

Peer support: *Talking about your feelings can be life-saving. The experience of 'Evolve'.*

This article focuses on a peer support group called 'Evolve', for young people, written from the lived experience of its founder (Xxxx) and members, alongside an overview of the evidence base and national guidance for peer support groups. Evolve was an inclusive, multi-award-winning group for young people who experience mental health difficulties, trauma and distress, regardless of sexuality, gender identity, ethnicity, disability, faith or background. The article outlines what peer support is, some underpinning theory about its value and how this was reflected in Evolve.

Members' experiences are shared using the group's co-created mnemonic, PEER SUPPORT, which describes the purpose, values and benefits of the group in their own words. It highlights how peer support can create safe, equal and reciprocal relationships that promote hope, belonging and recovery, and considers the relevance of these principles for mental health nursing practice.

While this article is not traditional research article, it is fair to say that the members' reflections upon their experience of Evolve could be likened to a narrative case study, where the participants worked with the group leader to express their individual and shared experience of peer-support. Hence, no organisational ethical permission was sought. None the less, all participants provided consent for publication via email to the lead, although one member later chose to withdraw their consent, so their words were removed.

Peer support and its value

Much of the evidence around peer support is focussed on the role of the peer support worker, a person who works with service users within a health or social care service and whom Health Education England proposes should contribute to the body of non-professional qualified staff working within the NHS (HEE 2017). However, to date, there is a great deal of variance in the nature and structure of peer support across the nation and very little definitive empirical evidence is available (Beard et al 2024). Nonetheless, charities such as PeerTalk, a charity that aims to promote positive mental health narratives and challenge the stigma associated with mental illness, purport that such peer support creates optimism, hope and provides the right environment for recovery. Additionally, NHS England (2023) provides guidance for a broad spectrum of peer support groups for people with a range of physical and mental health concerns which reinforces O'Hagan et al's (2009) three primary values of peer support, which are: 1. equal power relationships; 2. reciprocal roles of helping and learning and 3. a 'whole of life' approach rather than one which is illness focussed. All of which directly align with Evolve's perspective and more recent literature (Beard et al, 2024).

It has long been accepted that self-help and mutual support groups aid recovery and that peer support workers can assist people with mental health problems to remain at home, thus avoiding admission and enabling hope for recovery (Repper and Carter 2011). Hope is crucial to recovery and is emphasised by Haim-Litevsky et al. (2023) as being created by the sense of belonging and connectedness that peer support groups offer. This in turn can reduce loneliness and isolation:

"Peer support is very effective for people who suffer with mental health issues. First, they discover that they are not alone with the issues they have. Knowing there are other people having similar experiences means they do not feel lonely." Patient info (2025).

The distinction between peer support workers and mutual help members.

There is a substantial difference between the work of peer support workers (PSW) within services and the peer support offered by mutual help groups such as Evolve. Essentially, PSW's are usually

employed, trained and supervised by mental health practitioners as well as being supported to stay well themselves so that they can help others. The “helper” therapy principle embodies the idea that those who helped others in mutual health groups are actually helped the most, considering the helper, rather than the one being helped, as being the person likely to benefit from helping (Riessman 1965). Mutual help groups effectively embrace this philosophy as they see themselves as both providing and receiving the helping intervention (Levy 2000), thus reinforcing the reciprocal benefit. We should not forget that such benefit is not merely definable in human terms, as mutual help groups elicit outcomes which can be equivalent to service led, costly interventions (Pistrang et al 2008). The following section describes how these principles came to life in Evolve.

Evolve- the reality of peer support

The value of reciprocal support, the ‘whole life’ approach, and the establishment of equal power relationships as described by Egmoose et al (2024) is clearly evident in Xxxx’s experience of Evolve; thus, creating a place of safety and trust for herself, and others.

The peer-support within Evolve is quite different from that provided by paid employees working within mental health services, although many of the principles apply; it is a group of people who voluntarily support each other, reciprocally. It could equally be described as a ‘self-help group’, or a ‘mutual help’ group. Evolve exemplifies Gillard’s perspective that peer support benefits both the peer support worker and also the person receiving such support as it is *‘what we do when we recognise our shared experiences of disadvantage and distress, make an inter-personal connection on that basis, and come together to support and learn from each other’* (Gillard 2019 p.341). Indeed, Cooper et al (2025) found that mental health nurses (MHN’s) who participated in their own peer support group also benefited from the experience.

The development of a trusting relationship within the group was been crucial to Evolve. Protecting members’ privacy enabled safe connections to be made and enabled members to share intimate details of their personal experience to seek support and empathy from others. The similarity with the professional therapeutic relationship is startling, as authenticity is enabled through humanness, compassion, reliability, hope and optimism (Wright 2021). Indeed, Egmoose et al (2024) state that the therapeutic relationship is an essential mechanism for group-based peer support and stressed how important a trusting relationship is for personal recovery.

Beard et al (2024) recognise that such a relationship, whilst seen as ‘social’, complements the benefits of mainstream services and recognises that many are now integrated into traditional health care. Evolve, however, was set up by its members and was stand-alone group, not under the umbrella of mental health services.

Xxxx tells the story of Evolve’s inception to its closure, the struggles encountered along the way, and provides a glimpse into the experience of being part of this endeavour and the journey taken by its members and volunteers. Volunteers provided a level of ‘scaffolding’ to hold it together and to add a further layer of facilitation and support, aligning with Simpson et al’s description of peer support as a process where *‘people in recovery from mental health problems use their lived experiences to provide support to those experiencing similar difficulties’* (2014 p.1).

Xxxx, writes from her own perspective around the establishment of the group:

Evolve started with the belief that if we can help one person, then it's worth doing. I had gone through severe trauma, distress, and self-harm as well as various mental health diagnoses. I started to hear voices and realized that I felt alone and ashamed, as no one in my school or family ever spoke about it. Through my mental health team, I found 'Voice Collective', (voicecollective.co.uk) a radical project supporting young people who hear voices in the UK and beyond. They supported me and played a huge role in my journey, including training me on how to facilitate hearing voices groups.

This gave birth to the idea that too many young people in my local community were unable to talk freely with people our own age. So, I spoke to my church (New Addington Baptist Church) which the Community family project supported, allowed us to meet in the church hall, and named the group 'Evolve'. As I was a teenager when the group started, confidentiality and safeguarding was managed by the community family project at the new Addington Baptist church, which oversaw the work of evolve. The group ran for 8 years, and for the whole first year, only one or two people came to the meetings that were every 2nd and 4th Wednesday of the month. Then we started to grow, and it became 3-5 attendees each session building up to roughly 6-8 members coming regularly for some years. This may not seem like many, but I've always had the attitude that if I can help one person then it's worth doing, which I think I did.

Originally, (as I started the group at age 17) we were for 13-19-year-olds, but as we all grew older, we realised that we should adjust this to the 16-30 age group. When the Covid-19 pandemic hit we had to take our group from an in-person event to online, which was incredibly difficult. We had zoom meetings which had some success, however they were not regularly attended. During this time, I met a good friend with an incredible mind who was co-founder of a mental health recovery group and had the amazing idea of making a text-based peer support system. I admired this idea, especially given how everything was now online. So, we adopted text-based peer support during Covid which gave people the flexibility to receive support without having to show their faces or leave their houses.

As well as this, I was dealing with a raft of personal issues. Over the course of running Evolve I became very unwell with my mental health, enduring episodes of involuntary hospitalization, psychosis, and severe depression. It got so bad that I tried to take my life numerous times. As a result, I became over-reliant on other volunteers. I had no choice but to close Evolve, which was a very difficult decision for myself, the volunteers, and the members. I had reached breaking point, having left a domestically violent relationship; I was broken, and I felt that I had no choice, to survive, focus on getting better and put my own mental health first - something I had neglected for far too long.

I made the right decision, but with hindsight, I wish I had handled it better. In an ideal world, I would have had an associate who would be there to support me and who could carry the gauntlet whilst I was too unwell to lead the group. Or, we would have all been involved in the closing of the group. Sadly, this was not the case, and managing closure is an important issue for anyone considering such a group. It is also important to recognise that

volunteers need supervision and support as well as paid members of staff working within health services, such as mental health nurses. All facilitators and 'staff' were volunteers, there was no payment involved, and we all were there because we genuinely wanted to be. Although things didn't end the way I had hoped, I am eternally grateful for every single person who helped with the running of Evolve, and the members who made it what it was. None of this was possible without them.

Some of the volunteers and members of Evolve have collectively created their own patchwork of experience of mutual health support within Evolve using the letters "P E E R S U P P O R T" to express themselves. They found using the mnemonic helpful in structuring their thoughts and putting these into words. Some did this in face to face discussion with xxxx, and others via email communication. We have used pseudonyms to protect their privacy.

They wrote about what Evolve peer support stood for and provided. They wrote these words prior to its closure, and, on reflection, still feel that these are true to their experience.

P – Purposeful

The purpose of Evolve was to be a safe and informal space where we could come together whether that be in person or later on - digitally. People that attended Evolve said that we "support each other" and "going forwards and working towards a goal" (Jax). I feel that sums up what we were trying to do - the aim really was for people with lived experience of distress, trauma, and mental health issues to come together and find a way forward, being in each other's corners and getting through the most heart-breaking times someone can be in. (Xxxx)

E – Empathic

There is a real sense that "vulnerability is strength". At Evolve we all try to relate or try to put our feet in the shoes of those around us is able to help those around us feel a little closer to earth. (Xxxx)

E – Experiential

Being able to base on experience and involve people is important to Evolve because it's often a lot better than social media. Social media can be quite toxic and often find it hard to have someone who can say they relate over social media. Being face to face you're able to get to know more about the person and help when they're vulnerable. (Jax)

R – Radical

Evolve was radical because everyone had a voice in what we did. The facilitators didn't just decide what was going to happen on their own, we listened to what everyone else wanted and needed, and we did things WITH the members and not TO them. (Xxxx)

Having made our own peer support group is really helpful. We all have a voice in which we discuss things together as a group, rather than individually. This is helpful because it enables us to talk about experiences reforming into making changes within ourselves, to help better ourselves by speaking. (Jax)

S – Social vs medical model

Evolve is there because we created our own safe space, and we don't only need medication to heal. We believe in the power of community and connection. We don't diagnose what is wrong with people, we celebrate what's good and make safe spaces for the bad. We can provide something that medication just can't offer - a non-judgemental space to talk and be supported by people who get it. (Xxxx)

What we do at Evolve is personally so much better than attending a mental health service. At Evolve, no one is pressured into talking. Everything is at your own pace and there is no horrible staff (based on other people's complaints), no having to repeat the same thing over and over again. Evolve is something special for a safe space to talk about what's good and bad. (Jax)

U – Understanding

Evolve is about understanding - we are all there because we share something in common. We are all young people and we all have lived experiences. We use our lived experiences to support each other. (Xxxx)

Having people to understand really is one of the best things about Evolve. Having people going or gone through similar problems makes talking a lot easier. People can say they actually understand, maybe not the fullest but they understand to a certain extent. You are able to relate and connect with people about similar experiences. (Jax)

P – Providing an alternative/addition

Evolve has never been about replacing what mental health services do, but rather about giving an option to young people as another form of support they can access. For example, in my experience, I learn coping strategies from therapy, and mental health services but most importantly (at Evolve) from other people that are going through the same thing. (Xxxx)

What Evolve has done for me has allowed me to speak what's on my mind without feeling so judged. Mental health services have taught me a few coping strategies however Evolve taught me that it's okay not to be okay. It's okay to have down days and not feel guilty about anything (Jax)

P – Power sharing

We ask people what they want to do rather than telling them what we think they want to do. We are all important, we all matter, and each of our voices, needs, wants, dreams, and hopes matter. All facilitators are volunteers, and no one needs to pay to come. (Xxxx)

We share the power between facilitators and members through communication. As a member we are never forced what to do, we are asked what we want to do. This is important to Evolve as it allows people to have control of what they want to happen rather than what they are expected to do. (Jax)

One of my favourite activities to start off Evolve is 2 bad things and 2 good things that have happened since we last met. This enables us to share what has been going on and help support those who have had a tough couple of weeks or even praise and acknowledge them for the good things that have happened. (Jax)

O – Overseen by members

At Evolve, we are governed by our members; there's no hierarchy. We listen to what everyone wants for the group. Everyone gets a chance to speak. Everyone's voices are heard. This is

important to Evolve because some people feel as though they cannot speak about what's going on, but at Evolve, everyone has the freedom to talk, and we listen carefully to what's being said. (Xxxx)

R – Reciprocity

Evolve is only there because we share with each other. We share our time, journeys, support, and encouragement with each other. (Xxxx)

We have the option to be able to share with others our thoughts and feelings with others. (Jax)

T – Telling our stories

At Evolve we share our stories so that we can connect over our similarities as well as our differences. Our journeys and everything that makes us who we are and all of our parts and welcomed and supported – there's a real sense of belonging. (Xxxx)

I have been able to share a few stories at Evolve, and it is one of the best parts. Everyone listens to what you have to say. It is made a safe space because you feel comfortable enough to speak out loud, no one is judging you because we are all there to support each other, whether that being an ear to listen, a shoulder to cry on, a simple hug or a response to what's being said. There are so many ways support people, and at Evolve there is always everyone who knows how to make you feel comfortable and happy to distract your mind. (Jax)

It is clear from the Evolve members' words, that it has played out the values and principles of peer-support, where its members entered with mutual appreciation and investment in the wellbeing of others as well as their own. It has provided a safe place where O'Hagan et al's values of power equality has enabled reciprocal roles of helping and learning and thus used their lived experiences to support each other (O'Hagan et al's 2009).

Xxxx is clear that peer support is more than the organisation itself because:

“...when people get together in peer support, it is more like a family. Many of our members have lived with various diagnoses such as personality disorder, ADHD, dissociative disorder, and when people believe in themselves, regardless of the struggles they have, they can create something life-saving. It creates purpose, not just for themselves, but for others”.

It has been a journey of discovery, shared investment, reciprocity and learning for the whole group. Before the group closed they were struggling with only one 'leader' who became unwell and unable to facilitate the group. When the group closed, it really did 'evolve' in that some of the members went on to form their own group. On reflection, Xxxx suggests that supervision for peer supporters is essential. Although the group had support from the church, several barriers existed, chiefly, the lack of supervision and funding. She didn't have the informed supervision that might have enabled her to grow her skills and resilience and effectively support the group as a whole. As de Beer et al (2024) identified, time and resources for the personal development of young peer-supporters is crucial. In hindsight, such support could have been sought from a MH nurse or advocate. Additionally, everything was done on goodwill as they had no funding. Similar peer support groups, established by mental health nurses (MHNs) and/or waged peer-support workers have the benefit of the backbone of support from services. The pressure on an individual with their own mental health needs to support others whilst experiencing mental health difficulties is huge, hence, the presence of a MHN either as a co-facilitator, or mentor could sustain a group such as Evolve.

Summary and implications for practice

In summary, peer support can meet several essential needs of the person experiencing mental health problems, as demonstrated by the Evolve members and evidence by research and national guidelines (NHS England 2023):

1. Emotional Validation and Understanding

Peer-support groups offer a safe, non-judgmental space where individuals can share their experiences with others who have faced similar challenges. This mutual understanding helps reduce feelings of isolation and stigma.

2. Empowerment and Hope

Hearing how others have coped or recovered can instil hope and empower participants to take steps toward their own recovery. It reinforces the idea that improvement is possible

3. Improved Mental Health Outcomes

Peer support can improve quality of life, enhance engagement with mental health services, Reduce admissions and promote self-management of mental and physical health

4. Skill Building and Coping Strategies

Participants often learn practical coping strategies and life skills from each other, which can be more relatable and immediately applicable than those offered in clinical settings

5. Sense of Belonging and Community

Being part of a group fosters a sense of belonging, which is crucial for mental well-being. It helps individuals feel less alone and more connected to others.

Mental health nurses are well placed to provide the support that Xxxx felt was lacking for Evolve to continue. Indeed, the NMC's Standards of Proficiency (Annex A) (NMC 2024) lists numerous communication and management skills which identify MH nurses as well suited to both establishing peer support groups and enabling peer support groups to thrive.

Insert Figure 1. How peer-support groups can help mental health

Conclusion

The discussion of the guidance and research in this area is provided to guide and inform mental health nurses and workers in the field of mental health care; however, we must listen to the experience of users, groups like Evolve, and providers of peer-support to gain the full picture. The impact of Evolve, and other groups like it, cannot be underestimated. Evolve created an environment which aligns Egmoose et al's (2024) perspective that group rules, shared confidentiality and a sense of safety, connectedness and hope is pivotal to good peer support. It's important for mental health nurses to to recognise the power of shared lived experience as a tool for recovery, and rise to the challenge of acting an advocate or supporter for those service users who are prepared to collaborate with others with similar experiences to create strength, resilience and a forum that can facilitate recovery.

References

- Beard D, Cottam C, Painter J. (2024). Evaluation of the perceived benefits of a peer support group for people with mental health problems. *Nursing Reports*, 14 3, 1661.
- Cooper A, Reed R, Burrows S, Brown J. (2025) A Mixed-Methods Evaluation of a Peer Group Intervention to Promote Wellbeing in Mental Health Nurses. *International journal of mental health nursing* 34.2.
- de Beer C M., Nooteboom L A, van Domburgh L. *et al.* (2024)A systematic review exploring youth peer support for young people with mental health problems. *Eur Child Adolesc Psychiatry* 33, 2471–2484. <https://doi.org/10.1007/s00787-022-02120-5>
- Egmose C H, Poulsen C H , Bjørkedal S T B, Eplov, L F (2024). The ‘Paths to everyday life’(PEER) trial– a qualitative study of mechanisms of change from the perspectives of individuals with mental health difficulties participating in peer support groups led by volunteer peers. *BMC psychiatry*, 24, 1, 555.
- Gillard S (2019) Peer support in mental health services: where is the research taking us, and do we want to go there?, *Journal of Mental Health*, 28, 4, 341-344.
- Haim-Litevsky D, Komemi R, Lipskaya-Velikovsky L. (2023) Sense of belonging, meaningful daily life participation, and well-being: Integrated investigation. *International journal of environmental research and public health*. 25, 20, 5, 4121.
- Health Education England (HEE). (2017). *Stepping forward to 2020/21: The mental health workforce plan for England*. Leeds: Health Education England.
- Levy L. (2000). Self-help groups. In J. Rappaport, E. Seidman (Eds.), *Handbook of community psychology* (pp. 591–613). Dordrecht, Netherlands: Kluwer Academic Publishers.
- NHS England (2023) [NHS England » Supported self-management: peer support guide](#) Last accessed 07/10/2025
- NMC (2024) [standards-of-proficiency-for-nurses.pdf](#) Last accessed 07/10/2025
- O’Hagan M, McKee H., Priest R. (2009). *Consumer survivor initiatives in Ontario: Building for an equitable future*. Toronto: Ontario Federation of Community Mental Health and Addiction Programs
- Patient info (2021) [How peer support can help boost your mental health](#) Last accessed 07/10/2025
- Pistrang N, Barker C, Humphreys K. (2008). Mutual help groups for mental health problems: A review of effectiveness studies. *American journal of community psychology*, 42, 1-2, 110-121.
- Riessman, F (1965). The “helper” therapy principle. *Social Work*, 10, 27–32.
- Repper J, Carter T. (2011). A review of the literature on peer support in mental health services. *Journal of Mental Health*, 20, 4, 392-411.
- Simpson A, Flood, C, Rowe J et al (2014). Results of a pilot randomised controlled trial to measure the clinical and cost effectiveness of peer support in increasing hope and quality of life in mental health patients discharged from hospital in the UK. *BMC psychiatry*, 14, 1, 1-14.

Voice Collective: [Voice Collective: Supporting Children & Young People who Hear Voices or See Visions](#) [last accessed 15th September 2025]

Wright K M (2021) Exploring the therapeutic relationship in nursing theory and practice. *Mental Health Practice*. doi: 10.7748/mhp.2021.e1561

Useful resources

- [Person centred care – National Voices](#)
- [Realising the Value Programme](#)
- [What is peer support and does it work? – National Voices](#)
- [PeerTalk : Facing Depression Together](#)

Figure 1. How peer-support groups can help mental health- presenting NHSE (2023) principles.

(figure 1. developed by authors)



