after commencement of the Compeer relationship, as a result of increased confidence built through their Compeer friendship, and one was hoping to do so; others found the Compeer relationship provided different things, such as greater depth and intimacy; another wanted both activity groups and the Compeer relationship, which provided different types of experiences.

They have outings and arts groups [at outreach service] and things like that and I’ve been there once or twice but I didn’t enjoy it so I didn’t go back...I think it’s hard when you’ve got people who go every week when someone – you – comes in, its hard to break into the group. I just didn’t enjoy it so I thought well I don’t need to go back. [‘Definitely’ prefers one-to-one]. [Companion #1]

I wasn’t going to the groups before I met my Volunteer I didn’t have the confidence to talk to people before that. [Companion #2]

I am really a bit shy about group situations. I did go to [outreach service] and it wasn’t my cup of tea really but I prefer a one on one relationship. [Companion #4]

I go to [other] groups...it is sort of different. I enjoy both. There are different things you can talk about in a one to one relationship that you can’t talk about in a group. [Companion #5]

I don’t attend any support groups at the moment...they [groups attended in past] were very much hospital outpatient programs which have their place but they are very different...I am a bit hesitant about making friends with people in a psychiatric hospital...It’s just a bit hard when you meet other people with psychiatric illnesses because you don’t quite know how they are going to be...I think [one-to-one] is better because groups have group dynamics...there is a tendency in groups to put you [all attendees] in the same box. I think groups are more structured for a program or a purpose as opposed to a social thing. [Companion #8]

I never liked groups. You could never get me to them! [Companion #9]

I am not very much of a group person I do get on better with people one-to-one. I find groups bit overwhelming. And I think to get my confidence back up I may eventually be able to join into groups for instance of the community house – I think I need to build my confidence. I think there is a difference in joining into a group than being with one person. For instance, I used to go to a support group and I got sick part way through and so I missed several weeks and I felt very difficult about going back there because the group had gone on and they have got together more and more and I would not feel that I could catch up with them now. [Companion #10]

I do I attend [outreach group] once a month or so. I also attend [another support] group I am an organiser of one of the groups. And I find that invaluable...[Difference with one-to one] is you can have continuity of thought patterns on a one-to-one basis which you can’t always have on a group basis. And also in a group situation, you have to share time, whereas this is just the Volunteer and me and we can communicate together and we don’t have to share time with anybody else. No one
else comes into the picture for that one hour period so it’s just concentrated on us and that works really well. [Companion #13]

4:5 Experience and development of companionships

The varying client capacities to engage, the severity of their symptoms, the length of involvement with Compeer and other factors all affected the degree of development of companionships. Thus, for MHPs, the development of the companionships was gauged against individual circumstances. Volunteers discussed their experience of their first meeting with their Companion, the development of companionship, their observations of the Companion’s other social contacts, the rewards and challenges of the relationship, and changes in their own level of understanding about MI. For Companions, this section included discussion around whether or not they perceived that mental illness had interfered with the development of other relationships in the past (to give context to comments on this relationship). Companions commented on the development of the companionship from first meeting, decision-making in the companionship and rewards and challenges of the companionship.

4:6 MHPs’ view of the development of the companionship

Major themes

Major themes of the changes observed by MHPs as relationships developed over time included:

- Improved conversation/discussion/reading skills
- Increased self-confidence, social confidence, self-esteem and motivation
- Improved self-care (improved diet, care for physical illnesses, personal hygiene, increased physical activity)
- Client became more appropriately assertive
- Reduced use of clinical services
- Improved mental state
- Volunteer was seen as instrumental in preventing relapse/maintaining wellness/recovery
- Recovery maintained in community
- Increased social activities (e.g. clients who would previously not attend any group activities had gone to Compeer socials with their Volunteer, or had attended other activity groups)
- Clients formed a bond with Volunteer
- Developing ability to trust
- Increased independence (e.g. able to move to independent living)
- Improved relationship with others (including family, MHP and SRS residents)

Improved social skills

MHPs reported that 13 out of 21 referred clients displayed improved social skills. Improvements included re-engaging in relationships with family, development of skills in meeting new people, improving abilities to relate to people sharing accommodation and the ability to express what they wanted. Some examples include:

[Client] was initiating conversation more than what he has done in the past and that could admittedly be partly due to the medication but also I would say that it is a result of the relationship with [Volunteer] – that he has had more practice around talking about different topics for discussion and he will pursue topics now and he will bring things up himself. He wasn’t able to do that in the past and he would prefer silence really. [MHP #1]

She has become very much more assertive even with me which is very good because now she will ask me when I’m coming and will ask me to do things which is a great change for her. She is much happier; she is much more animated when she talks about the Compeer Volunteer. She has developed a skill with meeting people. [MHP #10]

Having the Volunteer involved helped this client’s confidence, and helped her to move forward to the next step she wanted to take. [MHP #6]

Improved confidence, personal presentation and motivation

MHPs noted improvements in clients’ confidence, improvements in personal presentation and hygiene. Improved motivation (e.g. to engage in physical activities such as walking, going to the gym and improved eating habits). One MHP discovered that the client recovered an interest in reading and discussing what was read with the Volunteer and with the MHP. For three others, there were improvements in their relationships with people who shared accommodation.

He is just starting to go to the gym and I guess that’s an example of how he is becoming more confident. [MHP #1]

One client told her MHP that she had been out for a walk with the Volunteer. The MHP (#2) said, “I was amazed because we haven’t been able to get
[Companion] outside of the house to do anything. She has been able to get her to do things...that we haven’t been able to get her to do.”

Another MHP (#6) said, “I remember getting less complaints from [client] and from the SRS about how she was acting in the accommodation. She was also more independent in seeking new accommodation and she also came into the CCU to develop her independence before she moved.” This client also improved control of her diabetes due to increased physical activity and making better food choices. The MHP believed that this was influenced by the Volunteer’s encouragement.

**Maintaining wellness and impact on service usage**

The role of Volunteer support in maintaining wellness and impact on service usage was raised as an advantage of Compeer involvement regarding 12 companionships. This is notwithstanding the acknowledgement of two MHPs of the difficulty of specifically measuring the Compeer contribution to improvements that coincided with other changes in the client’s circumstances. For example, one MHP spoke of changes occurring simultaneously with Compeer involvement and before other changes in living conditions.

There were a lot of other things happening partway through that relationship and towards the end. But I think there were definitely changes with the client, but it’s hard to say how much was relative to the volunteer relationship and how much was because of her changing circumstances. But I can say that she seemed to manage better at the times. [MHP #6 regarding client one]

Some other case managers have said that phone calls and extra visits drop-off after they have a [Compeer] Volunteer. [MHP #1]

I would put the Volunteer’s contribution in the same category as anything else that the service and the private psychiatrist were doing – as much as any other part of Client’s overall treatment. I think the Volunteer’s contribution was an important element of that... Compeer and the Volunteer’s contribution has helped to maintain [Client’s] degree of stability and it may not have changed things dramatically but it has kept him there. [MHP #6 – regarding client two]

It is interesting that since she moved to a new accommodation and with the ongoing support of the Volunteer she has not moved around too much. Previously she had moved accommodations many times but she seems to be much more settled and stable now. It is possible the Volunteer has influenced that as well, but it’s difficult to measure it of course. [MHP #12]

**Reduced service usage and relapse prevention**

In regard to the other nine clients, MHPs attributed to Compeer involvement, the client’s reduced use of clinical services, including playing a role in preventing relapse, e.g.:

[Client] has improved and it has decreased her need to see me as a result. So I think for the community, the flow-on effects of decreasing things like Medicare rebates has social benefits because she would be using other resources if she didn’t have the Volunteer. [MHP #9]

I didn’t expect quite such a turnaround in terms of, there is a much better distinction for this client now in her use of the service since having the Companion, compared to before she had her Volunteer. [MHP #7]

[Client] didn’t ring me up all the time asking for support...That’s good in terms of case management requirements. [MHP #1]

Between the GP maintaining the medication and the Compeer Volunteer, I think this has probably prevented relapse in this man. [MHP #10]

Several MHPs also commented about clients generally (other than those specifically involved with Compeer), who feel such need for human contact that they may at times feign symptoms in order to have someone to talk to, e.g.:

They ask you to come because they are psychotic – and you get there and they are not psychotic – but they have been by themselves from Friday to Monday without any contact. [MHP #2]

In one case of a client’s decreased service usage, as well as being linked to the role of friendship, the MHP’s treatment was additionally assisted by information offered by the Volunteer.

I think that the client’s decreased use of clinical services happened very quickly. And when the Compeer Volunteer calls me she has very good ideas. She comes from a perspective that is different, so it’s really good if she says to me ‘Have you thought of doing this’ for the client. And I know that the Volunteer has made invaluable suggestions about this Companion and her relationship with her daughter and it’s something that they can share. Clinical services bring people with a different level of knowledge and experience, but with the Volunteer you have a different view of the
Importance of one-to-one personal friendship

The one-to-one personal friendship was regarded as contributing to client motivation and wellbeing and development of social skills, e.g.:

The fact that he is meeting with someone and talking to someone is very, very positive for him. Here was a man who would spend all his time in his unit, go for shopping and then go back home and he would not engage with anyone on a one-to-one basis. Now he is engaged with someone and even with his family – he would not [previously] engage with them very much. So the fact that he is engaged with this Volunteer is a big plus for him and the family is very happy about that. [MHP #10]

The client does not want to go to groups because he finds them too painful, and he is quite unmotivated in other areas. So that time with the Volunteer is really important. [MHP #12]

...the fear of other people that accumulated was quite profound. And as much as she improved, of course there is always that residual in tendency for her to agoraphobia. Therefore the one-on-one more intimate engagement provided by Compeer, not having to meet a whole lot of people at once, is good for her – she was not likely to go back into her shell. [MHP #11]

Sense of equality

Several MHPs mentioned an often-overlooked aspect of Companions feeling that they could ‘give back’ to the Volunteer. This was linked with a sense of equality. One MHP gave the example of the client’s delight at being able to prepare some food for her Volunteer:

From the client’s point of view, she got a lot out of being able to offer this to the Volunteer. No matter how much we work with the person there is never equality. We may be the calmest, ‘cruesiest’ people but there is never really equality. She feels that there is a more even playing field – that is a real benefit. [MHP #3]

Another said:

It’s not just about taking it’s about giving back too and that’s nice for our clients because our clients often don’t experience that giving back. [MHP #1]

Equality of relationships was also a factor with a client required to live in an SRS with more debilitated residents.

Also in some of the accommodation settings, the tolerance of other residents is very low and so this client, who was higher functioning, was finding some of those things difficult. She valued having someone who was more equal as a friend. It was important for her to have someone in that role who wanted to be there and not someone who she was just forced to live with. [MHP #6]

Better than expected

Several MHPs commented that the Volunteer had delivered more than they had expected:

I expected a lot less than I actually got out of it...And the difference is that she no longer ever accesses me for social contact. And she doesn’t have to invent a drama or a problem or blow up on her symptoms in order to make some sort of social contact with me, because she has more of that reliable social contact outside the clinic. [MHP #7]

I think it was difficult because she was the first one I referred, but the Compeer Volunteer has really exceeded my expectations. The Volunteer has done an enormous amount because the client has had other people to help her do things, but just having a social contact has been good. [MHP #9]

Highly rated importance of companionship

An interesting overall assessment is that for all but two clients, the importance of the companionship was rated as important or very important for their client. 15 of the 21 companionships received the highest rating (very significant/very important) and another four being rated as significant/important. For the remaining two companionships, a rating could not be ascribed because of staff or client changes or newness of the relationship. Of the 15 highest ratings, one MHP said Compeer was second in importance only to medical treatment, and another said it was on a par with medical treatment:

...she would probably fall completely in a heap if she didn’t have her medical treatment for her illness, but next to her medical treatment, I would say the Volunteer is the next most important thing. I think the relationship sustains her through the other ups and downs of life. I think I would come further down the list than the Volunteer and that is good from my point of view. [MHP #7]

I think it has been as significant as her reviews here and her medication and stuff like that, so
it just fits in there with a whole lot of other things. I think the match was very good too. [MHP #8]

Nothing detrimental
No one reported that the companionship had been detrimental to the client, although one MHP [#5] reported the client’s sadness and disappointment that the companionship had concluded early, just as trust was beginning to develop – due to unexpected difficulties in the Volunteer’s life. One MHP [#12] also commented on the importance of supervision for the Volunteer paired with a client with high emotional dependency needs, to avoid fostering that dependency.

Gains in quality of life
In some cases the gains were in quality rather than quantity, particularly with severely debilitated clients, e.g.:

I don’t think there were major changes in the client because of the intricacies of her problems. I think it would have been frustrating for the Volunteer too because there wouldn’t have been much room for the Volunteer to move with her...I think the SRS thought that it was very important, and they were very happy that the Volunteer was coming to see the client. [MHP #6 discussing a recently concluded companionship]

The fact that this man had very severe negative symptoms means that it is difficult for him to have an improvement in his mental state. But the fact that he is meeting with someone, and talking to someone is very, very positive for him. Here was a man who would...not engage with anyone on a one-to-one basis. Now he is engaged with someone and even with his family – he would not engage with them very much before. So the fact that he is engaged with this Volunteer is a big plus for him and the family is very happy about that...these are big steps for him. It is very, very slow because of the severity of his symptoms. But he has related to the Volunteer because he is not part of mental health services and this was very important for him. [MHP #10]

Stages of relationship development
Relationships appeared to develop over several stages. The timeframe over which relationships were perceived to develop to a comfortable level averaged around two months, with a reported range of < one month to ‘several months’.

It didn’t take long for [client] and [Volunteer] to get along well. There was rapport instantly – they were very well matched. Within a month I think. The engagement has been fantastic. [MHP #9]

She has definitely formed a bond with the Volunteer. She feels quite comfortable talking about anything with her...I think the length of time is probably the key for her... [MHP #3]

Longer relationships are better
However, the deeper levels of trust were expected to take longer, particularly with more introspective clients. MHPs generally preferred the Compeer relationship to remain for the longer term:

I think my client might need more time to consolidate, to go for another year for him. Because it is also building up a trust and it can take people a long time to do that I think, and a year in their life is short. My client is a bit of a soft person and would need to experience a long-term friendship. [MHP #1]

A real goal of course is to prevent relapse...I would think with this client that the longer the client is involved with the Compeer Volunteer the better for her...My default position for the time of involvement with Compeer would always be for as long as possible. [MHP #10]

4:7 Volunteers’ view of the development of the companionship

First meetings

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Initial apprehension (self and Companion) but went well</td>
</tr>
<tr>
<td>9</td>
<td>Both nervous/relationship took time to develop</td>
</tr>
<tr>
<td>3</td>
<td>Got on well straight away</td>
</tr>
<tr>
<td>3</td>
<td>Companion nervous/ Volunteer felt ok, but meetings went well</td>
</tr>
<tr>
<td>2</td>
<td>Volunteer excited/Companion nervous but went well</td>
</tr>
<tr>
<td>2</td>
<td>Companion didn’t seem nervous/ Volunteer felt anxious</td>
</tr>
<tr>
<td>1</td>
<td>Companion was on a high/Volunteer felt ok (relationship fluctuated)</td>
</tr>
<tr>
<td>1</td>
<td>Volunteer challenged by Companion’s excessive smoking</td>
</tr>
</tbody>
</table>

All Volunteers remembered their first meeting with their Companion. Responses were varied (as indicated above) but there was generally some level of apprehension on the part of one or both the people meeting. This underscored a certain level of stress involved in meeting a stranger for the first time. Comments included:

You both are trying to see where each other is coming from so there is some apprehension, the Companion was a bit more apprehensive.
because it was something totally new for him whereas I was a little bit ready for it but this was a new element in his circumstances. [Vol #1]

I guess I was a little bit, not nervous, but I guess I was a little bit wondering what this person would be like and wondering if we would be compatible I guess that was a bit of anxiety about whether or not we would be compatible. [Companion] I think was nervous but I think she was very eager to have somebody around her own age to have a relationship with and I think she was eager to be involved. [Vol #9]

I wasn’t too sure how to act to be honest. I wasn’t too sure how friendly to be because I wasn’t too sure how open [Companion] would be. [Vol #25]

I was kind of thinking, ‘Boy I’m lucky, the things I’m into aren’t considered mainstream and that [Companion] was also interested’ was pretty amazing to me...So initially I was a bit nervous as I’m sure everyone would be prior to meeting a person, but it all worked out very well. [Vol #8]

She seemed to be a very nice person and even though most of the time she sat there with her eyes downcast, you could tell she was taking everything in, and I felt that perhaps I was also being sized up, and that made me a little bit nervous I don’t mind admitting it, because I wanted her to like me. [Vol #3]

I was looking forward to the meeting and I thought this is going to work, I can do this... and I will just go with the flow whatever happens. I was confident. She seemed happy and I was just learning her mannerisms and what she was like. [Vol #28]

Development of comfort in companionship

Approximately half of the Volunteers commented on the length of time it took them to feel comfortable (as distinct from developing friendship).

Examples include:

Both of us were extremely polite. So it was very funny. She was looking at her watch all the time and I was thinking ‘My goodness, what can I say to be interesting to her?’...It was a few months before things started to change. Quite often [Companion] did not want to see me, she would say that she was not feeling well. But after a while I thought, that’s alright, I would just come here next week anyway. [Vol #11]

We’ve become a lot more comfortable over time and we have settled into a healthy friendship rather than a contrived situation. There hasn’t been any increased dependency or there haven’t been any increased demands at all. It has just been a really meaningful relationship between two fairly like-minded people. [Vol #4]

I think from the beginning it became more of a friendship rather than being something official each week. If she didn’t want to meet, I spent time with her on the phone. And we became closer and I learnt more things about her life, I would say we basically developed a friendship just like two girls, because we shared many interests. [Vol #22]

Development of friendship over time

The majority of Volunteers (22 of 30) thought their companionship had developed over time. Generally, the perceived development in relationships coincided with the longer term companionships, although in two cases of 12-month companionships studied, fluctuations in the Companion’s illness was perceived to impair the possibility for development of friendship. Three of the newer companionships (four to five months duration) could offer only limited information about companionship development.

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>Has developed reciprocity/openness/trust over time</td>
</tr>
<tr>
<td>2</td>
<td>Has developed to a point, but not close friendship</td>
</tr>
<tr>
<td>2</td>
<td>Didn’t really develop (Companion very debilitated)</td>
</tr>
<tr>
<td>3</td>
<td>Too early to say</td>
</tr>
</tbody>
</table>

Volunteers’ discussion of the development of friendship included what was perceived to make a difference to the level of engagement. The peer relationship (similar age and interests) persistence
and reliability, some self-disclosure, time and discussing relationship boundaries were given as factors in relationship development.

I think what made the change for her is that I tried to be closer to her and I showed her something of myself. I took some of my paintings to her I showed her photographs of my grandchildren and I know that she was expecting a granddaughter...so I tried to get closer to her by showing a little bit of myself to her and by interest. And then it was the same from her side. She started to talk a little bit more and talked about her previous travels. Another thing was my persistence because I was there every week whether she wanted to come out with me or not and I didn’t show that I was disappointed if she didn’t want to come out and I just said I would be there next week. Most probably she just started to trust me. I think that was the main thing for her. [Vol #11]

[After] about three or four visits, then there was some honesty between us – from me to him and him to me. [Vol #1]

It began to feel more comfortable I think probably after the sixth or seventh meeting. It was reasonably comfortable right from the start, but it was like both of us were on our best behaviour... It takes a bit of time before you have that trust and you want to share things with someone and it’s a gradual thing that happened anyway I suppose. I told her a bit about my family just to make her feel comfortable and I didn’t ask her any questions. I thought if she feels comfortable to share, and if she doesn’t we just wouldn’t go there...that was a good discovery for me to realise that it could just be a nice friendship. [Vol #29]

Deepening of friendship and mutuality

Another Volunteer [#5] thought the companionship had begun to develop to a deeper level between the 6 and 12-month mark.

We’ve become a lot more, comfortable over time and we have settled into a healthy friendship rather than a contrived situation. There hasn’t been any increased dependency or there haven’t been any increased demands at all it has just been a really meaningful relationship between two fairly like-minded people.

This Volunteer thought the important aspects allowing development included:

Commonalities – things that we both enjoy are very important because it gives us something to talk about and it gives us something to feel connected and underpins the whole friendship. The other thing is the mutual respect that we’ve got, in that I’ve always paid respect and showed it by always being on time and making the commitments and adhering to them and she has done exactly the same. [Vol #4]

Comments on the development of mutuality included:

Definitely [mutuality has developed] from where we started 12 months ago until today. Yes there is much more feeling there. It isn’t just someone you go and see once a week. There is much more of a relationship. Like when she tells me things aren’t travelling so well, I really do feel differently than I would have felt 12 months ago. Even to six months ago. There was some sort of care factor that was there at first, but not as much as the caring that has developed over time. I guess that’s what happens over time isn’t it as you get to know a person over time. [Vol #7]

I think it developed over a matter of months before that awkwardness went and some sort of familiarity grew. Spending time together helped, the more time we spent together and meeting others around him – friends and relatives and perhaps going to Compeer Christmas parties or social functions, we found there was some bond already. So it grew over months...and then there was significantly more self-disclosure from both of us. [Vol #13]

Things went well for a few months and then there was a two-month period when he had significant issues...and he was more resistant to catching up. But I found that I had to be very persistent...It’s felt really mutual especially from the first six months. [Vol #14]

It has changed and it is also possible for me to share parts of my life with her, but there are also parts I don’t share with her. I have worked out what I can share with her and it makes our relationship more even. [Vol #17]

It’s only really been in the last couple of months that we are really, really comfortable with each other. We are comfortable with silences and we are much more like real friends. I’m not saying it wasn’t like that at the start, but there were always some awkward times when you wouldn’t know what to say. But now we are completely comfortable with each other. So probably about a year before we felt completely comfortable. [Vol #20]
Generalisation to other social contacts

Volunteers were asked about their observations of changes in their Companion’s other social contacts during the course of their friendship. About half the Volunteers (N=14) noted no change, 13 Volunteers noted improvement (8 calling it ‘significant’) and 5 others either did not comment or it was too early for them to say. Comments included re-establishing relationships with old friends, making new friendships and re-connecting with family. Significant comments included:

Now she is [studying] and she mentions new names every time, and she has been involved in groups and she talks about different people and catches up with different people now. She has four or five friends who she catches up with weekly. She has also joined [a social group] and she joins in with coffee and group activities like art and crafts and that sort of thing. She made one really close friend at her church too. [Vol #17]

It is quite a lot of changes. At first he would just like to sit at home and he would be anxious but over time he became more easy-going and less stressed, he was less anxious. When he was in hospital once for a physical condition he met up with another fellow who had a similar condition and they are still friends I would say the fact that he could have a friendship with me gave him some confidence to be able to form a friendship with another person. He still catches up with this other person on a weekly basis. [Vol #24]

I think he is beginning to come out of his illness and he is beginning to reconnect with a couple of his friends whom he sees on a weekly basis which is good...Perhaps I’m attributing causality to this, but as a result of our friendship I would like to think that he re-established his old friendships. I’m not 100% sure on that, but it certainly coincided. [Vol #25]

When I see her able to go and talk to people which she never would have before, that is a great thing for me to see. She may not be able to make extended conversation with people, but she is able to talk and ask questions. When we used to come to the socials for Compeer, she would speak to me and no one else and then she would ask to leave. But now she will talk to others and can stay and enjoy them. [Vol #21]

Rewards for Volunteers

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Helping another/personal satisfaction/feeling I’m making a difference</td>
</tr>
<tr>
<td>14</td>
<td>Increased understanding/empathy/broadened my thinking</td>
</tr>
<tr>
<td>12</td>
<td>Enjoying the Companion’s company</td>
</tr>
<tr>
<td>10</td>
<td>Seeing the Companion happy/engaged</td>
</tr>
<tr>
<td>8</td>
<td>Meeting someone I wouldn’t normally meet</td>
</tr>
<tr>
<td>5</td>
<td>Having time to sit down and talk/share personal experiences</td>
</tr>
<tr>
<td>4</td>
<td>Receiving thanks for doing something enjoyable</td>
</tr>
<tr>
<td>3</td>
<td>Learning – about myself and another</td>
</tr>
<tr>
<td>2</td>
<td>Having personal contact whilst assisting with mental illness</td>
</tr>
<tr>
<td>2</td>
<td>A chance to slow down/get better perspective on life</td>
</tr>
<tr>
<td>1</td>
<td>Feeling privileged to have Companion share relationship</td>
</tr>
<tr>
<td>1</td>
<td>Keeping in touch with current culture (via shared activities)</td>
</tr>
<tr>
<td>1</td>
<td>Being involved in a well-run program</td>
</tr>
<tr>
<td>1</td>
<td>Still too early to say</td>
</tr>
</tbody>
</table>

As indicated above, most Volunteers found the process of personal interaction that made a difference in another person’s life to be highly rewarding.

It’s seeing her blossom. It is like opening up a jar of something delicious and each week she comes up with something new. Something new that she has developed in that sense that she has her confidence. I have learned a lot of empathy. [Vol #2]

Rewards are that I can just make a difference to someone’s life, that I am helping someone. She also spoils me rotten I feel, simply because she sits and listens to me with such interest and she takes everything in. [Vol #3]

I guess the main reward has been in feeling that perhaps I can make a difference in her life. [Vol #9]

It’s knowing that I have helped a person and given her a little more confidence in her life, because she seemed to be able to do more things after we started meeting. [Vol #10]
When I see she is smiling and laughing – that’s the biggest reward for me. And when she’s invited me to Christmas lunch that is a privilege for me and I will go because that is important for her and I can catch up with my family afterwards. [Vol #11]

It makes me feel good because I can see changes in my Companion and improvements which I think are possibly because of me and I feel as though I am helping her. So of course that makes me feel good – because I am doing something for someone else that is quite ‘intimate’. [Vol #16]

I’ve a feeling that I’m helping someone, feeling that I have been of use in society...So one of the rewards is serving the community and fulfilling my sense of responsibility. It’s also a rewarding just knowing that I’m spending time with my Companion that he has a friend...he is just a great guy to spend time around and it would be great if other people knew that too. [Vol #23]

**Enjoying reciprocity**

Volunteers also spoke of enjoying the experience of reciprocal friendship and enjoying their Companion’s company.

At the end of the day there is a mutual feeling that it’s been good to spend time together. He is easy to get along with. [Vol #6]

We have had some fantastic conversations. A sense of satisfaction...I always leave feeling good because we have just chatted about what he wants to chat about and then I share my exciting news with him and we’ve always got plans and we share that together. [Vol #14]

Some of the things he comes up with and we discuss have inevitably expanded my thinking. I think on the whole it’s made me do things that I wouldn’t normally do, or put me in environments that I wouldn’t normally be in...

It’s really made me get out of my groove a little bit, which has been healthy. [Vol #8]

The change in my Companion is actually huge and to think that I could help her...I think that has been a big reward for me...It is more rewarding because she can now express herself and how she is feeling, so this two-way discussion is very rewarding for me. It’s now become much more natural, not forced. I feel quite happy and I feel we get along quite well. [Vol #21]

The reward has been a new friendship for me. [Vol #28]

I enjoy her company she really is a very sweet, special lady and I love her gentleness. She is very gentle and caring, and I love that about her. And just the enjoyment of it is that we both have another woman to talk to and meet up with. [Vol #29]

**Volunteer development and enjoyment**

Doing something useful to help another person, in an enjoyable way and having the opportunity to learn and contribute to their own personal development were also rewarding factors for Volunteers.

Firstly I have a friend whose conversation I value and whose comments and friendship I value. And I guess because I am also doing something useful and benevolent, you can’t underestimate that. And the other benefits are that the program is very well run and very well managed and I guess I am doing something that helps me to develop personally. [Vol #4]

It’s meeting someone new. Learning. I’ve learnt a lot both from the training and the Companion and I’ve learnt a lot about myself too. I found that rewarding. [Vol #13]

Sometimes I have been a bit pressured too with time and feeling that there are many things that I’ve had to do. But driving away [after a visit], I am glad that I have had this to do because I think it has certainly been rewarding, just spending that time. And I think the other reward is just the depth of your compassion and recognition of broadening your understanding of what the people live through and manage to live through. [Vol #19]

Seeing her get so involved with the other social groups, and getting out so much more and meeting people. When we first met, she was thinking about joining a group but now she has and it has become a big part of her life. It has just taught me so much more tolerance – tolerance and patience. And it’s also satisfying knowing that the reason I went into it was wishing there was someone like that for me [when I needed it] and that I have been doing this for another person. [Vol #20]
It’s just a self-improvement. It helps me look at my own life and look at my own behaviour and adapt to what is needed to be done. That’s where most of my reward comes from. [Vol #24]

For me it was meeting a relative stranger who had gone through such an experience, and just developing a friendship. I found it to be quite interesting to me personally. And it also challenged my personal values as well. I had to really rethink things. For example, I had to get rid of the stereotypes of mental illness firstly and accept the person as a person. [Vol #25]

For a working person it’s a chance to do something completely different rather than getting stuck into a computer or into a business way of thinking about things. This is a way of learning about a different aspect of life. [Vol #30]

I didn’t know what mental illness was. I always thought that it was something that the person who was affected could control. But now I know it’s something that happens in the mind and you don’t really have much control. You can take medication, and it is a matter of living with it and coping with it. I am a lot more sympathetic to those who have mental illness now, and I have become a lot more patient. Every time I see my Companion, when I leave her at the end of my session, I think I have it really good. It puts me into perspective. Without that knowledge I would not know that there were so many people out there who could lock themselves away and don’t have the confidence or self-esteem to come out or they feel depressed, and that’s quite upsetting. When I first started seeing my Companion she was like that. Every time I left her I would think why? I don’t go through that, and as much as I might grumble about my day-to-day problems, I certainly don’t have to go through that. So it has made me very grateful for my life. [Vol #17]

Challenges of limited mutuality

For one Volunteer, whose Companion had a particularly challenging illness that became more pronounced during the companionship, his main reward was keeping to his commitment to give his time despite the lack of reciprocation and having to deal with challenging behaviour.

I didn’t get a great deal back from him and he was quite difficult to deal with because I couldn’t take him anywhere or do things for him because he was so ill at the time. [Vol #26]

Another Volunteer who experienced limited mutuality in the companionship, nonetheless felt rewarded by her realisation of what her friendly visits meant to her Companion:

When I take her to the shopping centre she gets so excited and says “I have not done this for a long time”. So I am aware I could make people so happy by just driving to a shopping centre. I feel good about this. Going to a shopping centre and having coffee is something ordinary to me, it is not special at all, but I feel this is something very special for my Companion. [Vol #12]

Volunteer unexpected rewards

The majority of Volunteers did experience mutuality, often unexpectedly. They felt the reward of that experience and the chance to slow down and change their usual, busy focus. Seeing the animation and enjoyment in their Companion was sufficient reward for many.

Just to see my Companion, just to speak to her. I like listening to her and all of her little stories, no matter how big or small they may be. I feel I am making a difference I feel that she looks forward to our visits she has a very good sense of humour I must say. I know that sometimes I get caught up with work and family and just general busyness in the life, so to actually take that time to slow down at her beautiful gentle pace, that’s been my reward, which I never saw coming. I’ve never really left my Companion after a visit thinking I wish I hadn’t been there or done that. I have never felt that way. I am certain of that. [Vol #7]

I just feel great after [seeing my Companion] and it is well worth it. Because you can run around like a headless chook doing things all the time, but it is taking that hour that refreshes me too, and I’m not just doing it because I have to. [Vol #27]

I could tell when I first started getting her out how I could see her eyes actually twinkled because she was starting to get out. [Vol #17]

Feeling trusted and accepted by the Companion was also rewarding:

She confides in me and that is a privilege when it happens. It’s good to see the sparkle in her eyes – and that is a real reward for me. [Vol #15]

I think it is quite a privilege when someone says “You can come and have a relationship with me”. [Vol #18]
Challenges for Volunteers in mental health context

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Companion unwilling/unable or forgets at times/ fluctuating illness</td>
</tr>
<tr>
<td>5</td>
<td>Physical disability of Companion</td>
</tr>
<tr>
<td>3</td>
<td>Encouraging Companion out of the house</td>
</tr>
<tr>
<td>3</td>
<td>No challenges</td>
</tr>
<tr>
<td>3</td>
<td>Helping Companion to follow through/ plan activities</td>
</tr>
<tr>
<td>3</td>
<td>Volunteer finding time during busy life periods</td>
</tr>
<tr>
<td>3</td>
<td>To assist Companion comfort</td>
</tr>
<tr>
<td>2</td>
<td>Keeping a conversation going</td>
</tr>
<tr>
<td>2</td>
<td>Isolation of Companion and family resistance to allowing involvement</td>
</tr>
<tr>
<td>1</td>
<td>Companion’s smoking</td>
</tr>
<tr>
<td>1</td>
<td>Companion rigid about time of meetings (very inconvenient to Volunteer)</td>
</tr>
<tr>
<td>1</td>
<td>Remembering friendship focus – not there to ‘fix’ things</td>
</tr>
<tr>
<td>1</td>
<td>Establishing trust</td>
</tr>
<tr>
<td>1</td>
<td>Boundaries</td>
</tr>
<tr>
<td>1</td>
<td>Doing boundaries</td>
</tr>
</tbody>
</table>

I guess the main challenge would be not being able to engage in activities and discussions at will. Because of his medication and lack of pleasure in many activities, he often doesn’t want to do things. It is always repetitive. It’s great to go there and interact but sometimes I want to take him out and do things but he is a little resistant and takes some persuasion, although he always enjoys himself when we do things. [Vol #14]

It was a challenge in getting to know someone who was not very willing to be open and was not able to initiate conversation. Trying to get her talking was a huge challenge...Another challenge was trying to get her to decide what she wanted to do, to get her to make a decision. It might have been as simple as asking her what sort of muffin she wanted, and she just wouldn’t make a decision. But now she has changed and she can make suggestions about what she wants to do so that’s a very big change for her but it’s taken about two years. She has come a very long way from where we started which is really good. [Vol #21]

Two Volunteers mentioned the Companion’s avoidance of meetings early in the companionship.

I think the fact that my Companion did not turn up to meetings some times. It was a bit difficult because she never let me know. The first time it happened I was a little bit upset, but not for long. But sometimes it was very inconvenient. That was probably the challenging part. [Vol #10]

Being persistent was a challenge...It took a few months for her to stop sending me away occasionally. [Vol #11]

Volunteers were also challenged to keep conversations going, accommodating wishes of family members, encouraging Companions to venture out of their homes:

The challenge is the interference of [family member]. If I want to do anything new with my Companion I have to explain it to her [family member] and that can take a long time. There are many cultural challenges. The referring person is helpful but she is always in a hurry. I am not sure how far I can go with my Companion, I’m not really sure what my boundaries are here. The MHP has been told off by [family member] for taking the Companion out. So I realise I have to be very careful. She is living in a very deprived situation. She needs to be with people. [Vol #2]
Challenging was getting her out of the house, and we’ve managed to do so on two or three occasions – slowly but surely. [Vol #3]

I would say that the first challenge with my Companion, which wasn’t really too hard, was getting her out at first. I don’t know if there have really been any challenges. I was hoping that we might be able to get her to follow through what she had started. I sort of took that as a bit of a challenge to help her to stay on track with things...but in the end, I felt that it wasn’t really my job to change her like that. I just felt that I should leave that alone, that it wasn’t necessary. [Vol #7]

The main ones that come to my mind would be conversation. I tend to initiate the conversation and the short answers he gives – he is not a big talker, unlike me. I just have to accept him as he is. [Vol #13 regarding Companion two]

The family was the first challenge I wouldn’t say a problem, but a challenge because they were very interested in the program and they had very high expectations of the program. [Vol #17]

One Volunteer [#28] experienced challenges of Compeer boundaries in relation to the Companion expecting purchases to be made for her.

### Time pressures and adapting to circumstances

Other challenges concerned the Volunteers’ own time pressures, curtailing a natural tendency to give advice, and adapting behaviour to ensure Companion’s comfort.

The challenges have been to balance all of my activities and Uni work etc. I have difficulty for instance getting the monthly reports done all the time. [Vol #30]

The time factor has been my only challenge because we meet on a weekend and sometimes that’s been a bit difficult for me, especially with family commitments. [Vol #29]

A lot of the challenges have been the time challenges – just because it was a busy time with me. Finding an hour in the week has been a real challenge, but hopefully that will settle down. [Vol #27]

I think I’m naturally a problem solver and I caught myself many times trying to come up with a solution or trying to fix things or to suggest advice, but that wasn’t my place, so I had to literally discipline myself and stop myself doing it and just enjoy the time together and have fun. [Vol #13 re Companion one]

No great challenges, I guess my challenge is just the self-awareness, but he was no challenge. His behaviour was not confronting or challenging. The challenge was how I adapted my behaviour to making him comfortable, the challenge was within me, not triggered by him. [Vol #24]

### 4:8 Companions’ view of the development of the companionship

Five Companions spontaneously commented to the effect that this companionship was as good as, or better than, any other friendships they had ever had.

Has MI interfered with making/keeping friends in the past?

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Said ‘Yes’</td>
</tr>
<tr>
<td>2</td>
<td>Said ‘No’ (friends are supportive but rarely seen)</td>
</tr>
<tr>
<td>1</td>
<td>Not sure</td>
</tr>
<tr>
<td>1</td>
<td>Interstate move interfered (lost former contacts)</td>
</tr>
</tbody>
</table>

Companions’ comments included:

It was really hard. I didn’t really have friends. I don’t know really, but it felt a bit hard before to have friends. I didn’t talk much at all. [Companion #2]

I find it difficult to make friends at times because of my illness. And my Volunteer’s knowledge and understanding was very helpful towards building this friendship. [Companion #3]

I do have two other friends, one living interstate and one in Melbourne. We’d talk once a week or so – on line, not face-to-face – but at the moment I’m probably closer to my Volunteer than my other two friends, although I do care about them too. I have talked to [Volunteer] about more things than I’ve talked to other people about. It’s the type of character he is, he is very generous and mild person and I guess I’m more mature too. He is older than me and so it is easy to talk with him. I enjoy the friendship with my other two friends but with [Volunteer] I am able to be more open. [Companion #4]

It was hard when I moved interstate. I was coming anyway to live with my daughter. We were going to put on a granny flat. But then things happened in their lives. [Companion #6]
I didn’t have any friends I’ve always been very shy. I’ve only had one or two friends in my life. I just can’t make friends...I used to go to some of the other services, I didn’t talk much because they all knew each other better than they knew me so I was just often just by myself. That’s why I prefer to go with Compeer where you’ve got one to one and you can talk more. [Companion #7]

I haven’t kept in touch with a single other person from high school and I hadn’t from a year after high school. So I think definitely the fact that I got sick at the end of year 12 absolutely stopped me keeping in touch with people...You don’t really like telling people about having a mental illness. You don’t really go around telling people so you tend to avoid people...and you don’t know what’s going on yourself — that scares you. So you tend to just avoid talking to people and I think it’s hard for others to have good friendships with someone with a mental illness. So it becomes a vicious cycle. [Companion #8]

Oh yes it has wrecked my life. My marriage broke down after 14 years because my husband didn’t want to know about it. It’s wrecked my life because I wanted another baby and I can’t and I see pregnant women and I get jealous and I think it’s not fair. And I think ‘why is it that this had to happen?’ [Companion #9]

I had very few friends then [when younger]. I think a lot of it was due to my experiences because I’d developed a lot of mistrust of people because of the experiences I had and I couldn’t talk to people about what was going on for a long time, so it made it very hard for me to reach out. [Companion #10]

Yes I think it interferes, from the perspective of not being able to necessarily be free and easy when you’re talking about mental conditions because of the stigma that surrounds mental illness. There is quite a stigma surrounding that...because people tend to look at you from a different perspective if you say you’ve got a mental health problem, but also you tend to be guarded about what you were saying, so you cop it from both angles...That guardedness comes out because, just through repetition over time, when you say you’ve got a mental health problem, people look at you askance and tend to shy away, so you tend to shy away. [Companion #13]

One Companion with late-onset diagnosis had maintained friendships although she found it difficult to keep in touch due to friends working.

When I was diagnosed I...[had a series of traumatic events] but friends pretty much stuck by me...But they are all working so I don’t see them a lot. [Companion #1]

First meeting with Volunteer

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Felt good from the start</td>
</tr>
<tr>
<td>5</td>
<td>Felt anxious</td>
</tr>
<tr>
<td>3</td>
<td>Can’t remember/no comment</td>
</tr>
</tbody>
</table>

Companion (#1) found the first meeting when the MHP introduced her to her Volunteer to be a ‘really good’ way to meet and also felt good about the first ‘solo’ meeting with her Volunteer. Another (#2) said, “All I can remember is that I could talk to her.” This was in a context of having felt too shy and unable to talk to people previously. Companion #3 remembered liking the Volunteer from the start, although he could not remember what they talked about. Companion #5 could not remember the first meeting, but said, “I think we have just been friends ever since.”

Companion #6 said:

It was a bit strained because we didn’t know each other and we didn’t have a great deal to talk about...But now we know each other and she comes regularly and even sometimes we’ve gone to the movies together. We enjoy our time together.

Companion #7 remembered going for a walk in the park, but did not remember how he felt. Companion #8 said that she was “petrified” at the first meeting but wanted to persist. Companion #9 said, “We clicked straightaway...I felt comfortable with her from the start.”

Companion #10 said:

I found it a bit confronting and wondered what I was supposed to say to this person. It was strange just because it was someone I hadn’t met before. It was a bit awkward and I clamped up and didn’t know what to say...So then we just started walking and we would chat while we were walking.

Companion #12 said:

It’s funny, we just started talking about travel because I have been right around Australia and so has my Volunteer travelled and we just got talking about that. He has travelled later in his life but I travelled when I was young, so the roads were very different then. So we compared our travel experiences.
Companion #13 explained:

I was like a cat on a hot tin roof. I really wanted it to work but I didn’t know who I was going to get, or where she was coming from, or anything like that. I didn’t know anything about her so it was all pretty exciting and scary at the same time. And I think it was good that I had the reassurance that the Volunteer was a good person not only from the Compeer people but also from my psychiatrist. So I felt confident that someone who was actually looking after me had met the Volunteer and thought she was good as well. Otherwise I might not have felt so confident.

Development of relationship

All Companions expressed feeling positive about their Volunteer straight away, despite the contrived circumstances of the relationship beginning.

Length of time to feel comfortable in the relationship

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Straight away</td>
</tr>
<tr>
<td>3</td>
<td>A few weeks</td>
</tr>
<tr>
<td>2</td>
<td>A few months</td>
</tr>
<tr>
<td>3</td>
<td>Didn’t specify a time</td>
</tr>
</tbody>
</table>

Comments

Companion #1 spoke of immediate ease with her Volunteer as well as a development of the relationship to sharing more significant things over time (although unclear about how long this had taken).

With some people you just hit it off straight away. Some people take ages to get to know but we were able to be open from the first times. We talk about our families more now than we did. Before we talked about everyday things and now it’s getting a bit more personal we talk about our families...we are sharing things that are more significant now...We hit it off straight away so I can’t say it took a long time.

Companion #2 thought it had taken “a few months” to develop the relationship (this was a longer term companionship). “Now I can do different things. We have some things in common like music and things like that. We like movies and things like that so that makes it easier to be friends.”

Companion #3 had been involved in a recently concluded 12-month companionship and was waiting for a re-match. He said:

In many ways it was a learning curve for me, getting to know people on their own level. But I didn’t know how long it was going to last for... But I still get along with my Volunteer now but I am sorry that it was a shorter term rather than a longer term. It’s different to understand how one could be involved in a relationship... it is interesting to compare that with how one might make friends.

Companion #4 said:

I was comfortable with him from the first day because he is a very nice person. There is nothing about him that makes me feel uncomfortable...It has developed I think. We are closer, now we go out together to things like pubs occasionally and sometimes we go for a walk up the road and, although he hasn’t invited me to family celebrations or anything like that, we are as close as I think a program like this could allow us to be.

Companion #5 thought it only took “about two or three weeks to feel really easy with each other” and she was very happy with the companionship development. Companion #6 said it took “a few weeks because we saw each other for an hour and that’s not all that long”. She found the question difficult to answer in hindsight, but said that she definitely felt very at ease with her Volunteer now.

Companion #7 said:

We started chatting right from the start. We found we liked sports like football and cricket and we still talk about those same things. I felt at ease with him the first time I met him. I usually feel comfortable when I first meet people but I have trouble making friends or taking it any further.

This Companion added that he regarded the Volunteer as his friend now, and the Compeer group as his social group.

The friendship between Companion #8 and her Volunteer was moving into its third year. At time of interview, the Volunteer had moved into a more demanding job and the meetings were becoming less frequent. This Companion described some developments possible over a longer-term companionship, although she still had anxieties about boundaries:

This year, into the third year, I have been to her house, but that is not something I would have done in the first year. I guess that’s how it’s
evolving. I know it was a big deal one day, this was much earlier on, we did meet her flatmate at the restaurant and that was a bit stressful for me – I’m not talking about physically, I am talking about emotional stress here. But I guess there is no point doing this if you’re not going to evolve and challenge yourself sometimes. And that seemed to go pretty well even though I was stressed. But these sorts of things are dilemmas for me and there aren’t necessarily guidelines you can have and I don’t know that it would work if you did have guidelines that were very strict about meeting other people when you go out. I think about a year after we had been meeting I went out for my birthday with my sisters and I invited my Volunteer, I was worried that I was stepping outside of what we were supposed to do. It’s a bit tricky to know things like that, but it’s probably pretty healthy to go outside of my comfort zone this far down the track with my Volunteer. [Companion #8]

Companion #9 described the development of the companionship, including the sharing of feelings over a similar trauma both had faced:

Yes it has developed more. I share with her my troubles and the good things and she also shares some of these things with me. For example, she really wanted to have a baby and she can’t and that really hurt her.

Companion #10 described feeling at ease with her Volunteer “most of the time”. She also commented on the importance to her of feeling she could also contribute to the friendship:

It took about two months to develop feeling comfortable with each other I think it took us a month to suss each other out and then another month to work out what we were doing. So it was about two months when we got into a routine. I’ve actually been able to share a few things with my Volunteer that have been worthwhile to me. For instance a friend of mine sent me a DVD for Christmas and I am very pleased to be able to lend this to my Volunteer so I can give something back to her after all she has given to me. Then we can talk about this movie.

Companion #11 spoke of the development of being able to open up with her Volunteer:

It took a while. It took over at few months and it developed quite well because otherwise I wouldn’t have been able to open up to her like I did. I have occasionally opened up to someone in [another group] but other than that, I haven’t really opened up to anyone until the Volunteer. And that was very helpful, very helpful.

Companion #12 spoke of the sharing of personal information about families that marked a deepening of a friendship that started out very comfortably:

It’s got better and better, although it started off pretty well. But we’ve had similar experiences to talk about from day one and it has more or less progressed from there. He’s now more open about what’s happening in his life, for instance with his children. It was amazing. I felt comfortable right from the start. I know he’s a bit older than me but we just seem to connect and speak the same language, we seem to have things in common. It was probably about six months before we started to bring in talking about families. It was a gradual thing. It started off when I started talking about my son and then he would say something about one of his sons and gradually it developed.

Companion #13 described moving from feeling ‘helped’ to a more mutual relationship:

I think it started off with a different focus – for instance she was coming to help me and I was the one who was being helped. But now it is that we are pretty good buddies and we get on pretty well and we exchange communication both ways. There is a bit of reservedness on my Volunteer’s behalf, but we have definitely developed a much closer friendship than what we did at the start when we didn’t know each other. I think it worked pretty quickly because we hit it off from the start. I’d say probably three or four weeks before we started to feel really comfortable. It wasn’t a long timeframe at all. We clicked from the start and I think that really helped. And my Volunteer was so willing to give and to be there for me that I didn’t have to worry about if I might put her offside or create a situation that she couldn’t get out of.

### Decision-making in the companionship

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Joint decision after discussion</td>
</tr>
<tr>
<td>2</td>
<td>Where Companion wants to go</td>
</tr>
<tr>
<td>2</td>
<td>Volunteer takes the lead</td>
</tr>
<tr>
<td>1</td>
<td>Unclear – seems joint decision</td>
</tr>
<tr>
<td>2</td>
<td>Not answered</td>
</tr>
</tbody>
</table>
Comments
For most (nine Companions), decisions were made jointly although with focus on what the Companion wanted to do and was comfortable doing. For the two who said that the Volunteer took the lead, these were due to the Companion being happy to follow the Volunteer’s suggestions (and greater knowledge of possible activities). Most couples fell into routine activities (e.g. café, going for a drive) with occasional treats such as going to a movie. Overall, Companions felt comfortable that decisions were made jointly. Two Companions acknowledged that their Volunteer sometimes suggested an activity that they might find challenging, but which they were confident to face with their Volunteer (e.g. a trip to the city, or meeting at a restaurant).

Rewards and challenges
Companions commented on rewards and challenges and ‘ups and downs’ in the companionship.

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>No ‘downs’ in relationship</td>
</tr>
<tr>
<td>1</td>
<td>Yes there were challenges and they have been talked through</td>
</tr>
<tr>
<td>2</td>
<td>Challenges were not in the relationship per se, but personal reaction (disappointment) at Volunteer concluding</td>
</tr>
</tbody>
</table>

Comments
The majority of Companions said there had been only ‘ups’ in their relationship. The only perceptions of a ‘down’ were in one case when a lack of communication had caused missed meetings. In this case:

*We were able to talk about it, not straightaway, but after a while. [Companion #11]*

In the other two cases of ‘downs’, these were due to changes in frequency of meetings.

*We have had a couple of breaks in between seeing each other for instance with illness or holidays or that sort of thing for either of us. I feel sad when I don’t see her because I don’t have anyone to talk to. [Companion #10]*

The only ‘down’ that I had was when she told me she wouldn’t be able to see me as often as she had been seeing me because she had become particularly busy. I was a bit taken aback by that. I was a bit disappointed to start with. And I think that has been the only issue that has been ‘down’ and the rest has been just so positive. It has been such a positive influence on my life. It’s been incredible – and very valuable. [Companion #13]

4:9 Compeer experience and social inclusion
This section explores the potential social inclusion of people with SMI through the importance of individual friendship and how this may increase social integration and community capacity and ultimately assist the development of social capital. The Volunteers’ experiences towards social inclusion were studied via changes in their level of understanding, compassion, responses to people with mental illness, impacts on their own sense of wellbeing and any influences within their other social networks, (both in their own thinking or behaviour and influencing others’ thinking or behaviour) as a result of their Compeer experiences. The Companions discussed their sense of wellbeing, involvement with other activities as a result of the Compeer engagement and their hopes and dreams for the future.

4:10 MHPs’ view of Compeer experience and social inclusion
Major themes
- Impact of social isolation on individual (including mental state, perception of self-worth, wellbeing, availability of normal social pursuits)
- Impact of social isolation on community (community disturbance, formal treatment costs, family stress, suicide risk)
- Onset of MI affects social development and losses for client
- Importance of social engagement as an aid to relapse prevention and recovery
- Importance of different components of Program (Compeer socials)
- Policy changes – closure of institutions, loss of ready peer group and impact of episodic treatment policy
- Impact of stigma on social inclusion
- Importance of social contact outside MH services
- Importance in recovery phase, not in acute phase
- Some clients too debilitated or require 1-1 only
- Social justice – a basic human need
- Relief from human pain and suffering of MI

Uniqueness of Compeer
Regarding the impact of social inclusion for clients,
without exception, MHPs regarded social isolation as extremely debilitating for their clients’ personal life and adversely affecting their mental health, emotional wellbeing and capacity to engage with and contribute to community. The flow-on effect for carers and service usage (a cost to the community) also featured significantly. Regarding social inclusion, all MHPs saw Compeer as a unique and effective means of practically addressing this issue. Comments were made in relation to specific clients and also across the MHPs’ wider range of clientele.

MHPs interviewed did not consider any other current services addressed the issue of social inclusion in the same way as Compeer. They considered groups inappropriate for many clients (and specifically for the clients referred to Compeer). Compeer was viewed as an ideal way of providing individual clients with meaningful personal interaction. It was additionally considered that the opportunity for personal interaction as offered by Compeer Volunteers is a basic human right and contributes to mental health and wellbeing in a way that paid professional services are unable to provide. Compeer friendships were also considered to be a way of assisting individual clients to move towards engagement or re-engagement with other personal relationships, services and community groups and for some clients this was regarded as the only potential method of doing so due to the severity of their illness. It was regarded as important that Compeer was seen to operate outside the mental health service umbrella and thus bridge the gap between mental health and ‘normal’ social structures. The ‘peer’ nature of the Compeer relationship was seen as important in this regard. An identified aspect of Compeer was that it avoided the stigma often attached to mental health services.

Examples include:

One MHP [#8] thought the Compeer Volunteer’s modelling of social skills was working towards lessening her client’s isolation particularly by supporting the client through her fear about moving into more independent accommodation.

Another MHP saw the Compeer Volunteer playing a role in assisting a particularly debilitated client to stay out of institutions, to help him not to disturb the community and to learn adaptive behaviours.

I don’t think [client] has any relationships that he can model himself on and I think because of his social difficulties, that’s what he uses it for... I think the volunteer relationship provides modelling to allow [client] to learn some more adaptive behaviours and all of those things can help him stay more functional. [MHP #9 regarding client two]

Effects of policy change

Regarding the policy change of closing institutions, this MHP commented on an unintended consequence:

They [clients] often live by themselves and they might be in a nice apartment or house but they don’t see anybody other than mental health services staff and I don’t think that’s healthy because they are so distanced from the community and they are not even involved in their community – just so isolated. [MHP #2]

Another policy change related to enforcement of the episodic treatment model. In this case, the MHP commented on the impact of follow-through with clients in Compeer.

If I have been a case manager, I think it is incumbent upon me to be available for [Compeer] follow up if the client has been discharged to the community. But that is not the policy of the service, it is very cut and dried, once you have discharged a person you have no further contact. But that is not ideal. [MHP #11]

Sense of self-worth and social isolation

That the client’s sense of self-worth can also be impacted by social isolation is indicated by the experience of this client whose mental health was otherwise quite stabilised:

I guess it was just to ease some of his feelings of being utterly alone and I guess the other thing too was that [client] is quite an intelligent person...but he would berate himself constantly about his lack of achievements. It seemed to me that if he had a Compeer Volunteer he would be able to begin to get back to some of the more regular things that he was doing in his life and not feel like such a failure. Coming from someone else and not a professional person – that would have more impact. [MHP #8 regarding client two]

The debilitating effects of SMI on social development and friendship were noted.

Measuring the Compeer impact

The difficulty of quantifying Compeer as distinct from other experiences was acknowledged:

She is certainly much more settled lately but it is a little hard to tease out which component of the treatment management did what, but I have no doubts that the Volunteer’s involvement has contributed to that. And [Client] certainly has accepted the Volunteer and has certainly been keen to tell me what she does with the Volunteer. That is very significant for client because she is quite
socially inept and her communications skills are poor so the fact that she will come in and be prepared to blurt out to me what she has done with her Volunteer that says a great deal that she has been able to relate to someone on an ongoing basis. [MHP #8 re client one]

However, there were also circumstances where factors other than Compeer remained constant coinciding with improvement:

For instance we are here all the time, but that didn’t make the client as well as she is now, in terms of her social function and her relationship with herself. Yet we haven’t basically changed any of her treatment. We could pull more of us in but I don’t think it’s going to make her any better. [MHP #7]

Normalisation and stigma reduction

The Compeer role in addressing the stigma of mental illness was mentioned:

I think it benefits the community by increasing awareness of the presence of stigma and vice versa for the clients because they have got their own set of stigma towards psychiatric services so it improves that bit as well. I think the more people who are aware of psychiatric clients the more they will become aware that general perceptions may not be the reality. [MHP #9]

Compeer’s role in normalisation was considered important and unique:

The Compeer structure is set up, its point of departure is, ‘what is this person interested in or what do they like doing?’ And you can see their eyes light up when you just talk to them about what they are interested in or what they like doing and that is a very refreshing approach to providing services for people with mental illness. It’s not the traditional medical model and it’s not what is usually done for people in the mental health field so Compeer is a trailblazer in this field. We must always be mindful of mental health needs but there is a life beyond the illness. [MHP #11]

I think just having social contact outside psychiatric services is good for people who need more normalised social contact. [MHP #9]

[Compeer] is unique – it is unique. And I have to say that I started out being quite sceptical about it and I think it holds such a unique place that you couldn’t really say it could be replaced with something else, in its structure, its function and its effectiveness. It’s unique in it being one to one, regular and it being volunteer...There is not a sense of it being time-limited. There is not a sense of a client having to reach a certain goal. That’s the thing with all other services because not only are they paid but they have to reach certain goals. That is a hugely burdensome pressure and I think it’s hard for people who don’t have an illness to know how it feels to someone who does have an illness, to have to reach a goal. Compeer is not goal directed beyond seeing someone once a week. And it is not the client who has to reach that goal...It’s because it is not being a paid Companion and not having to have goals you develop those things that help people really achieve goals – and that’s quite ironic. Sometimes I think that the paid goal directive kind of services is like cutting open the goose that laid the golden egg. [MHP #7]

I just think [client] is a very good case study because he has got to a very good point where he really benefits from it and there is no other service that really provides that. [MHP #1]

Compeer role in community re-engagement

The normalisation and one-to-one peer relationship was perceived as contributing to the process of the client re-engaging with community. This was additionally seen as something that MHPs did not have the time to do, nor would it have the same effect, coming from a paid worker.

The things that your Volunteer talks to my client about are things that I would not have time to do for instance what books are you interested in, or past experiences of travel. So I think it is a breath of fresh air for the client to have someone who is not even going to bring up that you have a mental illness. It’s just that small period in your life that is normal in a life that is otherwise not normal. Hopefully through the Volunteer service you might get someone who will say all right now I can go to a neighbourhood house or help them to engage with other aspects of the community in a way that is not viewed through their mental illness...The Volunteer knows of course but they don’t have to talk about it. And even if the Volunteer experiences their Companion having delusional experiences, the Volunteer will still keep coming. [MHP #2]

This was to help the client get involved more in the community and having someone who would support her through the process of re-engaging with the community. It helps in the recovery in that having friendships in place – if you can talk to this person about it then maybe you can talk to others and re-establish relationships. [MHP #6]
Client would be extremely disruptive in a group setting. So it’s great that it is an outreach service it’s great that it is one-on-one. It’s also good that the Volunteers are from the general community. [MHP #9]

I mean people get so many different case-managers. This client has had so many different managers I think she has been through every case manager in the clinic. So it’s sort of like people get passed around for various reasons because people leave or whatever. And, even though it is not the intention of the service, I think they do become a bit of ‘case’ rather than a person some times. So having friends and people that you can socialise with is very important. [MHP #3]

And no matter how ill you are I think the one thing that really counts is that touch of human kindness, and I don’t know what I would have done [without Compeer] because I could not really have given that. It’s not that I would not like to have done it, but it is because of the constraints of the role I am in. [MHP #7]

Mental health and loss of social networks

A link was drawn between experiencing MI and losing social networks. The impact on relapse prevention, recovery and community cost was also seen as a factor here.

People with mental illness often lose their social networks and support through episodes of their illness and people not understanding and that sort of thing. And friendship is really important to the clients’ recovery in terms of their own self-esteem and confidence and just enjoyment and quality of life that is essential. And the likelihood of relapse if they have a good support system around them is decreased. [MHP #11]

I think he needs a support worker so I think it fills a gap. There is a real need for that stuff and he has been isolated for years. A lot of the drop-in centres don’t suit our clients either because I don’t think [client] would engage with that. I think Compeer is a really nice starting point with that. [MHP #1]

People with mental illness often lose their social networks and support through episodes of their illness and people not understanding that sort of thing. And friendship is really important to the clients’ recovery in terms of their own self-esteem and confidence and just enjoyment and quality of life that is essential. And the likelihood of relapse if they have a good support system around them is decreased. [MHP #12]

The loss of social networks associated with SMI and the effects of this was of significant concern to several MHPs, including the cumulative effect of isolation on suicide risk and drug abuse, e.g.:

It is really obvious when people are so isolated that they have no sense of belonging to any person or community and how that makes them feel I think is just demoralising, it might lead to depression and things but the demoralisation often makes people very vulnerable and people might end up killing themselves because there is no reason for them to live there is no connection. [MHP #9]

You can sort of measure it in society by things like the amount of drug abuse or social discord for instance – the cumulative effect. [MHP #7]

Some clients say “Besides you and other workers, I don’t have anyone who will come to see me because they want to.” If they had that friendship I think it would lift them enormously. And real friendships are there because of some shared experiences – some clients will say to me “I know you’re not here to be my friend.” As they become stabilised they realise what they have missed and it is a great loss for them. [MHP #2]

One client with a physical illness concurrent with MI was found to be looking after her physical illness better after Compeer involvement.

I think she is getting positive reinforcement and once again the economic costs there because her [physical illness] is a really big problem...not all of [the improvement] is due to the Volunteer but I’m sure that a lot of it is that she has another person in her life that helps her to feel good about herself and that has a flow on effect. [MHP #9 – client one]

Meeting a basic human need

The value-base of freely given friendship is seen as playing a role in alleviating misery. Belonging to a community was regarded as a basic human need and related to social justice.

I think that by and large the fact that someone is going to provide a service and not be paid indicates that they have the sort of values that they are trying to abide by. The values of compassion and alleviating the misery and enhancing social justice, so I think that as a professional worker, I find that impressive and I can’t really speak on behalf of clients but I’m sure they would appreciate that as well. [MHP #11]
I think friendship is about belonging to a community and a sense of worth which is one of the really important basic human needs. [MHP #9]

It’s kindness that eases people’s pain – that gets them through it. I can’t imagine how the client would go without the Volunteer. I think it would be very hard. I think the program has provided the means by which it has relieved so much human suffering for that lady. [MHP #7]

4:11 Volunteers’ view of Compeer experience and social inclusion
Changes in understanding and compassion

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>More understanding/compassion/myths dispelled/tolerance</td>
</tr>
<tr>
<td>3</td>
<td>Not ‘change’ (always compassionate) but now have deeper awareness</td>
</tr>
<tr>
<td>3</td>
<td>No changes (have prior experience/work with MI)</td>
</tr>
<tr>
<td>1</td>
<td>No change – too early in companionship</td>
</tr>
<tr>
<td>1</td>
<td>Response unclear due to poor recording sound quality</td>
</tr>
</tbody>
</table>

As indicated above, 25 Volunteers expressed an effect from their Compeer experience, with 22 of them acknowledging increased understanding, compassion, awareness of myths surrounding MI and greater tolerance of others post-Compeer. Of the other three who expressed a deepening of awareness, two had professional MH experience and one acknowledged a spiritual basis for compassion that had not changed, although awareness had deepened.

Dispelling myths
Several Volunteers spoke of increased knowledge and dispelling myths or assumptions they had held prior to Compeer:

My views about [MI] have really changed as I said to you in one of my notes. The Compeer Program was a great source of education, has really given me a lot of insight about mental illness and has explained a lot of things around mental illness, and it also dispelled a lot of myths that surround mental illness. I am talking about myths like – that these people seem to be in a constant trancelike state for instance, or that they are violent and likely to do some harm for instance, or that they are incapable of living a normal life. There are just so many myths. And yet coming to the program it just dispelled a lot of these myths, and I began to think about it from a different point of view...especially since I have come across my Companion and that has given me first-hand information. [Vol #2]

Even though I have had some experience with mental health, working in an inpatient unit at a community site, it just has demystified everything, seeing [Companion] every week and getting to know her. I know she has a mental illness but it’s not important, it’s not her illness that is important. And I think coming from working with people who’ve been hospitalised because they’re so ill, you only see the illness and the manifestations of their illness. You don’t actually get to know that person and see how they really are – it’s all about how sick they are. So it’s been something that’s changed me. There is such a stigma around being mentally ill. [Vol #27]

Yes of course my attitude and my understanding – everything changed. I think before, when I heard about mental illness, it was something I was afraid of, because it was mysterious and vaguely threatening...[What made the difference was] my relationship with my friend, the personal contact and information that we were given. I already had a little background information before I came to Compeer but it was more professional knowledge – cold and detached...So the information I got from Compeer was very different. In Compeer, I began to appreciate the company of people and I learnt to be very patient. [Vol #11]

It’s not well known out in the community that there are people who do need others. I have been very isolated from people with mental illness, I have never come across it, as I said before and it is opening my mind to their needs. And now I have empathy for them...And it surprises me. It amazes me that that short time spent with them can make a difference. It’s making a big difference to me, but how can I explain that? [Vol #28]

I saw the very dark hallway and the cold room and there was a certain sense of chaos in the rest of the house, and yet she is struggling to keep it all going...I think I have learned a lot of what it is really like and what the struggle is. And I have enormous respect for her out of observing that kind of struggle. [Vol #19]

Definitely it’s made me more patient and I can empathise a lot more with people that are affected with mental illness. [Vol #13]
I think it’s interesting because it puts you onto contact with a person you would not otherwise have met. In that sense it kind of broadens your compassion and understanding of people’s situations generally and of their life circumstances. [Companion] is fairly open about her condition and how she manages it. We don’t talk about it at length but she will talk casually and comfortably about this. That is not something I would have understood before...I have not met anyone else who has opened up about their experiences. I don’t know people who have had such experiences to my knowledge, I probably do know people, but they don’t talk about it. [Vol #18]

Seeing the person not the illness
A focus on the person rather than their illness was mentioned as an effect of the Compeer experience, e.g.:

I think I’ve learned stacks about mental illness in general. I see the person with a mental illness as a normal person now. I see them as a person with a mental illness and I don’t see it as daunting or scary. Probably before, I wouldn’t have been as open-minded as I am now towards it. [Vol #21]

I think you see people as individuals and not as a mental illness. I think in the past I would have labelled the person as their mental illness rather than as a person who suffers from a mental illness. I hope to apply this [new understanding] in my career path too. [Vol #25]

I certainly think I know a lot more now especially in relation to my Companion...I didn’t know all about the whole range of mental illnesses out there. I certainly do know a lot more now although I don’t know everything of course. I have increased my understanding and I look at people slightly differently now so it has certainly made a difference. [Vol #30]

Increased tolerance
Volunteers discussed how the Compeer experience had influenced them in social situations. Twenty-four Volunteers said the experience had extended beyond their specific Compeer relationship. Sixteen said they were less judgemental and more tolerant of difference post-Compeer, e.g.:

It changed my understanding completely...I now feel I have an understanding of some of the issues if not the causes, so that when I do meet people who are suffering from mental illness I have a lot more understanding and a lot more tolerance of people. One clear indication of that is that when I see people on the street now I don’t think “What a vagrant – should go and get a job!” I now think this person quite possibly has a mental illness and people can’t see their circumstances. So I am a lot more tolerant now. [Vol #4]

I didn’t know what mental illness was, I always thought that it was something that the person who was affected could control. But now I know it’s something that happens in the mind and you don’t really have much control. You can take medication and it is a matter of living with it and coping with it. I am a lot more sympathetic to those who have mental illness now, and I have become a lot more patient. [Vol #17]

I guess it makes you more aware of other people, like strangers I suppose...That would be the only thing I think. I suppose you’re not so quick to judge. [Vol #9]

I think in relation to my studies and in combination with this it has certainly made me aware of people who don’t have the social skills or opportunities to engage with others. I am always now mindful of people who are left out of conversations or ignored or dismissed. I tend to identify those now. I am now more aware of this and act differently now...I think you are more understanding about how people may be feeling. I guess I don’t judge it so much now...I now empathise with the persons who are excluded. [Vol #14]

I think that influence has gone along [with Compeer involvement]. It’s almost been one part of a lot of things that have recently affected me that way. In terms of just trying to see people for who they are, and appreciate everyone for their uniqueness and their differences and that kind of thing. And avoiding stereotyping people too much and trying to reduce those down to see the individual. [Vol #23]

Deeper understanding of the effects of MI
The information provided by Compeer through the Information, Screening and Training processes was acknowledged as only a part of the deepening understanding. At least half the Volunteers did have some prior knowledge of MI and at the very least, a willingness to meet with a person experiencing MI. But the majority of Volunteers – including some who had a degree of experience or understanding through friends or family members, or professionally – expressed a deeper awareness of the actual daily ramifications in people’s lives.
I would have to say that before joining Compeer I really thought I knew it all. I had the experience with a family member being mentally unwell and I thought I knew all there was to know about it. I thought I couldn’t possibly learn any more. But I have learned. I think the one thing I have learned is that, the isolation they have or at least [Companion] has. And although it doesn’t seem like you are doing a lot, just that visit and seeing them – and having a visit doesn’t seem like a lot, but I know now that it is….it does make an awful difference. [Vol #7]

I was compassionate already but it is insightful...you really get an understanding of what it’s like. It’s that you have an understanding of what it’s supposed to be like but really experiencing it gives you that emotional understanding of what it’s really like. [Vol #14]

I think that it has increased enormously. 95 per cent of the people I dealt with in [professional area – trauma related] were on the phone, whereas my Companion was someone I met face-to-face and that made an enormous difference. It’s the personal interaction that showed me how my Companion lives life and how she manages that within her parameters. It’s just amazing what she goes through, and how she handles things...So I think there has been an enormous, enormous growth of my respect and compassion, whereas sometimes on the phone, I might have felt some irritation because I had so much to do and there were so many people I had to get onto and so forth. I think this has been a wonderful learning experience for me. [Vol #19]

[Understanding increased] not just through my Companion, but through the functions and meeting some of the Companions and their friends. I think it’s hard because I have had the study going on at the same time so that is the intellectual side of it, but the actual experiencing of it. [Vol #20]

I do think my understanding in terms of mental illness as such has changed in the technical, medical side and in terms of the compassion. I have always been a compassionate person but I guess what has changed is the ability to [deal with practical exchanges]. [Vol #24]

Seeing people with MI in Compeer social situations was another means of dispelling fear of the ‘unknown’ of MI.

I suppose when I first came to the Information session, my initial thing was to feel that it sounded a bit scary – it could be dangerous...But this has changed now. Even coming to the Christmas party was interesting. Just to watch people and it was often hard to tell who’s the Volunteer and who’s the Companion and that was fantastic. I think it’s mainly that fear of the unknown and being in a different situation because so many people would have the mental illness that you don’t even know about. It just normalises everything. Everyone’s human, everyone deserves a friend and someone to look after them and to have a good life and all of those things. I think it’s just taken away that fear of the unknown. [Vol #27]

Enhancing Volunteer’s own sense of wellbeing and skills
Changes in Volunteers’ own sense of wellbeing and social skills were also acknowledged.

Socially I think that for my own self-concept, it has certainly helped and for my own mental wellbeing it has helped too. Because to see someone with a really serious mental illness live the way she lives and the way she copes, just makes me feel better about people in general, because I can see how much strength that takes to do that, so it makes me feel better about being a person generally. But it’s quite a subtle thing, so it’s really hard to say what causes you to change and grow. [Vol #27]

I think it has made me more patient and I think to an extent I have been someone who has always just gone in to fix things – being the mother of four children. But I think in this relationship it has been more important to be patient and allow things to develop. And that has been good and an interesting thing for me that I don’t have to try too hard – just to let it develop. [Vol #29]

I think I have a more grounded approach to handling whatever arises….I have that strength of knowing that I can’t change or fix people, and again with yourself, it’s not a matter of fixing yourself but more about modifying your behaviour to fit certain situations….I think Compeer has clarified that for me. It’s helped me to stand back and disengage from the drama of things. These skills I have developed in the Compeer Program. I was aware of it before but I have developed my skills to actually do it. [Vol #24]
I would probably say I’m more outgoing now, for instance I will probably start up in a conversation at a party. And even at the supermarket I can start a conversation with other people in line and then I can chat with people easily. So that’s probably a huge change in me personally. [Vol #21]

I feel that I already had a very accepting attitude to mental illness. But I think the main thing has been that the experience has helped me realise that being a friend to someone, like this has taught me how to be a friend to anyone, not just someone with mental illness. It’s almost like if I learn to be a friend to my Companion, I’ve learnt how to be a friend to anyone because it is the same stuff. It’s really just appreciating people for who they are. [Vol #23]

Occasionally I might have my own personal problems and I might feel a bit down myself. And I am not in the best of moods and I think gosh now I have to see [Companion] and I put on a smile and she actually puts me in a much better mood because her excitement and eagerness and enthusiasm makes me put my worries into perspective. And now I see that life really can be very simple. I end up feeling better than when I left to see her. In a way it is also beneficial for me. [Vol #17]

Personal gains

Other personal gains for Volunteers included improved listening and communication skills and patience:

I think it’s increased my awareness – learning to be a better listener and active listening, more understanding as well, that every individual is in a different situation and just to be more understanding in terms of that. I’ve learned more tolerance and just communication. Being more sensitive and that thing of social integration because most people want to be a part of societies and have friends. [Vol #13]

Sometimes work expects you to be able to understand or be more receptive to others, and when you meet someone like [Companion] you have to slow down and really listen and think about what he’s trying to say. So in that sense you become more of a listener. So I guess that active listening and feeding back what a person has said to you and trying to get a bit more information from them – these are probably good communication skills to develop. I think people now start to talk about things that they might have experienced themselves in their lives. I guess now I can be more understanding when people say things like that...it allows people to talk a bit more about their experiences. When they can see that you’re involved in [Compeer], it gives them permission to bring things to the surface. [Vol #30]

I think it’s interesting because it puts you onto contact with a person you would not otherwise have met. In that sense it kind of broadens your compassion and understanding of people’s situations generally and of their life circumstances. [Vol #18]

Volunteers also discussed the generalisation of this learning to other social and community circumstances and increased comfort with ‘difference’.

I now find it a bit easier to talk to other people, I mention this in the sense that I once came across a fellow in the train who looked fairly strange, he was selling The Big Issue and I found that I could actually have a conversation with him. I found out that he lived under a bridge and I was interested that I felt comfortable enough to speak to him like an ordinary person and I could handle him speaking to me. It’s not that I wouldn’t have spoken to him before but I felt more comfortable speaking to him. [Vol #26]

For instance, if I’m sitting somewhere and someone with some impairment tries to strike up a conversation, I may have been more inclined to ignore them in the past, but now I am more happy to speak to a person. I had struck people on the train – people who obviously have mental illness and the same situation applies – people tend to ignore them. But now I will strike up a conversation with them. So that is one of the biggest things I’ve learned from this experience. [Vol #5]

If I bumped into someone who was displaying similar characteristics to my Companion I would understand a bit more about what they were going through rather than having an outsider’s perspective and making a judgement about it. I would feel more comfortable with them now. [Vol #30]

I think it has made me a lot more patient around others. And I guess I am more comfortable with silence as well. [Vol #25]

I think it’s changed quite significantly. I must admit that at the start, I probably wouldn’t have been that ready to start a conversation with someone who was slightly different...I think I’ve learned a lot of patience. [Vol #21]
Generalisation of influence to Volunteer’s peer group

Regarding the Volunteer’s Compeer experience influencing others in their social network, 13 Volunteers thought their involvement definitely had increased understanding amongst their family and peers and another five thought it may have influenced others to some degree.

Absolutely it has. Often they might ask where I am during that hour, or they’ve seen my mail that comes from Compeer. I can talk about the program positively and it has certainly made people think. And I think awareness is raised because of the work that Compeer does. I think it certainly provokes people’s thoughts about how much more could be done and should be done too. These are people who wouldn’t have thought much about mental illness before. They might have had a lot of fear – certainly not understanding it. [Vol #13]

I think slowly my family are beginning to feel that it’s okay even to be talking to someone with this sort of illness. And I think they also are beginning to realise that you might see people in the street and they might have a mental illness. And I think it’s changed me too and I think it has helped us not to be so judgemental. [Vol #28]

I think my [family member], I have been able to get her to see the person first and not their illness or disease first. So she would not label people so much now. She now understands that more. [Vol #25]

Two things – it has influenced family and friends...my friends are definitely aware of what I do and they talk about it. I guess with my background most of my friends are already aware of the area of mental health. But I think the difference is that it’s more of an emotional thing you feel it rather than thinking about it. [Vol # 14]

And I think there is also the fear of mental illness because people don’t really understand it so I think there is still stigma attached to it. I think people – even if they don’t have those attitudes – may be cautious about how to handle people [with MI], because they don’t know how to handle it. They don’t know what to do. And I think they are worried they might upset [people with MI] or make things worse. I was talking to someone about doing this Program and she said “that’s very brave of you because I would be afraid I would just make things worse.” [Vol #18]

I certainly had people make positive comments when I told them about the Program. And a lady I was working with earlier this week was absolutely stunned she said it sounded like such a great program. Often I get people ask me if it’s safe, and people who should know better, like [health professionals]...They asked “Should you be doing that?” And it’s really good to be able to answer that. And it’s good to be able to encourage more lateral thinking about mental illness. [Vol #27]

Sometimes [family member] asks if it is dangerous, and so I can instantly tell her “Of course it is not dangerous.” So yes, I think that has eliminated a little bit of stigma and I think I have the same influence with my friends. I do try to let people know what I do that and bring up the conversation. [Vol #23]

Yes I think it has influenced others. But I don’t tend to talk about this particular relationship so much as I talk about mental illness generally. I don’t stand on my soapbox and talk about it, but I do help people to understand about mental illness. For instance, I might say, “The whole thing is about friendship – imagine how lonely you would be if you had an illness and you didn’t have any friends.” And people can relate to that. And I don’t think they would have thought about mental illness in that way before. But I think it’s still going to take a while for people to see it for what it is. I think it’s still a bit of a scary issue for some people. But I think it gets people thinking about other people they might know in their lives who might have some of this sort of thing happening too. And I see more friends willing to say the stresses that they have themselves experienced, so I think it has opened them up a bit more. [Vol #29]

[Friends] will ask me what that’s all about, and it’s amazing because they will ask me exactly the same questions that I used to ask before I got involved in the Program. And I am in a position now, where I have a greater knowledge and understanding of the illness. And I am able to set them straight on all the things that I used to get wrong myself...for instance they might ask me, “Is it a worry. Don’t you think they might harm you in some way?” And I say, “No, that is very rare and I have no thoughts at all that people are going to harm me.” And they say, “Are they normal people? Can you talk to them normally?” [Vol #3]
4:12 Companions’ view of Compeer experience and social inclusion

Sense of wellbeing

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Increased sense of wellbeing as a result of Compeer</td>
</tr>
<tr>
<td>1</td>
<td>Described self as happy pre-Compeer and continuing</td>
</tr>
</tbody>
</table>

Involvement with other activities apart from Compeer

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Did have more community involvement</td>
</tr>
<tr>
<td>4</td>
<td>No change since pre-Compeer</td>
</tr>
</tbody>
</table>

Comments

Companion #2 found that the improvement also prompted her to, “Want to do things with my life. I want to do more things like work and everything now. I am happy but I want to change my life a little bit too.” Companion #3 said, “The contact with my Volunteer helped me to feel at ease with others, most definitely.” Companion #4 said, “My mother says I have changed, have become more confident and less worried. He has helped. He has been a great support, the Program is a great support it must help a lot of people. I was more shy when I first met him.” This Companion also said that he had gone on an interstate trip and that the Volunteer had helped him to overcome some fear around social contact.

I was afraid that I was socially inept. I was a little worried that I couldn’t talk to people and was self-conscious and it has helped with that, especially since the start of my mental illness when I haven’t had much contact at all. I was afraid that not only was I rusty but that I would never have been socially capable and so my Volunteer has helped with social interactions.

Companion #6 spoke of a lessening of her depressive symptoms:

When I’m not going through a depressive episode I feel differently – I feel very good about myself and on a mood of one to ten, it would be about eight. But when I get depressed I feel about a two. Now it is different to before I began seeing my Volunteer, when I often felt about a two. I am more at ease with others.

Companion #7 said his Volunteer had “Introduced me to a few things that I enjoy now” (e.g. puzzles and walks in the park), although his sense of wellbeing was really improved when he received some extra income to supplement his pension.

Companion #8 said, “I think I’m getting out a bit more and when I get out it’s a bit easier for me.” She thought it had not necessarily helped to make new friendships, but had motivated her to improve her existing relationships. “I think it is more that it has motivated me to keep more in touch with my other friends and to improve my relationship with my sister too.” This Companion also offered a significant insight into the role of Compeer in assisting her to be ‘herself’ and not being defined by her state of well-being or un-wellness:

With my Volunteer I don’t feel I have to always pretend or feel I have to come across as competent and hold myself together as much. I think perhaps I have been a bit more genuine with myself. A lot of the other things fit into the ‘private’ or ‘public’ areas of myself, but with my Volunteer it doesn’t need to fit into one of those, I feel I can just be myself. Compeer doesn’t need me to be ‘unwell and can’t cope’, or ‘well and coping’, it can fit comfortably somewhere in the middle, and there aren’t many areas of my life where I can do that, apart from family. I don’t have to be someone with a psych illness, with a disability who can’t cope, but I don’t have to be somebody who always holds herself well and copes. There is a comfortable medium with Compeer.

Companion #9 spoke about her new-found ability to go to a focussed activity group after her experience with her Volunteer helped her to take a more positive outlook, in contrast to previous pessimism:

I will now go out to new activities, but I won’t go to any community house. But now [focussed group activities are] organised and I’m very happy to go out and do the things I do with the group, like going to movies and visiting shops and things. I’m all positive now, whereas before I wasn’t. I would just go out and be home at five o’clock and I would think I’m sick of looking at shops by myself and I’m sick of that and it costs money. But that’s why I like going out with the group now and now I like going out with [Volunteer] because I can do things and feel like a real person. So my life is pretty full now...I have always been easy going but [Volunteer] has helped me now because she has bought out all this positive outlook because I always used to be negative. I’ve always had negative in me because [of certain life experiences].

Companion #10 found the courage to try new things:

I now know that I have a little voice inside my head saying I should go for a walk, quite often. And she has instilled with me that it’s okay to
try new things, for instance I’m really excited about the courses I am going to do and she has been really excited about me contacting the organisations and organising what I’m going to do. We went through the programs together and work out what would be best. So that was really encouraging. There were a lot of new things that I hadn’t heard of. So I now have a small wee Volunteer voice in my head that says, “Come on girl, get going.”

Companion #11 thought the companionship helped change her outlook towards others and how they might react to her, although she still found it difficult to talk to people in group settings:

We talked a fair bit about especially the physical issues I have and how people look at that. And she talked about some of the difficulties that she has had and we talked about how people look at you and how to deal with that...with just a general group of people it has been hard for me to make friends...it’s just that I don’t have a lot to talk about because there’s not a great deal to do, so it’s hard to know what to talk to people about and start a conversation.

Companion #12 described how, prior to meeting the Volunteer, he was too anxious to go out, especially into crowded places. He said:

I can do more things now I think I’ve got through those difficulties...The first time I came to the Compeer afternoon tea I was a bit anxious. I actually came to the Christmas function too but once I got talking to everyone it was all right, although I was a bit rattled at first.

Companion #13 said that she found her Volunteer particularly helpful in times of stress:

Sometimes when you’re stressed you don’t think straight or you don’t look at the whole picture and my Volunteer is very good at pointing out the other avenues of direction that I could look into...on a personal friendship level she has been a really valued Companion and what she says is really helpful because she is so grounded...Because with mental illness, you have to realise that feelings are not facts, but feelings do come in and crowd your mind on occasions and you spend most of your time trying to weed out those feelings.

Companion #13 also said that her sense of wellbeing had increased because she can relate to her Volunteer in a way that is not possible in other relationships:

She doesn’t have a hidden agenda. She doesn’t want a certain outcome. She’s just chatting to me about things and giving me other options to consider. She doesn’t want me to take it all on board and do what she says, she just gives me another perspective. You can’t get that from other friends because they have a background agenda and they have a perspective that they want you to take on board. I may agree or disagree with my Volunteer but I feel free to do that. Whereas with another friend, if you disagree over something that they think is a sticking point, then your relationship falls in a heap. I think my Volunteer has given me encouragement to try and do other things. You know, within the community. She has encouraged me to try to go to other activities outside of mental health activities because I do a lot of socialising within the mental health field.

### Hopes and dreams for the future

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Expressed some hopes/dreams</td>
</tr>
<tr>
<td>7</td>
<td>To feel better/maintain health/have relationship</td>
</tr>
<tr>
<td>4</td>
<td>Have more/better family and friend relationships (including children)</td>
</tr>
<tr>
<td>2</td>
<td>No idea/no response</td>
</tr>
</tbody>
</table>

### Nature of hopes and dreams

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>To have a career</td>
</tr>
<tr>
<td>1</td>
<td>To travel</td>
</tr>
<tr>
<td>1</td>
<td>To give back to society that has supported me</td>
</tr>
</tbody>
</table>

### Comments include

My hope at the moment is to go to work...I would like to get married and have children, but not yet. My immediate goal is just to get better that’s the first thing before anything else. [Companion #2]

I hope I can motivate myself to start [a course] which I started a while ago that haven’t really done more on. I would like to make a job out of that if I could be able to concentrate because of my mental illness. Maybe if I could do that I would love to do that and to earn money doing something I love, because you don’t get much money on the disability pension – there is nothing extra. [Companion #4]

Just to stay well on my medicine and to keep doing what I’m doing now. I don’t want to
conquer mountains or break records now. I just want to be happy with my own life at the moment. [Companion #7]

At the moment I am going through a stage of just having to accept that I can’t do some of the normal things that some people of my age do in terms of work and activities. I am having to be a lot more honest with myself... I’m working on developing the skills so that I could live on my own. So that is one thing I hope to be able to do. And maybe when I get a bit better I would like to do some part-time work too. [Companion #8]

Well, I’d like to keep seeing my Volunteer as long as possible. I’d like to take more trips too. So now I’m saving the money to go on more trips. The travel bug has bitten. [Companion #12]

I hope at some point in the future I will be able to say that I feel well grounded, that I feel in control of the little things in life and am a more mature person in my outlook towards my own mental illness and my own disabilities and am able to put back into society that has supported me so much in the last 11 years or so. [Companion #13]

4:13 The importance of friendship in mental health and wellbeing

This section of results includes comments on the value of friendship in relation to the actual experience of Compeer friendship as well as all participants’ overall perceptions of the importance of friendship in their lives. This section covers MHPs’ comments on the value of friendship generally and also specifically in relation to their clients’ Compeer friendship; Volunteers’ comments on the value of friendship generally and also their observations about their Companions’ response to the Compeer friendship; and the Companions comments on the value of friendship in their lives, including the Compeer friendship.

4:14 MHPs’ view of the importance of friendship

The following themes were expressed as fundamental human needs for all clients (not only those involved with Compeer)

- Increases self-esteem and confidence
- Allows expression of personal life/feelings
- Aids connectedness and sense of belonging to community
- Reduces suicide risk
- Peer contact important
- Normalises life
- Animates the person
- Increases resilience

MHPs discussed the importance of friendship for people experiencing SMI and some of the socially disabling effects of SMI. Some of these themes repeat individual experiences of Compeer reported earlier for people engaged in Compeer, but this section also includes the MHPs’ views across their client base.

- Onset of MI often occurs at critical social development times – person misses this stage resulting in feeling impoverished, overwhelmed, not understood
- Clients experience loss (other peers have moved through life stages they have missed – realise when become well)
- MI reduces or destroys friendships or makes people vulnerable to poor friendship choices (e.g. around drugs, addictions)
- Stigma of MI prevents clients reaching out for friendship
- Isolation adversely affects mental health
- Friendship increases resilience to cope with MI, aids treatment and relapse prevention
- Clients require contact outside MHS (for normalisation, support, simple contact that is not MI focussed)
- Feel like a person not a case
- MHP can see client needs a friend (hard to resist and keep professional boundaries)
- Improves illness (not fix, but improve)
- Supports family
- Friendship as a path to social re-engagement
- Reduces suffering
- Reduces service use
- Helps with skills to reconnect socially
- Reduces alienation

Friendship and individuality

Every MHP spoke of the importance of friendship
in their clients’ lives. In this regard, they referred to their whole client base and not solely in relation to those referred to Compeer. The MHPs saw friendship outside the mental health services as a fundamental human right and need for mental health.

It’s just a really, really important human thing to have social connections, someone to sit with and you don’t even have to talk. And I don’t think our clients get to be ‘just being with’ stuff because all professionals are there to do something with them or to find out something from them, or to ask lots of questions or to do an assessment and things like that. But I think they don’t have someone to just be with them and spending time and not rushing and not being a number and I think that stuff is really important. And I think it’s getting worse over the years the possibility of clients not feeling that they are getting a one-on-one service. [MHP #3]

Friendship is something that appears smaller but it actually is very important in life. We can put a lot of emphasis on the visible observable sides of the life, but we don’t put much emphasis on the things that are there subtly and not a lot. But sometimes those things are more sustaining and more important in life. I wonder how much that one hour per week actually holds together a lot of other things that are seen as more constant or more important. [MHP #7]

Just comparing it with other sort of support services, they are just different and the other support services are of course valuable. But I see the difference in that this is Volunteers and I see that as very positive because they are – and I will say this again – ordinary people and not professionals. [MHP #8]

Just because it’s part of normal life and they can relate to another person. They feel like having friends is a normal part of life and they can then talk about what’s happening in their life and get support around that sort of stuff. Friendship allows people to express their feelings and have that sort of outlet. [MHP #1]

Assessing the importance of Compeer

Regarding the importance of Compeer friendship, the most interesting overall assessment of MHPs is that 15 of the 21 companionships received the highest rating (very significant/very important) and another four received the next highest rating (significant/important). For the remaining two companionships, a rating could not be ascribed because of staff or client changes or newness of the relationship.

Of the 15 highest ratings, one MHP said Compeer was second in importance only to medical treatment, and another said it was on a par with medical treatment [MHP #6]:

...she would probably fall completely in a heap if she didn’t have her medical treatment for her illness, but next to her medical treatment I would say the Volunteer is the next most important thing. [MHP #7]

I think it would be significant. I have now been able to link her in with another creative program and she seems to be more able to cope with normal living structure and some normal processes in her life...I was very surprised that she was actually able to cope with more normal living processes than I would have expected – looking after a house and herself and so on. [MHP #4]

It’s actually great for people to be able to socialise and not at such a medical model being the only focus of their contact because when people are unwell and isolated it is sometimes their only contact for treatment and I think it is valuable for them to have the other normal peer contact as well. And we would be trying to encourage those who are involved to have that social contact. [MHP #5]

I would say it is one of the really important elements of Client’s treatment and management. I would say it is of significant importance. [MHP #8 regarding client 3]

Client isolation and sense of loss through SMI

The isolation from friends resulting from SMI was seen as a significant factor. MHPs referred to the necessity of treating the whole person, not just their illness, e.g.:

Some of our clients feel quite friendless and I guess that one way they sometimes express that is to ring their case manager at frequent intervals. But they quite often feel quite friendless and I think it’s quite good that they do have someone who will be their friend in this way and in an uncritical kind of way. I don’t know how to put this well, but I think without friendship your spine shrivels up, and I think that is very important. And I don’t think there’s any point trying to deal with people’s psychosis if you are going to leave them friendless and not deal with the other bits of the person. [MHP #8]

Isolation was also particularly often due to the common age of onset in early adulthood, at a critical period of social development. Several MHPs spoke
of the loss of normal contact around other than MI, and the sense of loss experienced by people as they move towards recovery and realise that their peer group has moved on through those social development periods. The Compeer ‘peer’-based relationship was cited as an important factor for clients.

I think it’s really important for the clients because a lot of them don’t have friends, or even family often have felt overwhelmed and can’t cope with things and find it really difficult to be around – so the clients get isolated. The clients get isolated, they struggle with what’s been happening for them, with what’s been taking place and the loss of their dreams and goals – like meeting someone and getting married, getting a job and a house is not happening for them as they expected. They often feel awkward because they have had different experiences than their friends because it is difficult for them to talk to friends about their experiences with mental illness. And it gets to be a bit of a secret that you can’t talk about – because you will be judged. People get more isolated and struggle – especially at critical development times, when you are developing your social skills. Often they struggle with ‘How do I talk to someone?’, ‘What do I say?’ – often that simple social stuff. So they won’t talk to people because they don’t know what to say. So I think the value of having someone there who is ok and you can talk to and have some fun with and do things together and you can be yourself – all that is really important and valuable. And I think it helps in the recovery in that having friendships in place – if you can talk to this person about it then maybe you can talk to others and re-establish relationships. [MHP #6]

The nature of the illnesses that these clients experience makes it very hard for them to maintain friendships and connections with other people. And the alienation and lack of ability to maintain relationships, the overwhelming sense of loss for a lot of people of all the relationships they have lost throughout their lives, is something they can trace back to the beginning of their illness. And the loneliness that ensues is debilitating and awful. When you see a client who has a longstanding mental illness, their only contact with people is either to be reprimanded by law enforcers or analysed and diagnosed by health professionals or even involved with misadventure – it is a pretty sad lifestyle. And when you see someone with mental illness finally engages with someone that actually animates them and is really fulfilling and exciting – because the bond between the two people is not...it’s just in and of itself – it’s not part of anyone’s role to enforce the law, or to treat them with medication, it’s just very clearly friendship. So in a nutshell friendship is very, very crucial. And in fact with good friendships people can much more easily endure the ravages of mental illness. If they’ve got friends or the reassurance of a friendship, suddenly their resilience in withstanding their illness really increases. [MHP #11]

What if Compeer wasn’t available?

The importance of Compeer was further discussed when asking MHPs what they would have done if Compeer was not available. All MHPs indicated that they would not have had a suitable alternative to Compeer involvement with their client. Comments specified the lack of alternatives for Compeer’s one-to-one, face-to-face, voluntary, dependable, confidential, non-stigmatised and well-managed service.

The resources would be limited to have the kind of support she had. It might have been 6-12 months later before we could even have begun to think about those things. If you can’t get people to services – like even a taxi voucher might not help because its about much more than that – you have to have confidence to approach some of the other services. It’s very difficult for me to have the time to do this. Maybe I would have had to wait for a student. The family was already overloaded, so that would be difficult. [MHP #6]

The family also doesn’t want this client to be going near other services that mix only with people with mental illnesses so I think that would have been very difficult. [MHP #4]
It could possibly be more difficult to engage him in employment but I think the more important issue for this client is social interaction. He needs to have positive social relationships and some of the other friendships he had were actually quite negative for him. So I think the Volunteer being a positive role model was very important in this case. And I think it also relieves the burden from this client’s parents as well because they are retired and he would spend most of his time with them. And it was good for them to see him going out and not worrying about going out with the wrong sort of people that might get him into trouble. [MHP #12]

I just think [Client] is a very good case study [of the value of friendship] because he has got to a very good point where he really benefits from it and there is no other service that really provides that. [MHP #1]

MHP comments about the importance of friendship in their personal life

The similarities of the perceived importance of friendship in clients’ lives and in MHPs’ own lives is outstanding. The following responses reflect what MHPs thought about the importance of friendship and the important qualities of their friendships.

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Very important for support and sharing interests and activities</td>
</tr>
<tr>
<td>10</td>
<td>Understanding and non-judgemental acceptance</td>
</tr>
<tr>
<td>5</td>
<td>Life would be very difficult without friends</td>
</tr>
<tr>
<td>4</td>
<td>Friendship is more important than words can adequately express</td>
</tr>
<tr>
<td>4</td>
<td>Is an important human need</td>
</tr>
<tr>
<td>4</td>
<td>Gives a sense of purpose and optimism in life</td>
</tr>
<tr>
<td>4</td>
<td>Is vital to cope with life</td>
</tr>
<tr>
<td>4</td>
<td>Someone to share/who shares life experience with you</td>
</tr>
<tr>
<td>4</td>
<td>Giving and receiving/feeling valued</td>
</tr>
<tr>
<td>3</td>
<td>Important to have different friends (close and ‘social’)</td>
</tr>
<tr>
<td>3</td>
<td>Lasts over time</td>
</tr>
<tr>
<td>2</td>
<td>Broadens your outlook/gives perspective on life</td>
</tr>
<tr>
<td>2</td>
<td>You can rely on friends to be there for you, no matter what</td>
</tr>
<tr>
<td>2</td>
<td>Increases awareness of others/reduces self-absorption/teaches listening skills</td>
</tr>
</tbody>
</table>

All responses have been included.

It broadens your outlook on life and allows you not to focus just on yourself but to also be aware of others too. It’s not just about taking it’s about giving back too. Friendship teaches you to be a good listener too. And I think you gain a lot from friendship because it gives you something to look forward to and because someone is there for no other reason than to value you as a person and that’s extremely important. That’s part of friendship generally. It applies to both clients and to me. The more you put into your friendships the more you get out of them as well. [MHP #1]

Well all the things that we have that we take for granted! A friend is someone who loves you no matter what you do, okay. For someone who hasn’t got a friend, because they don’t love them or they become psychotic, it is so important. If I became unwell now – which is not beyond the realms of possibility – a depressive illness for instance – you want someone who is consistent. You want to know there are people around you who will love you if you are sick or you are not sick. They are there for every important part of your life – your marriage, when you have children, for celebrations and losses – someone who will respect you and will not be repulsed by your innermost thoughts. I have about 10 or so close friends who are incredibly important and if I didn’t have them I think I would be a wreck. If I moved overseas and I couldn’t keep in touch, I would not cope. [MHP #2]

I moved from overseas a few years ago to a place where I didn’t really know anyone apart from my partner and it’s taken me a few years to feel that I’ve really got a group of people around me. And I am very aware that it’s really important to have people around and many people you don’t see really frequently but it’s just important to note that they are there and you can contact them – someone to have a cup of coffee with them, someone to walk the talk with them – that sort of stuff. I really think that we are social animals, so to not have that, which so many of the clients don’t have, is a really huge gaping human need that’s not filled. [MHP #3]

For my own life, I do have friends and I prefer to have a small number of meaningful friendships rather than dozens and dozens of shallow ones. It helps you in terms of common interests that might be sport based, or someone to share a common interest with.
It’s very important. I don’t quite know what I would do without it had they not been there. I don’t think I have a great philosophy behind it but really you tend to stick with the people that you feel something in common with and leave behind the people you don’t relate to. I don’t think too much about it apart from this. My nature is that I am friendly and speak to people so I don’t avoid human interaction. Human contact and friendship is just there for me. [MHP #4]

That’s very important in my life. I suppose I’m lucky because I have a largish family and a social circle so it’s easy for me to socialise because I come to work every day to a social activity is very important to me and to be socially isolated or detached from that because of illness would be very difficult for me. If I had to leave it I would probably find that difficult too. All of that impacts on people every day. It’s absolutely an important part of my life. [MHP #5]

In my own life I think friendships are really important. I think lots of different friends who—some I have had since school. They have know me from school, so I don’t have to pretend to be something else because they already know a lot about me. There are other friends that you go out with and share fun activities but I wouldn’t necessarily open up and talk about more personal things. Friends are really important and having a variety of different friends who I can talk to about different things and do different things with – lots of different friendships at different levels. And I know when things have been difficult in life, it’s been great to have friends – that’s when you know who your friends really are. Some friendships can grow through these times and some friends you expect would have been supportive haven’t been – it’s sometimes surprising which friends are more supportive. It would be a real struggle not to have friends. I think animals are good Companions sometimes too. You get unconditional love from pets. [MHP #6]

Friendships in my own life – they are profound. I think it is a measure that you can’t even really tell. I have a very good friend overseas and we spent our formative years together. We were very close from the ages of five to 11. People used to think we were sisters because we were so close emotionally. But she is a useless correspondent, she just never writes letters. But every now and again I get a card or letter from her and that, to me, is a sign of the connection we still have. That was very telling about the ties of friendship that transcends what we can easily put into words. We often judge comfort level by how friendly people or places feel to us, and that is very telling. Friendship means so much more than we can easily put into words. The importance of friendship cannot be overestimated. [MHP #7]

I don’t know how to put this well, but I think without friendship your spine shrivels up. [MHP #8]

I think friendship is about belonging to a community and a sense of worth which is one of the really important basic human needs. I think there are a lot of people that really struggle with getting noticed and getting their needs met so I think it is really important and I think in other people’s lives as well as in my own life. I really need to know that I’ve got people around to support me and to have some contact with so I think it is a vital human need. [MHP #9]

I can say that because I migrated to this country and I left all of my friends behind and it was really hard to find friends who would understand me even with cultural differences especially. It’s someone to talk to, someone you know that you can just be with. [MHP #10]

And to speak personally, I have found that in my own life, if you’re well supported by friends and relationships and you have the expectation of a friendship experience, you are able to function at a much higher level and you are able to withstand pressure and you are able to wear whatever each day has to serve up to you. And it enhances your resilience to deal with day-to-day vicissitudes of life really. [MHP #11]

I have a small group of close friends and then there are others that I would see regularly. And I think for me it is important to have a group of friends that I would see socially but as well there would be friends that I see in different aspects of my life, for instance people who might not necessarily know all my other friends, but might be just someone to talk to and go out with. An opportunity to talk with people and get a bit of a different perspective on life and how their lives are going and how it is for other people. It’s a good reality check on life I think, to see how other people are experiencing it. And it’s very supportive. The support system is very important for me. [MHP #12]
4:15 Volunteers’ view of the importance of friendship

Important aspects of the Compeer friendship

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Communication, conversation, humour, enjoyment</td>
</tr>
<tr>
<td>15</td>
<td>Mutual support/trust/empathy/respect/compassion</td>
</tr>
<tr>
<td>14</td>
<td>Commitment, consistency, reliability</td>
</tr>
<tr>
<td>9</td>
<td>Acceptance/non-judgemental/peer companionship</td>
</tr>
<tr>
<td>3</td>
<td>Confidentiality</td>
</tr>
<tr>
<td>3</td>
<td>Seeing improvement in Companion</td>
</tr>
</tbody>
</table>

Comments

I do [experience friendship with Companion] and I think she feels it for me too. She prepared some food for me and she had done it for me, with great care. [Vol #2]

First and foremost be reliable. Be on time. Be consistent. I think that helps to bridge the friendship as well if you are consistent. And be accepting of how you find the person when you’re with them that they may be on a bit of a revolving door and not always able to really be with it. But I find that consistency is important and treating people with respect. [Vol #5]

I think breaking his monotony. I know he gets up at a certain time goes down and gets the paper. He goes down to get his medication on certain days. It seems to be a very much-regimented life for him. [Vol #6]

I think being like a good role model. I haven’t said a lot about her when things aren’t travelling so well, but that is life and things can’t always be as great and wonderful as we would like them to be. We all have those little bumps in the road. I think you need to be consistent. I do believe keeping the visits up is important. Because this is a bit of a highlight for her week so you do need to be consistent. [Vol #7]

I would say we have trust because basically what we talk about together would only be mentioned in supervisions sessions or if I thought it was important to tell a case manager. And I doubt that my Companion talks about the things I’ve talk about with other people. About honesty, I think we are both extremely honest – if either of us is not feeling well for instance or if one of us is annoying the other, or if she thinks one way and I don’t, we can share this. Because my Companion smokes we always have a promise system – she might ask me to drop into the service station to get her cigarettes. And I will say I will promise you that we will have coffee and will do what we were going to do and then I will drop you by the shop so you can buy the cigarettes and have them in peace. So she knows that I don’t think smoking is good to her health but I’m not going to say “Don’t smoke.” [Vol #8]

One of the things for [Companion], I think the most important thing for her, is the companionship with her peers because she has only family and she has no relationships with anyone else outside her family. I think that’s been the most important thing for her and to be able to get her out of the house and away from her family for a period of time. She moved...and has lost her contacts. She has lost all her independence, she can’t drive the car now – she doesn’t live close to public transport. She is very isolated. [Vol #9]

She told me that I was very different to other friends, that I gave her confidence, that I was authentic and not pretentious. So I don’t know what kind of friends she had. Also I never told her what to do, I just accepted her. [Vol #10]

Just treating this person like a normal person, not thinking firstly about her illness or treating her in a special way – just treating her as a normal friend and going with a friend to the shops or for coffee. [Vol #11]

I think having someone to count on, knowing that they would be there knowing that they would call and that I would call. Also having time to spend with someone I think that really fosters a relationship and having someone to talk to and with me to that’s interesting to have comments on how life was going, on politics and that sort of thing. [Vol #13]

I would say from his perspective what’s important is that I am always there and it’s part of a routine. And it’s someone to talk to and I always celebrate the important times with him – for example his birthday I will take him out to lunch and Christmas we organise something – the important things that family and friends do. I think that’s important because he doesn’t get to share those important times except with his mum but that’s only a short time. Occasionally, if I have a bit of extra time, I might call him up and suggest we go out to
lunch and it’s important to him because that doesn’t happen for him otherwise. For me, I think it’s the satisfaction that you get from a really valuable relationship. If the relationship wasn’t working for you, you wouldn’t go. We’ve all got multiple things to be doing but for me it is a priority because I feel I have such a close bond with him. [Vol #14]

Well the first one is trust for me – Oh gosh that is a hard one. Well I suppose the thing that probably helps with the friendship is that we have similar interests and sort of similar backgrounds too. And she accepts me as I am, because I accept her as she is. [Vol #15]

I found what works really well between us is the communication. We need to be really open with each other, but I think you need to stick with what you say you are going to do especially in the early stages if you don’t do that it can really stands out because it sends out the wrong message. [Vol #17]

For my Companion I am hoping that she can feel that there is someone who will ring when she says she will ring and who will keep in touch, someone who could be dependable in her life – somebody who can perhaps divert or distract her for a little while from some of the harsh realities of her life. [Vol #19]

Being reliable, non-judgmental – just accepting. Being friendly, not pushing for too much or demanding too much. Sharing – that’s the hard part in this. To me friendship is sharing equally in relationships – that’s the hard part in this is that we’re not workers in any way... but it’s not equal and it can’t be equal because of the nature of the relationship. But friendship offered involves a little bit of sharing, you make it as equal as possible because that’s what a friendship is. [Vol #20]

It’s giving time to a person. Friendship has a very loose term I think now, people tend to think friendship is drinking a beer next to one another and not really talking about anything of importance. I think the companionship is slightly different because actually there you haven’t grown up with this person you are not together because you have done similar things together. [Vol #30]

Definitely a sense of humour – we have many laughs through the conversations we have. I think I have a fairly good sense of humour with people I am comfortable with and she and I have a bit of a giggle. But we also touch on the serious things as well as the balance I suppose... Flexibility is also important, she really has been quite open to suggestions about what we can do together. Openness and the ability to be able to talk about private things confidentially, she must feel that she can trust that and I have shared certain things with her too. That is a bit of a fine balance because it’s not quite a normal friendship, it’s close but it’s still not quite that close yet – it’s getting there. [Vol #22]

It’s not a one-way street, there is shared conversation. He does call me a friend and says it’s good to have friends like you and things like that. [Vol #24]

I think it just gives him an opportunity to head out once a week and it’s not going to be someone offering services or chasing money and she loves having a chat with. And I think just that she can be who she is and I don’t judge her so she is realising that she is an okay person. Because there is someone in the world to think she is okay, and it doesn’t matter to this person that she is unwell and all of the other things that are going on in her life don’t interfere with me coming to see her and having a cup of coffee. I think it’s a bit of sanity almost, in her very disordered time... I think it is a little safe place for her. [Vol #27]

I must say that I enjoyed that [ Companion] is getting something out of this and secondarily, I enjoy that I am getting something out of it. I enjoy watching her bloom through it, which I think she has. That is a big reward for me. She can be quite harsh on herself, so I point out some good features about her and I think she is coming to realise that I am genuine when I say the good things I notice in her. I think [ Companion] appreciates that there is a real friendship there and that she can count on meeting up. The enjoyment of it is that we both have another woman to talk to and meet up with. Sometimes when she is feeling tired and anxious about things it’s just good to have another person to meet up with and she says she is really getting a lot out of that. Sometimes it’s just good to have someone to offload a bit with. [Vol #29]
Important aspects of the Compeer friendship

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Communication, conversation, humour, enjoyment</td>
</tr>
<tr>
<td>15</td>
<td>Mutual support/trust/empathy/respect/compassion</td>
</tr>
<tr>
<td>14</td>
<td>Commitment, consistency, reliability</td>
</tr>
<tr>
<td>9</td>
<td>Acceptance/non-judgemental/peer companionship</td>
</tr>
<tr>
<td>3</td>
<td>Confidentiality</td>
</tr>
<tr>
<td>3</td>
<td>Seeing improvement in Companion</td>
</tr>
</tbody>
</table>

Comments

Friendship is when somebody is there to listen to you, somebody who supports you, somebody who believes in you. [Vol #2]

Trust is most important and being there for a person when they need you to be there. Being yourself, not having to put on an act, to allow you to be yourself no matter whether you are feeling sad or happy. To be able to express whatever it is you feel and not feel uncomfortable about it. And being appreciated – that’s important. [Vol #3]

Mutual respect which is displayed in reliability and dependability [is important]. Another thing I value is the ability to listen and the genuine desire to listen and to just be an ear and a shoulder to someone…Just a good personality is obviously one of the things as well, someone who is fun and who isn’t too negative. [Vol #4]

Sharing views of different subjects, you might not agree with each others’ views but try to see each other’s point of view. The longer I’m in this, the more I have learnt that it should be the same with everyone. I think it’s important to keep in touch with friends because sometimes you might not do so because you expect them to contact you, but sometimes you have to do it too. I am much more aware of seeing people now and accepting and talking to people who might look a bit different, especially on the train for instance. On the train often people will avoid people who look different. Every time I leave my Companion I actually reflect back on what his experiences must have been and I reflect on the things I deal with at work and it’s very helpful to think about how I handle these things. [Vol #5]

I think trust. I think that’s vitally important. Communication, compassion and confidentiality – I think they’re the very, very important things – and empathy. [Vol #6]

Caring, understanding, and I would say the main one would probably be not being judging. [Vol #7]

Acceptance, affection…trust, confidence, respect and I guess it’s not critical for a friendship, but the mutual interests – that’s something I associate with a friendship, at least having some things in common. And a degree of tolerance and fun as well…those would be some of the key items. [Vol #8]

First of all trust in a relationship, not in the sense of someone cheating on someone but in the sense of someone sharing something and it would stay with that person and not get spread around. I think honesty, because you have to be able to say what you think and not worry about what the person will think of you for thinking or feeling that way – not being judged. If you don’t have that as a base – that you will not be judged and you can’t follow up what is important for each person and understand where each other is coming from. So the big part of it is understanding between the two. [Vol #21]

I suppose the most important one is that sense of acceptance. The second one is that sympathetic ear to listen to all your complaints. The third one is to be able to share things with a person. And I suppose it’s just providing that constant in your life. [Vol #9]

Honesty – which I think is very hard to find, a bit of emotional support when you feel the need of it. It depends on people. From different people I expect different things but mainly the honesty and the connection or feeling/caring for each other is quite important. That would be the basis on which I choose my friendships. [Vol #10]

It is the giving of yourself to another person unconditionally, it’s not saying ‘I will help you if you do something for me’ it’s just unconditional. That’s a real friendship. It is not really friendship if people just need each other occasionally. Maybe it’s because I was lucky enough to have a group of very good friends. I had a group of friends who would kill for each other. This developed when we were very young maybe 16/17 and we would do things together all the time – parties and outings and trips. And I think especially those activities that we shared builds the friendship group because you have to cooperate and give yourself to other people. Then we all got married and had children and shared holiday houses etc. We have a group of about 15 people like this. [Vol #11]
Trust is important. When someone does disclose personal information it’s almost an unspoken rule to keep it between you. I think reliability is important too, that friends are there for you not just fair-weather friends but there for you whether you are going through a rough time or you're celebrating something. [Vol #13]

Trust, I guess that sense of people being there for you when you need them, for instance when you’re down, close friends are always there to help you out. Sharing good times, being jovial, humour, experiencing fun and having fun, doing what you want to do but being serious when you need to be serious – these are the key things for me. I think open communication is important. I don’t want to feel that I have to hold back, or that it would be confrontational – if I want to talk about something, I will do so. There is an openness almost mixed with a responsibility to talk about important things with your friends. And I think being there for the important times. [Vol #14]

Well the first one is trust for me... Trust is very big for me – for everything. [Vol #15]

Trust – learning trust and honesty are very important to me, and just getting to know somebody and companionship. [Vol #16]

Honesty – definitely and communicating and reliability. For me I can have 20 friends but I can safely say that two would drop anything to help me out, whereas the other friends are friends but they are different sorts of friends. [Vol #17]

Just the ability to kind of like hang out together and be comfortable with someone. Just have a nice time and get on but also knowing alongside that, that they will be there for you if you need them. But it is not just about you can depend on them, but at the same time you can have a nice light easy time with them. But you can also switch between those modes as required. [Vol #18]

I think caring. I think being able to walk the path with people. Be able to support people when they need the support, being able to share the fun times together, being able to go out together and enjoy things, loyalty to one another and generosity. [Vol #19]

If you have a problem you share it, and you offer ideas, and you do the same for your friend, you’ve got that equality – that trust. Yeah – if they are going to share their problems or their joys or their sorrows or whatever – and they share that with you – that’s a huge gift... with friendship there’s sharing your life and enjoying things together. It’s huge. [Vol #20]

I think a friend is someone who will accommodate changes that you may make and so you can remain friends. And there are others who you remain friends with only for periods of life, or share common interests – and they are not the true friends. True friends that I’ve made, if you haven’t seen them for a year and you call them out of the blue and say, “I’m coming to see you” they’re happy to see you. You don’t have to be there constantly. [Vol #30]

Honesty... to me honesty is not just about telling the truth it’s honesty in your general behaviour and your response to things – your interactions. It’s honesty in your emotions and your behaviour and it manifests itself in a sense of ease and comfort when you are with someone. For instance if you’re afraid of saying something to a person out of fear there is a wall that is formed, this barrier prevents the friendship from growing any further. You can still say if you don’t want to talk about something, but that is better to say than to skirt around issues. Essentially, it simplifies things. [Vol #24]

Common interests, you are therefore more likely to enjoy each other’s company and to engage in activities together. Trust is important and reliability and dependability and knowing that you can count on someone in difficult times and also in good times as well. These are the key factors in a friendship. [Vol #25]

Friendship and family are quite different. Friends you respect their boundaries for instance they might behave in ways you don’t approve of but you don’t necessarily tell them. Friends you meet for good times whereas families are there for bad times. I tend to be more perky with friends and they are also there to provide a more balanced view – whereas family tend to get quite wound up about things. [Vol #26]

I think your friends always help you validate who you are because they are a reflection of you but they are also a sounding board who you can bounce ideas off to develop a sense of who you are within that relationship... it’s about honesty because you are often different with different people and different in different friendships. And I suppose everyone compromises a little bit, each gives and takes a little bit in each different relationship to maintain that relationship... Honesty and give-and-take and also just understanding and
probably recognising the other person needs you too when they are having a hard time. Being concerned for them – that’s part of normal love. Somebody you look after as you like to be looked after. And I think that’s a big thing in any relationship. [Vol #27]

Trust, being there when people need you. You need friends don’t you, to talk things through and to share your concerns and your fun times. [Vol #28]

I think real friendship comes over time, but at the end of the day, I think honesty is the key thing that takes a while to establish. Initially, having some common ground or common interest to help the relationship to flourish and give it some way and time to build. I think living reasonably close is important, so you can actually have contact regularly. And to want to see that person and to have the trust to tell your experiences and know that it will be not spread around and you won’t be judged. [Vol #29]

4:16 Companions’ view of the importance of friendship

What is important in the Compeer companionship

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Social contact, someone to talk to</td>
</tr>
<tr>
<td>3</td>
<td>Sharing, help, talking, trust and confidentiality (especially outside family)</td>
</tr>
<tr>
<td>2</td>
<td>Engaging in community</td>
</tr>
<tr>
<td>1</td>
<td>Regularity and support</td>
</tr>
<tr>
<td>1</td>
<td>Volunteer is kind, cool and collected</td>
</tr>
</tbody>
</table>

Comments

Well I think I’ve been a very, very lucky person I think it’s a brilliant idea I didn’t even know how these organisations existed...I think it’s a brilliant idea to have the Compeer friendship. I am more than happy with it. [Companion #1]

The fact that she is choosing to do it, that it is not part of her job or she needs the extra money or whatever...I think the fact that it was one-on-one was a really big thing. That she was choosing to do it, that it was one-to-one, and that it was completely separate to everything else in my life, but at the same time it complemented everything else in my life...I think Compeer has taught me on the path of trying to do things differently and being more socially independent...I think it was really good having a set ‘once a week’ meeting for the first year because it enables much more growth to happen. Learning how to cope with normal ordinary or reasonable changes was good for me. It’s not such an issue for me now – that was an issue earlier on. Just going out was good. Now I can go out to places a bit more whereas I wasn’t getting much practice with just going out...It was really important to me, especially in the first year, that my Volunteer took the commitment really, really seriously. That concept of people sticking by me is a really big thing. It’s still hard for me to believe that someone would actually want to spend time with me...Compeer has provided me with something that no hospital, therapy, health insurance or doctor could provide and that is friendship. It really helps to normalise a relatively un-normal illness. [Companion #8]

Most important well there were so many things that she helped me with that was important but just being there when I needed it and someone to talk to. She was just there that I could get in touch with if I needed someone to talk to and I was able to trust her if I needed someone to talk to. [Companion #11]

Just being able to go out and having someone different to talk to and have a conversation apart from being with family. [Companion #12]

The regularity and the support is invaluable. [Companion #13]

Importance of friendship in life

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Important to have friends/loneliness is hard to live with</td>
</tr>
<tr>
<td>5</td>
<td>Important for personal support and helps to debrief and share life experiences</td>
</tr>
<tr>
<td>5</td>
<td>Get a better perspective on life/know yourself better through interaction with friends</td>
</tr>
<tr>
<td>4</td>
<td>Someone other than family to talk to</td>
</tr>
<tr>
<td>4</td>
<td>Normalisation of life/helps you see what’s normal</td>
</tr>
<tr>
<td>3</td>
<td>Lost friends after mental illness</td>
</tr>
<tr>
<td>3</td>
<td>Knowing there’s more to life than yourself and someone to say ‘you’re ok’</td>
</tr>
<tr>
<td>3</td>
<td>More friends make for a better life</td>
</tr>
<tr>
<td>2</td>
<td>Someone to feel safe with</td>
</tr>
<tr>
<td>2</td>
<td>Communication/improving communication skills</td>
</tr>
<tr>
<td>2</td>
<td>Having and needing someone to go out with</td>
</tr>
</tbody>
</table>
Other things mentioned were the importance of touch, having hugs and getting moral guidance from friends. The MHP is friendly but it’s not personal.

**Examples of social and communication skills and normalisation**

I just like to have friends. I lost all my friends when I left school and it was good to have [Volunteer]. It helped me a lot because it helped me with my friendship skills and my communication skills – it’s helped me a lot. It’s really good. [Companion #2]

Friendship is very important, I think the more friends the better. I would have liked to have lots and lots of friends but I haven’t, but I think friendships make you a better person, they improve life a lot. Being social is exercising your intelligence and your communication skills. I’ve read that gossip type talking is all about finding out what’s really right morally, so if something sounds scandalous you know not to do it even if it became tempting, if you were that way inclined. That type of thing and just basically knowing that there is more to life than yourself through social interaction is great. [Companion #4]

I would just say it’s very important. I think you learn a lot about yourself by the way you interact with other people. I think it provides the opportunity to talk about stuff, everyday stuff that in a way helps you debrief a bit. I’m not talking about major childhood trauma or anything like that. But the little stuff that if you don’t have anyone to talk to about it, it’s actually hard. There’s the whole self-esteem thing and social thing...You get feedback that you don’t get on your own. It’s someone else saying, “You’re okay.” Like there might not be any logical reason why you can’t go to a movie by yourself, but you don’t do it...There is something good about sharing food with another person too. I think also friendships with people who are reasonably healthy, happy, strong, is really important. I think being – I don’t like using the word ‘normal’ – but seeing what ‘normal’ is and seeing that awfully strong happy people still have issues in their lives and they sort of get round them, I think that’s important too. And I think it’s harder to do that with your family because there is a lot of baggage with family and a friend doesn’t come with the same sort of baggage that family does. It’s real world, but at the same time it’s that bit separate. And it’s safe and normal. I think it’s very lonely having a mental illness. It is also that concept of being lonely in a crowded room. There might be people around, but if you can’t engage with those people and you can’t share with those people and you can’t be honest with those people, it’s very hard, and that is why friends are important. [Companion #8]

I think friends are important because they are outside of your family. So they can see a better whole picture. They also give you different perspectives on things and then you can ascertain whether your thinking is straight or skewed. So I think outside friendships are really important from that perspective. And also it keeps you occupied and gives you something to do and something else to think about other than yourself. So it decentralises your thinking and that helps a lot in coping with feelings and emotions that aren’t particularly helpful... because my Volunteer understands my mental illness and it has been explained to her, she’s decided to put that aside and just be a friend. And that means that there are no hang-ups between us. And it would be a good outcome if more people could think that way. It would make the world go round. [Companion #13]

**Social support improves confidence**

Friendship was valued as important for social support, someone to talk to and who listens to you, and improves confidence, e.g.:

It is very important. I just didn’t know how to make friends. That was probably one of my real problems when I was younger. I’ve got used to it now, but I have my Volunteer as a friend now. I think friendship is very important and I have one friend now. I think it’s the ability and the willingness to help each other especially when you’re down. It’s not a financial part or anything like that – it’s just having somebody to talk to and someone to listen to you and somebody to go out with. It’s very good. [Companion #7]

Yes friendship is one of the characteristics in life that should be more valued. Just to give it a broad brushstroke...friendship is important. [Companion #3]

It’s just the fact that we have an ongoing friendship. It’s not like three sessions a month or something...I think that we share things in common and I think she gets me to think in a different way. And I think the most important thing for me is just taking me to get back into the community. That’s a really big thing for me to organise – going to courses and to get out. I have wanted to go out and do things but I have lacked the confidence to do it and I have
wanted to get back into study but have lacked the confidence, so she has helped me with that. [Companion #10]

I think you can count on one hand your friends. There are some people who you would be friendly with but they’re not really good friends...[what makes the difference is] getting to know them really well like seeing them more often and not just a phone call – someone that you really click with. Life would be very difficult without friends. [Companion #6]

Maybe you can’t have enough friends. I don’t know that you need 20 or 30 friends but I think it would be good to have five or six. Because you can talk about different things and what everyone gets up to and everyone is different and has their own story to tell. That’s what I find interesting. [Companion #12]

One Companion put the matter very succinctly:

Most people need someone to go out with. Excuse the language, but life without friendship would be pretty bloody awful. [Companion #5]
Chapter Five: Friendship maps

5:1 Description of friendship maps

Participants were asked to place an ‘X’ representing each of their friends according to whether they were in their INNER circle (close friends with whom they could share most thoughts and feelings); MIDDLE circle (moderately close friends); or OUTER circle (friendly acquaintances with minimal sharing of personal material). Companions also identified where they would place their Compeer. Volunteers also identified where they would place their Compeer Companion.

Completion of Social Network Maps was optional for all study participants. 53 participated. Participants were asked about their personal friendship networks (Compeer and beyond).

Although participants were not asked to specify how frequently they had contact with friends in various categories, many Companions spontaneously commented on the relationships. Six Companions variously included family (even if they had little or no contact with them), MHPs and Compeer staff in their friendship groups.

5:2 Volunteers’ friendship maps

This includes numbers of people in Volunteers’ inner, middle and outer friendship networks, and where they place their Companion. Please note that some Volunteers have two Companions concurrently or have had two different Companions over time. In two cases, Volunteers had more than one Compeer companionship, the separate results for each companionship are asterisked and include the duration of companionship by months (in brackets).

Six Volunteers placed their Companion on a ‘border’ line – being unable to clearly distinguish a category. These are indicated on the table below.

Volunteer maps results

<table>
<thead>
<tr>
<th>Volunteer</th>
<th>No. of Friends</th>
<th>No. of Friends</th>
<th>No. of Friends</th>
<th>Companion placed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inner Circle</td>
<td>Middle Circle</td>
<td>Outer Circle</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>9</td>
<td>5</td>
<td>26</td>
<td>M</td>
</tr>
<tr>
<td>2.</td>
<td>7</td>
<td>12</td>
<td>7</td>
<td>I</td>
</tr>
<tr>
<td>3.</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>M</td>
</tr>
<tr>
<td>4.</td>
<td>5</td>
<td>5</td>
<td>10</td>
<td>M</td>
</tr>
<tr>
<td>5.</td>
<td>12</td>
<td>21</td>
<td>37</td>
<td>M</td>
</tr>
<tr>
<td>6.</td>
<td>4</td>
<td>6</td>
<td>30</td>
<td>M</td>
</tr>
<tr>
<td>7.</td>
<td>3</td>
<td>16</td>
<td>23</td>
<td>M</td>
</tr>
<tr>
<td>8.</td>
<td>9</td>
<td>10</td>
<td>12</td>
<td>M-I (border)</td>
</tr>
<tr>
<td>9.</td>
<td>4</td>
<td>10</td>
<td>20</td>
<td>M</td>
</tr>
<tr>
<td>10</td>
<td>5</td>
<td>9</td>
<td>16</td>
<td>M (#1 – 18/12)</td>
</tr>
<tr>
<td>11</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>M (#2 – 6/12)</td>
</tr>
<tr>
<td>12</td>
<td>3</td>
<td>11</td>
<td>175</td>
<td>M (#1 – 12+)</td>
</tr>
<tr>
<td>13</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>O (#2 – 4/12)</td>
</tr>
<tr>
<td>14</td>
<td>6</td>
<td>7</td>
<td>14</td>
<td>M-I (border)</td>
</tr>
<tr>
<td>15</td>
<td>8</td>
<td>10</td>
<td>12</td>
<td>M-O (border)</td>
</tr>
<tr>
<td>16</td>
<td>2</td>
<td>5</td>
<td>10</td>
<td>M</td>
</tr>
<tr>
<td>17</td>
<td>5</td>
<td>20</td>
<td>200</td>
<td>M</td>
</tr>
<tr>
<td>18</td>
<td>7</td>
<td>9</td>
<td>10</td>
<td>O</td>
</tr>
<tr>
<td>19</td>
<td>11</td>
<td>21</td>
<td>22</td>
<td>O</td>
</tr>
<tr>
<td>20</td>
<td>10</td>
<td>24</td>
<td>20</td>
<td>O</td>
</tr>
<tr>
<td>21</td>
<td>5</td>
<td>7</td>
<td>11</td>
<td>M</td>
</tr>
<tr>
<td>22</td>
<td>10</td>
<td>14</td>
<td>20</td>
<td>O</td>
</tr>
<tr>
<td>23</td>
<td>8</td>
<td>8</td>
<td>20</td>
<td>M-O (border)</td>
</tr>
<tr>
<td>24</td>
<td>5</td>
<td>7</td>
<td>16</td>
<td>M</td>
</tr>
<tr>
<td>25</td>
<td>6</td>
<td>8</td>
<td>6</td>
<td>M</td>
</tr>
<tr>
<td>26</td>
<td>28</td>
<td>39</td>
<td>180</td>
<td>I</td>
</tr>
<tr>
<td>27</td>
<td>5</td>
<td>9</td>
<td>9</td>
<td>M-O (border)</td>
</tr>
<tr>
<td>28</td>
<td>7</td>
<td>7</td>
<td>30</td>
<td>M-I (border)</td>
</tr>
<tr>
<td>29</td>
<td>10</td>
<td>2</td>
<td>3</td>
<td>I</td>
</tr>
<tr>
<td>30</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>O</td>
</tr>
<tr>
<td>31</td>
<td>10</td>
<td>23</td>
<td>33</td>
<td>O</td>
</tr>
<tr>
<td>32</td>
<td>5</td>
<td>7</td>
<td>6</td>
<td>M</td>
</tr>
</tbody>
</table>

Table 1: Volunteer friendship map results

Totals and ranges

<table>
<thead>
<tr>
<th></th>
<th>Range</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inner Circle</td>
<td>2 to 28</td>
<td>7 (216/30)</td>
</tr>
<tr>
<td>Middle Circle</td>
<td>2 to 39</td>
<td>11 (335/30)</td>
</tr>
<tr>
<td>Outer Circle</td>
<td>3 to 200</td>
<td>33 (987/30)</td>
</tr>
</tbody>
</table>

Companion was placed in:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inner Circle</td>
<td>3 to 5</td>
<td>(3 clearly Inner plus 2 on border of Middle-Inner)</td>
</tr>
<tr>
<td>Middle Circle</td>
<td>18 to 20</td>
<td>(18 clearly Middle plus 2 on border Middle-Outer)</td>
</tr>
<tr>
<td>Outer Circle</td>
<td>7</td>
<td>(newer companionships or Companion severe MI)</td>
</tr>
</tbody>
</table>
5:3 MHPs’ friendship maps

Note: Two MHPs did not provide friendship maps.
Code: ‘I’ = Inner Circle; ‘M’ = Middle Circle; ‘O’ = Outer Circle

<table>
<thead>
<tr>
<th>MHP</th>
<th>No. of friends</th>
<th>No. of friends</th>
<th>No. of friends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inner Circle</td>
<td>Middle Circle</td>
<td>Outer Circle</td>
</tr>
<tr>
<td>1.</td>
<td>10</td>
<td>20</td>
<td>300</td>
</tr>
<tr>
<td>2.</td>
<td>17</td>
<td>16</td>
<td>200</td>
</tr>
<tr>
<td>3.</td>
<td>6</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>4.</td>
<td>2</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>5.</td>
<td>4</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>6.</td>
<td>6</td>
<td>8</td>
<td>45</td>
</tr>
<tr>
<td>7.</td>
<td>11</td>
<td>21</td>
<td>45</td>
</tr>
<tr>
<td>8.</td>
<td>12</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>9.</td>
<td>6</td>
<td>3</td>
<td>12</td>
</tr>
</tbody>
</table>

Table 2: MHP friendship map results

Totals and Ranges

<table>
<thead>
<tr>
<th>Circle</th>
<th>Range</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inner Circle</td>
<td>2-17</td>
<td>8 (74/9)</td>
</tr>
<tr>
<td>Middle Circle</td>
<td>3-21</td>
<td>11 (100/9)</td>
</tr>
<tr>
<td>Outer Circle</td>
<td>12-300</td>
<td>77 (691/9)</td>
</tr>
</tbody>
</table>

5:4 Companions’ friendship maps

<table>
<thead>
<tr>
<th>Companion</th>
<th>No. of friends</th>
<th>No. of friends</th>
<th>No. of friends</th>
<th>Volunteer placed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inner Circle</td>
<td>Middle Circle</td>
<td>Outer Circle</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>M</td>
</tr>
<tr>
<td>2.</td>
<td>0</td>
<td>1 (mother)</td>
<td>7 (inc 4 MHPs)</td>
<td>O</td>
</tr>
<tr>
<td>3.</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>M</td>
</tr>
<tr>
<td>4.</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>I</td>
</tr>
<tr>
<td>5.</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>I</td>
</tr>
<tr>
<td>6.</td>
<td>9 (all family)</td>
<td>3</td>
<td>14 (includes MHPs)</td>
<td>M</td>
</tr>
<tr>
<td>7.</td>
<td>7</td>
<td>6</td>
<td>0</td>
<td>I</td>
</tr>
<tr>
<td>8.</td>
<td>4 (includes MHP)</td>
<td>3</td>
<td>20 (includes MHPs)</td>
<td>M</td>
</tr>
<tr>
<td>9.</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>M</td>
</tr>
<tr>
<td>10.</td>
<td>17 (includes MH &amp; some Compeer staff)</td>
<td>4</td>
<td>15 (includes MH &amp; all other Compeer staff)</td>
<td>M</td>
</tr>
<tr>
<td>11.</td>
<td>10 (includes 5 family)</td>
<td>0</td>
<td>0</td>
<td>I</td>
</tr>
<tr>
<td>12.</td>
<td>2</td>
<td>3 (all MHPs)</td>
<td>2 (both MHPs)</td>
<td>I</td>
</tr>
</tbody>
</table>

Table 3: Companion friendship map results

Companions’ comments included:

- “I have no one to ring if I wanted to talk to anyone”
- “If I had a heart attack, no one would know”
- “I have two cousins – only distant”

One Companion had two people in the inner circle – a child plus the Volunteer – all others were mental health workers.

All categories included some MHPs in the social network and a number included family members (whether they were in contact or not).

Totals and ranges

<table>
<thead>
<tr>
<th>Circle</th>
<th>Range</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inner Circle</td>
<td>0-17</td>
<td>5 (62/12)</td>
</tr>
<tr>
<td>Middle Circle</td>
<td>0-6</td>
<td>2 (29/12)</td>
</tr>
<tr>
<td>Outer Circle</td>
<td>0-20</td>
<td>6 (69/12)</td>
</tr>
</tbody>
</table>

(*Note re Inner Circle – these results are skewed by one entry of 17 in the ‘close friends’ category which included mental health and Compeer staff. Without this item it would be 45/11 or an average of 4 people)

Where Volunteers were placed

Almost half of the Companions interviewed placed the Volunteer in their inner circle (whereas only 2/32 Volunteers placed the Companion in their inner circle)

<table>
<thead>
<tr>
<th>Circle</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inner</td>
<td>5</td>
</tr>
<tr>
<td>Middle</td>
<td>6</td>
</tr>
<tr>
<td>Outer</td>
<td>1</td>
</tr>
</tbody>
</table>

5:5 Friendship map overview

On the averaged numbers, the Inner circles of each group do not appear to be too disparate. However, these results may be skewed if the spontaneous comments of several Companions when completing their maps are taken into account. Comments indicated that inner circles included MHPs, Compeer staff and family members. In some cases, the family members included in the inner circle may have had no contact with the Companion for years. Volunteers or MHPs made no similar comments about people they placed in each category. The Middle and Outer circles demonstrate a diminishing percentage of friends for Companions relative to the percentages for Volunteers and MHPs. Again, in the outer circle, Companions spontaneously revealed that they included such contacts as local shopkeepers or someone they might usually see at the bus stop and perhaps say “hello” to. The Companions’ inclusions in all categories may be indicative of the human need to feel connected, however tenuously.
Although Volunteer numbers (30) yield useful averages, numbers in the Companion and MHP groups are small and therefore averages may be misleading. However, it is interesting to compare the ‘pie’ charts below, giving graphic representation of relative average numbers within each group of participants.

**Inner Circle Map**

![Collated Inner Circle Map](image1)

Numbers for each group appear relatively similar although the qualities of ‘close’ friendship may have been viewed differently by Companions compared to Volunteers and MHPs (see comments above).

**Middle Circle Map**

![Collated Middle Circle Map](image2)

Here, Volunteers and MHPs have identical averaged numbers of friends, whereas Companion averages differ significantly. The middle (and outer) circles are indicative of community involvement.

**Outer Circle Map**

![Collated Outer Circle Map](image3)

This outer circle is the most indicative of community involvement. An interesting observation is that MHPs are all obviously still in the work force whereas the Volunteer cohort was a mixture of employed and unemployed. Even so, the relative percentage of Companions’ outer circle contacts is telling.
Chapter 6: Conclusion

Friendship is a deceptively simple concept. There is an ever-growing body of evidence that supports the intuitively obvious importance of friendship to the quality of life. This evidence extends our understanding into the fundamental importance of social connection for physical, emotional and mental health and wellbeing. The 55 participants in this study have expressed their views about friendship in general and Compeer friendships in particular. They have shown that Compeer’s intentional companionships have not only developed the typical aspects of friendships developed in more ‘usual’ circumstances but have also given strong indications of additional benefits such as reduced service-usage, contributions to recovery and relapse-prevention for Companions. Participants have indicated that egalitarian-focussed communication skills can develop through genuine interpersonal engagement, despite the contrived beginning of the companionship.

The study supports that it is not only possible and desirable to establish friendship through the intentional structures and processes offered by Compeer, but that these boundaries are actually necessary to provide the framework to allow people to develop and grow into friendships in a comfortable way that will hold them securely through the inevitable fluctuations and boundary-testing that are part and parcel of the development of any friendship.

Perhaps less-expectedly, study results indicate a growth and deepening in Volunteers’ abilities to understand, accept, and enjoy the company of the real, individual Companion who is otherwise often masked by their ongoing experience of serious mental illness. Moreover, there are indications that this demystification and de-stigmatisation can ripple through the Volunteer’s other social networks to the broader community.

Compeer seems to have been an idea ahead of its time that is still currently necessary because although there has been significant improvement in treatments and attitudes towards mental illness over the last 40 years, there is still a long way to go to achieve wider acceptance, understanding and compassion for people who experience disabling social effects that can accompany mental illness. Although we now understand more about the importance and effectiveness of social connection for the physical, emotional and psychological health of human beings, we are relatively less accomplished in providing practical, appropriate and acceptable avenues for this to occur, especially for people whose thoughts, feelings and actions can at times appear to be quite different to the norm. Hopefully we are on the path to learning that accommodating difference can enrich society and that it doesn’t always have to be shunned or feared. Nor should people feel they have to keep to themselves for fear of feeling less able than others, or being judged for their difference.

This study shows that Compeer is a program that participants believe has much to offer in meeting the vital human need for friendship. It supports people in ways that complement and actively enhance vital medical, psychological and psychosocial therapies. It contributes to broadening and deepening personal and social understanding and acceptance of people with mental illness and it has been demonstrated to offer real potential for reducing service usage costs by allowing, supporting and encouraging members of the community to have meaningful and positive engagement with people who experience mental illness. Simply through the using power of friendship, Compeer can deliver value for people whilst also delivering value for money. The friendship of Compeer is not attached to any other goals, yet it works to achieve valuable goals through that friendship.

The study gives every indication that Compeer is a program worth doing well. It is holistic and comprehensive and although the idea of providing the opportunity for people to experience friendship may seem very simple, there are many obvious as well as subtle reasons why it requires to be done with care, proper oversight and support. It does take commitment and money to provide good infrastructure to assist this process (primarily through appropriate and adequate staffing of Compeer to ensure comprehensive delivery of the structure). However, the real core of Compeer’s contribution is made by Volunteers and Companions who decide, out of their own desire and commitment, to share friendship – which cannot be bought.

The sentiment echoed by all participants was that life without friends would be ‘just awful’. Doing all that is necessary to promote such friendship is not just a ‘feel good’ activity, nor is it peripheral to the core of mental health, it is vital.
References


Australian Government Department of Health and Ageing (1995). One in Five: Living with a mental illness. DVD resource for Health Priorities and Suicide Prevention Branch DoHA, Australia


Social Inclusion Unit, Department of the Prime Minister and Cabinet (2009). The Australian Public Service Social Inclusion policy design and delivery toolkit, Commonwealth of Australia

Vic Health (2005). *Social inclusion as a determinant of mental health and wellbeing*, Mental Health and Wellbeing Unit, Vic Health, Victoria, Australia

Appendix

Brief C.V.s of Author, Dr Ann Montclaire and Consultant, Professor Margarita Frederico

Dr Ann Montclaire – principal researcher

Compeer

Dr Ann Montclaire has held several positions with the Compeer Program in Victoria. She joined Compeer in January 2005 as the professional Coordinator to screen, train, supervise and support Volunteers, to liaise with referring mental health professionals and to ensure sound professional practices for the Program. Ann then became the Manager for several years and most recently moved to a Training and Development role for the Program. Ann is a registered Mental Health Practitioner and social worker with extensive experience as a clinician in mental health services and as a private therapist over 30 years. She has worked in adult, child and adolescent mental health, in outpatient and in-patient settings and with the Guardianship Board (in South Australia). Ann took on the Compeer role in order to approach mental health from an innovative perspective.

Ann also has extensive experience in teaching clinical practice skills, family therapy, group work and professional communication skills at tertiary level at universities in South Australia and Victoria. She served for six years as a member of the South Australian Adoption Board. Throughout her career, Ann has always been interested in the interface between (macro) theory and (micro) practice in the field of mental and emotional wellbeing and development.

Research linked to practice

Ann’s PhD thesis (La Trobe University 2000) studied approaches to understanding emotion from philosophical, psychological and psychoanalytic perspectives and developed a new approach to understanding this important area of human functioning. Examiners commented favourably on her ability to examine both the breadth and depth of this issue. The PhD research grew out of her practice as a therapist and her long-standing interest in understanding mental health and wellbeing from a very practically grounded but philosophically coherent base. She is keenly interested in furthering understanding of the subtle and long-term effects of a broad range of therapeutic interactions in order to develop sound, effective and compassionate practices, and to disseminate this knowledge for wider implementation.

Associate Professor Margarita Frederico – project consultant

Associate Professor Margarita Frederico is Head, School of Social Work and Social Policy, La Trobe University. She is a member of the St Vincent de Paul Society Compeer Program Advisory Committee. She has extensive experience in teaching, research and evaluation, in social welfare public policy. She established the School of Social Work at Australian Catholic University, Canberra. She is currently principal consultant for research and evaluation of Berry Street Take Two. She has undertaken consultancies for Federal and State Governments and international organisations and is currently undertaking an evaluation of a Philippine program for people internally displaced due to ongoing conflict in Mindanao.

Professor Frederico has a keen interest in the value of research to guide evidence informed practice and programs in an area where the complexity of the work makes this difficult to achieve. She is also keenly interested in analysing and describing models of practice so that effective models can be implemented more widely. She is committed to ensure findings from research and evaluations are used for advocacy for vulnerable groups in the community.