Befriending adults with severe mental health problems:

Processes of helping in befriending relationships

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D.Clin.Psy. thesis (Volume 1), 2007

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Overview

This thesis is presented in three parts. Part 1 is a literature review of studies investigating befriending as an intervention for adults with mental health problems. The findings from the small body of published papers on befriending are considered in light of relevant psychological theories and contextual issues, and implications for future research are discussed. Part 2 is the empirical paper which reports on the qualitative study examining the helping processes occurring in befriending relationships. Befriendees and befrienders were interviewed to gain their perspectives and understand their experiences of befriending. The role of befriending as an intervention for people with mental health problems is considered and suggestions for further research are made. Part 3 is a critical appraisal of the process of conducting this research. I discuss my personal reflections on the research and methodological issues that arose.

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Acknowledgements

As this thesis focuses on support provided through helpful relationships, it is fitting to thank those people who I have been in relationship with during this research who have given me help and support in different ways.

I take this opportunity to recognise the befriendees and befrienders for their essential and valuable insights, and thank them for their willingness to speak with me about the role of befriending in their lives. I would like to thank the befriending scheme co-ordinators for their readiness to collaborate on this project and their support and commitment to the research. I could not have accomplished this research without the supervision of Nancy Pistrang, whom I thank for giving me support, encouragement and motivation. I also express my thanks to my friends and family; in particular, to Chris - for being there.

Part 1: Literature Review

Befriending adults with mental health problems:

A review of the literature

Abstract

This paper reviews research studies examining befriending as an intervention for adults with mental health problems. It first considers contextual issues and psychological theories relevant to befriending. Because of the small body of published papers on befriending, the review used deliberately broad inclusion criteria which were based on: (a) the characteristics of the befriending intervention, (b) the target problem, and (c) the research design. Fourteen studies met the inclusion criteria. The studies fell into three types according to their methodological design: (1) group comparison designs, (2) process evaluation and user satisfaction survey studies, and (3) befriending as a control comparison. Overall, the evidence from these studies suggested that receiving befriending support has potential benefits for adults with mental health problems, for example, increased self esteem and social functioning, and remission of symptoms. However, little is known about the processes occurring within the befriending relationships that may lead to the benefits suggested by the current literature and the literature gives limited indications about for whom and under what circumstances befriending might be most beneficial. Implications for further research are discussed.

Introduction

People with severe mental health problems commonly have to deal with the social antecedents and consequences of their problems. Isolation, lack of integration into their communities and stigma are frequently reported difficulties (Davidson et al., 1999; Davidson & Stayner, 1997). The symptoms and distress arising from mental health problems, unemployment and lack of resources to facilitate relationships, and stigma and rejection from others can all work against building and sustaining social relationships. One possible avenue for addressing the social concerns related to mental health problems is through befriending (Perese & Wolf, 2005). The aim of befriending is to provide a social relationship, a source of social support to those who lack supportive networks, social skills or confidence to access their community resources.

This paper aims to review the literature that investigates befriending as an intervention in order to increase our understanding of the processes involved in befriending relationships and the effectiveness of such an intervention. The paper will therefore consider relevant background issues and theories, and then focus on the method and outcome of the review conducted. The findings and issues raised from the literature will be discussed and linked to theory and implications for further research.

Care in the Community and social exclusion

People with mental health problems were historically excluded from society through institutionalization, bringing with it associated stigma. The move towards care in the community and reduced reliance on mental health institutions in the last few decades

aimed to reintegrate people into their communities to live 'normal' lives among the rest of the community. However, although deinstitutionalisation has led to freedom, increased choice and more autonomy for people with mental health problems, it has also brought loneliness and a lack of meaningful activity and contact with others (Chinman, Weingarten, Stayner & Davidson, 2001; Davidson, Hoge, Godleski, Rakfeldt & Griffith, 1996). Today, despite care in the community, barriers to community integration can be seen in areas of life such as low employment rates for people with mental health problems and social contact that comes primarily from mental health professionals, other service users and family members (Davidson & Stayner, 1997; Penn et al., 2004). These are not simply examples of the consequences of the symptoms of mental illness, such as a lack of social skills, or of prior institutionalization, but are also the product of societal exclusion and lack of opportunities (Davidson et al., 1996; Davidson, Stayner et al., 2001; Perese & Wolf, 2005).

In addition to those who actually experience such difficulties, the government and mental health service providers acknowledge that these difficulties exist and there is commitment within policy to attempt to redress the experiences of adults with mental health problems living in the community. The Department of Health has identified people with mental health problems as being more at risk of social exclusion and a group for whom their policies appear to be less effective (DoH, 2004). The first standard of the National Service Framework for Mental Health (DoH, 1999) advocates for mental health promotion to be built on the social networks of individuals and communities to improve mental well-being, and states that education is effective in reducing stigma amongst the public, including through volunteering. The fourth and fifth standards

focus on people with severe and enduring mental health problems and indicate that they may require help to access employment and address social isolation through enhancing their social skills and social networks. The document cites a number of research studies reporting that service users identify social and occupational aspects of daily living as the most important features of care and reducing disability.

Befriending

The issues facing adults with mental health problems described above concern the social and relational aspects of their lives, and the impact these issues have on their experiences of living in the community. People with mental health problems have expressed the desire to be in relationships with others and have reported both that good mental health facilitates relationships and that friendships are vital to them for mental well-being (Boydell, Gladstone & Crawford, 2002; Green, Hayes, Dickinson, Whittaker & Gilheany, 2002). However, research has shown that people with mental health problems have smaller social networks and report having fewer friends (Randolph, 1998, cited in Penn et al., 2004), and that it is a relatively neglected issue by mental health services (Boydell, Gladstone & Crawford, 2002). Befriending may be one intervention that has the potential to contribute to reducing isolation and increasing community participation. The purpose of the befriending relationship has been identified as "enhancing the quality of a befriendee's life by supporting and promoting his/her welfare, personal development and capacity for self determination" (The Scottish Befriending Development Forum, 1998, cited in Parish, 1998, p.17).

Befriending is increasingly common in work with various populations - with children and adolescents, people with learning disabilities, the elderly, and people with physical and mental health difficulties (Dean & Goodlad, 1998; Parish, 1998). For example, there is a growing body of research and development focusing on mentoring for at-risk children and adolescents, involving supportive relationships similar to befriending (Philip, Shucksmith & King, 2004; Zeldin, Larson, Camino & O'Connor, 2005). Another growing area of research focuses on befriending interventions with those over 65 years of age (Andrews, Gavin, Begley & Brodie, 2003). Essentially, befriending interventions have been targeted at populations who are most likely to be socially excluded, isolated and lonely.

Befriending is most usually provided by volunteers attached to a scheme that is managed by paid staff who arrange the befriending relationships and provide brief training and regular supervision for volunteers. The befriending relationship is one-to-one, generally with a time commitment (often lasting about one year), and the support is uni-directional although it is acknowledged that the relationship has the potential to become reciprocal. Volunteers may or may not have had their own experience of the types of difficulties facing the person in receipt of the befriending support. Volunteering as a befriender may also serve to promote mental health through informing volunteers of the issues that arise for those with mental health problems in their communities. The contribution of voluntary work complements and enhances the care in the community approach provided through statutory services; Dean and Goodlad (1998) comment that befriending is "an example of care **by** the community" (p 46).

In what ways might befriending contribute to enhancing an individual's mental health and experience of living in the community? It is useful to consider some already established psychological theories that can shed some light on the psychological processes that are potential factors in befriending relationships, and then go on to look at what the research literature can offer to our understanding of befriending and the processes within and effectiveness of such an intervention.

Psychological theories relevant to befriending

There are several psychological theories that may be helpful to our understanding of befriending. The relevant theories will be outlined and consideration will be given to how such theories may be applicable to befriending adults with mental health problems.

Social support

Social relationships have been found to be of significant importance to physical and mental well-being (e.g. Bloom, 1990; Cohen, 2004; Cohen & Wills, 1985, Erickson, Beiser & Iacono, 1998), with over 1000 studies revealing a relationship between social support and mental health (Rhodes & Lakey, 1999, cited in Penn et al., 2004). Social support is an interpersonal process, occurring within relationships. It has the potential to reduce distress, increase self-esteem and empowerment, as well as to increase overall perceptions of well-being (Hogan, Linden & Najarian, 2002). There is evidence to suggest that social support has a 'buffer' effect to protect people from the detrimental effects of stressors when they do occur, and social integration has a main effect that is beneficial to health regardless of whether stressful life events occur (Cohen, 2004).

The 'stress-buffering' model proposes that social relationships provide the resources to cope with the stresses that occur in daily life. The perception of social support is vital to the buffer effect provided by social support (Cohen, 2004). Perceived support may be defined as "the belief that one is loved, valued, and cared for, and that others would gladly do what they can to help regardless of personal circumstances" (Pierce, Sarason & Sarason,1991, p.1037). These ideas may be relevant when considering the process of befriending adults with mental health problems living in the community. Reduced social networks, fewer friends and loneliness are commonly reported. It is likely that their perceptions of support are lowered because of this, and therefore it is more difficult for them to cope with stressful situations. The perception that social support is present changes the appraisal of stressful events to being more manageable. Evidence indicates that general perceptions of support differ from relationship-specific perceived support, as each relationship is unique, and specific expectations are tied to each specific relationship. In addition, both general and relationship-specific perceived support contribute independently to a person's sense of loneliness (Pierce et al., 1991). It may be important to consider the level of perceived support the befriendee has about the befriending relationship specifically as well as their general perceptions of support and other significant relationships. Could having a specific supportive relationship bolster befriendees' levels of perceived support to change their appraisal of stressful events and thus enable them to better cope?

There is some evidence that individuals' perceptions of social support are influenced by their 'attachment history'. Attachment theory (Bowlby, 1969) recognises the significant role that early relationship experiences have on later relationship formation and

maintenance, and perceptions about relationships in general. Of significance, Bowlby (1980) hypothesised that people who had early relationships that were marked by care, affection and without overprotection, developed working models of others as available to provide support. Eckenrode & Hamilton (2000) cite a number of studies that provide evidence that secure attachment leads to the perception of greater support and better use of support resources, and that those with insecure attachments have poor use of available support. Thus, the role of attachment may be of significance in befriending relationships, and it is likely to have an influence on the perceived availability of support from the befriender that is held by the person with mental health problems, as well as on how well the relationship is utilised as a supportive resource.

The 'main effects' model of social support (Cohen, 2004), also known as the social-cognitive model, suggests that social integration is beneficial to health regardless of whether stressful life events occur. Social integration entails behavioural engagement in social activities and relationships, and it produces a sense of involvement in community and the possession of social roles. When considering the potential helpfulness of befriending, the 'main effects' model of social support may be of relevance. Interaction with others who show and possess health promoting attitudes and behaviours, such as befrienders, could serve a normative function to influence, model and motivate engagement in healthier responses to dealing with daily life events. Self-efficacy theory (Bandura, 1977) places emphasis on a change in behaviour, which could be encouraged through a supportive relationship, which increases the recipient's self-confidence and self-esteem to make the changes they want or need to make. Berkman, Glass, Brissette and Seeman (2000) cite numerous studies providing evidence that self-efficacy is an

avenue through which social support operates. Befrienders may be able to engage the befriendees in specific activities that are likely to bolster their beliefs in their self-efficacy to engage successfully in social situations and use community facilities.

Possessing social roles such as being a friend, an employee, or a member of a group promotes self esteem and self worth, which in turn can enhance responses to life events (Cohen, 1988, cited in Berkman et al., 2000). The perception that others recognise the social roles an individual possesses can contribute to a sense of self and identity, meaning and purpose, and lead to increased psychological well-being (Berkman et al. 2000, Cohen, 2004; Penn et al., 2004; Thoits, 1983). Adults with mental health problems living in the community have been found to have a limited sense of community integration and have limited social activities and relationships and therefore lack social roles. It is possible that the befriending relationship could lead to the individual with mental health problems gaining social roles such as being a friend, and using community resources to a greater extent serving to promote a sense of community integration. It is of relevance to consider the role of peer support, as some volunteer befrienders may have experienced their own mental health problems. Davidson et al. (1999), in their review of peer support, suggest that those with mental health problems benefit from meeting others who have had similar experiences and some degree of recovery: they may find understanding from others and a sense of inclusion, as well as potential encouragement that others are coping and that such a possibility is available to them.

Therapeutic alliance

The nature of the relationship between befriender and befriendee may be an important factor contributing to the positive effect that befriending can have for people with mental health problems. Research into professional therapeutic relationships has emphasised the importance of the 'therapeutic alliance', i.e. the significant role of the quality of the relationship in therapy to produce therapeutic gains. It may be that the qualities present in effective professional relationships also occur in befriending relationships.

Empathy, collaboration, and unconditional positive regard communicated by the therapist are important components contributing to the development of the relationship and effectiveness of the intervention regardless of the therapy employed (Horvath & Luborsky, 1993; Rogers, 1957). Research has shown that people with severe mental health problems ranked 'friendliness' as the highest valued quality in their therapists (Coursey, Keller & Farrell, 1995, cited in Penn, 2004). Befriending schemes are usually facilitated by volunteer befrienders who receive comparatively little training to mental health professionals; however there are similarities between professional and non-professional helping, for example, the role of empathy in the helping process (Barker & Pistrang 2002). There may also be additional beneficial aspects and processes occurring in the befriending relationship that are not present in professional therapeutic relationships purely because the befriending relationship is more personal. For example, the informality of the relationship may be attractive to the befriendee and there is more room for processes such as reciprocity and self disclosure to occur, which may benefit the relationship as well as enhance the effectiveness of the support (Barker & Pistrang, 2002).

Ecology of Human Development

As well as focusing on the individual and the relationship of the befriender and befriendee, it is important to consider the wider social context that exists. Brofenbrenner's (1979, 1995, cited in Eckenrode & Hamilton, 2000) theory of the ecology of human development gave prominence to the importance of understanding people within their multiple social contexts, for example, of family, friends, communities and the wider culture. In considering the impact that different contexts may have on relationships, this theory has particular relevance to befriending. For example, gender, ethnicity, and social class may contribute to the quality of the befriending relationship and to the perceptions the recipient and other people in their social network have about the befriending relationship. In addition, the formally arranged support relationship may have an impact on a recipient's wider social context.

Aims of the present review

In summary, people with mental health problems are often socially isolated and it can be difficult for social relationships to be formed and facilitated due to a combination of individual, interpersonal and societal factors. Befriending has been identified as one possible avenue of social support that may help combat such social consequences by providing a supportive relationship that may engender a sense of companionship and provide meaningful activity and contact with others. Some psychological theories of relevance have been considered in relation to befriending adults with mental health problems which are helpful to our understanding of befriending. The present review now turns to review the research that investigates befriending, focusing on both the outcomes of and processes involved in befriending interventions.

Method

Identification of studies

Inclusion and Exclusion Criteria. Studies were considered for inclusion on the bases of (a) the characteristics of the befriending intervention, (b) the target problem, and (c) the research design.

Characteristics of the befriending intervention. Papers were included if the following criteria were met: (1) the intervention comprised a one-to-one supportive relationship, (2) the support was provided by volunteers without professional mental health training and (3) the support was primarily one-directional (i.e. not mutual support, but could be provided by someone who may or may not have experienced their own mental health problems).

Target problem. Studies were included in the review if they focused on adults (aged 18 - 65) with mental health problems. This ranged from specific diagnoses identified by the authors, such as depression and schizophrenia, to broad terms such as 'enduring mental health problems'.

Research design. Due to the small body of published papers in the area of befriending people with mental health problems, the inclusion criteria regarding research design were deliberately broad. All studies and papers that described or evaluated a befriending service in some way were included providing they presented some 'outcome' data. This

included user satisfaction and service evaluation papers, as well as more tightly controlled studies.

Search Strategy. The following electronic databases were searched: PsychINFO, CINAHL, EMBASE, Medline, and Google Scholar. All years available within each database were searched, up to September 2006. The following key words were used: befriend*, compeer, supported socialization, volunteer*, social support, consumer*. These words were combined with 'mental health' and 'mental illness' where it was necessary or useful to reduce the number of articles found. The searches generated around 200 articles, with a number of articles not directly related to voluntary befriending of adults with mental health problems, and others retrieved because they referenced a study about befriending. Reference lists of relevant articles were also searched and this generated some additional published articles.

No previous reviews of research on befriending were found. Most reviews relevant to the area have looked more broadly at social support, mutual/peer support and group support interventions (Davidson et al., 1999; Hogan et al., 2002) with very little attention given to befriending-type interventions, particularly for adults with mental health problems. Review papers by Hogan et al. (2002), looking at social support, and Davidson et al. (1999), looking at peer support, were useful but focused on different aspects to the present review. Hogan et al. (2002) take a broad approach and include studies looking at physical and mental health problems, group and individual interventions, professionally-led and peer-provided interventions, as well as interventions targeting network size or perceived support and social skills training

programs. Befriending is just one small area within those reviewed by Hogan et al. (2002), and of the individual support studies reviewed only one met the inclusion criteria for the present review. The review of peer support by Davidson et al. (1999) examines mutual support groups, consumer-run services and employment of consumers as providers. The focus of Davidson et al.'s (1999) review is geared towards mutual support and self-help, and just one study referenced by Davidson et al. met the criteria for the present review.

Examples of excluded studies

Studies were discussed with a second researcher if there was some uncertainty about whether they met the inclusion criteria, and a consensus was reached. Bereavement studies were excluded in this review as bereavement is not considered a mental illness. Although it is recognised that support through the time of bereavement is of benefit to many people, there is a relatively large body of research concentrating specifically on bereavement, and is mostly centred around families, older adults and death from specific causes (for example, see Hopmeyer & Werk, 1994). Studies considering family support interventions such as HomeStart and Newpin projects were also excluded from this review (for example, see Cox, Pound, Mills, Puckering & Owen, 1991; Frost, Johnson, Stein & Wallis, 2000). Although the families in receipt of such support are at risk of mental health problems, the nature of the support is focused particularly on parenting and supporting family functioning, and in fact one paper specifically excluded parents receiving mental health support (Kelleher & Johnson, 2004). Two studies initially considered for inclusion were later excluded from the present review (Chinman et al., 2001; Weingarten, Chinman, Tworkowski, Stayner & Davidson, 2000). They both

present the same program of peer support at the point of discharge for adults with chronic mental health problems. Closer examination indicated that the peer support intervention had a group focus rather than one-to-one support, and it appeared to have a more mutual support focus, rather than being one-directional.

Results

Included studies

Fourteen studies met the inclusion criteria for the present review (different aspects of the studies were reported in nineteen papers, all reviewed here). Included in these were four studies using group comparison designs and seven process evaluation and user satisfaction survey studies. Another three studies used a befriending intervention as a control comparison. The control condition in these latter studies is described as befriending, but consisted of professionally led supportive sessions rather than support from non-professional volunteers. Although these studies do not strictly meet the inclusion criteria of the present review, they were included because it was thought they might shed some light on the process and effects of befriending type relationships.

Table 1 summarises the characteristics and findings of the studies.

Table 1: Characteristics of selected studies

Author (date)	Target Problem	Nature of Befriending	Design	Sample	Assessment points	Outcome measures	Results
Comparison studies							
Davidson et al., (2004)	Adults with psychiatric disabilities (serious mental illness)	Supported socialisation = social and recreational activities 2-4 hours per week for 9 months.	RCT Ppts randomly assigned to 3 conditions: 1) community volunteer, 2) consumer volunteer, 3) no volunteer. All received $28 per month.	260 (95 ppts allocated to community volunteer, 95 ppts allocated to consumer volunteer, 70 allocated to no volunteer).	Baseline (before randomisation), 4 months, 9 months.	CES-D, GHQ, WBS, RSES, SFS modified, BPRS, GAF modified, Structured Clinical Interview for DSM-IIIR. Satisfaction measure, Adherence to the intervention measure.	Main effect over time for BPRS, GAF, and self esteem (SE) regardless of condition. No specific intervention effects were found. Post hoc analysis = Degree of contact with volunteers was significant, ppts not meeting consumer volunteers improved, ppts meeting community volunteers improved on soc funct. & SE.
Davidson, Haglund et al., (2001)	As above	As above	2 Qualitative interviews with each ppt. Ppts randomly assigned to 3 conditions as above.	21 (7 in each condition)	Interviews at the end of the 9 month program.	Phenomenological qualitative analysis.	Themes arranged according to (a) Life before the program (b) No volunteer condition (c) Community and consumer conditions (d) Consumer vs. community partners.
Staeheli, Stayner, & Davidson, (2004)	As above	As above	Qualitative interviews with each ppt.	2 (one with a consumer partner, one with a community partner).	Interviews at the end of the 9 month program.	Narrative qualitative analysis.	Caring and reciprocal friendships with their partners, increasing their participation in community and other social relationships, but experienced different pathways to this due to the consumer/non consumer status of their partner.
Harris, Brown, & Robinson, (1999a)	Women with chronic depression in inner London.	Meeting and talking with the depressed woman for a minimum of 1hr per week for 1 year.	RCT. 2 conditions - befriending and waiting list control.	86 (43 in each condition).	Before randomisation and 1 year later.	GHQ-30, Shortened version of PSE-10, full clinical interview.	Remission occurred in 65% of befriending group (72% of completers) and 39% of controls.

Harris, Brown, & Robinson, (1999b)	As above.	As above.	RCT data compared to two previous studies looking at remission in chronically depressed women from the same area.	121 (60 allocated to befriending and 61 controls).	As above.	PSE-10, LEDS, COPI, NES, SESS, ASI, CECA, Premarital pregnancy.	Remission is substantially predicted by other factors. Befriending allocation was still required for the best predictive model and completion of befriending was an even stronger predictor.
Forchuk, Martin, Chan, & Jensen, (2005)	Persistent mental illness.	TDM (transitional discharge model) i.e. overlap of inpatient staff and community staff + peer support for 1 year.	Cluster-randomised design.	390 ppts. 26 Wards on 4 sites were randomised to Transitional Discharge Model (201 ppts) or control (189 ppts).	Interviews at time of discharge, 1month post discharge, 6 months post discharge & 1 year post discharge.	QOLI-Brief, UHSS, DPFQ, CDTIF.	TDM ppts had significant improvement in social relations. Degree of implementation was a problem - peer support only implemented 22% of the time on intervention wards. Contamination - As study progressed, control wards started to implement TDM.
Reynolds et al., (2004)	Mental health problems	Transitional Discharge Model TDM - peer support from former pts and overlap of inpatient and community staff.	RCT, 2 conditions: experimental and control (usual treatment).	19 ppts (11 in control group, 8 in experimental group).	Pre and post (5months) discharge from ward.	QOLI-Brief, CCAR, readmission rates to hospital.	TDM ppts less likely to be rehospitalised. Reduced symptom severity and improved functional abilities reported in both TDM and control conditions.

Process evaluation / User satisfaction studies							
Bradshaw & Haddock, (1998)	Long term mental illness	Range of contact, from daily to less than once a month. Time spent ranged from 1 to 4 hours.	Non-experimental. Non random, no control or comparison.	9 ppts	Range from 1 to 9 months. Modal time period was between 1 and 3 months (5 ppts).	Qualitative (semi-structured interviews) and retrospective self-report ratings: number and types of activities engaged in. Change in levels of: social activity, confidence in social situations, energy and interest in going out. Overall measure of mean change.	A slight improvement in overall social functioning. Reasons for helpfulness of befriending = having someone to talk to, help/support in going out, increased awareness of personal strengths.
Skirboll, (1994)	Serious and persistent mental illness	1 hour per week for a year. Social, recreational & educational activities.	Satisfaction survey	163 clients, 264 referring therapists.	Not specified.	Survey - true and false statements about the service, change/improve-ment, and overall satisfaction.	27% rehospitalised, 27% altered their use of services in a positive way + various %ages of statements agreed with.
Skirboll & Pavelsky, (1984)	Mental health users (child to older adults)	Once a week for a year. One to one socialisation experiences, assist with everyday living skills.	Review of the Compeer program	N? of Referring therapists	Not specified.	Survey report	Evaluation in 1983 - positive changes were seen in patients' abilities to socialise and cope in the community, as reported by their therapists.
Lieberman, Gowdy, & Knutson, (1991)	Adults with mental illness	Consumer volunteers provide social support to isolated, less stable clients. Once a week social activities.	Qualitative	11 ppts. receiving befriending, + focus group with volunteers, in-depth interviews with 1 volunteer, 5 consumers, all case managers & director of clinical services.	Measures tracked over 1 year	'Community Integration'= independent living status, vocational status, number of days of hospitalisation in state facility, and non state facility.	Identified pros and cons of volunteering for the volunteers. Benefits for consumer clients. Staff (case managers) less aware of benefits or importance.

McGowan & Jowett, (2003)	Vulnerable mental health patients	1 year befriending, social activities.	Description of Hastings Befriending scheme.	Qualitative interviews with a "small sample" of referrers, befrienders and clients.	Not specified.	No measures.	Summary of service's review - reaching socially isolated, increased social contacts, opportunities for socialising & conversing.
Kingdon, Turkington, Collis, & Judd, (1989)	Isolated & lonely users of psychiatric services	Activities and home based befriending	Description of a befriending scheme.	Not reported	None	No measures.	Described as successful with clients and referrers. Volunteers can befriend better and more cost effectively than professionals. Reduces family intense contact, combats stigmatisation.
Tombs, Stowers, Fairbank, & Akrill, (2003)	Enduring or complex mental health problems.	At least fortnightly contact for 12 months.	Description of befriending service run by psychology department.	None	None	No measures.	Feedback from ppts report the service is important and invaluable.
Studies using befriending as control comparison							
Sensky et al., (2000)	Schizophrenia (resistant to medication)	Empathic and nondirective befriending by psychiatrist. Over 9 months. Weekly for first 2 months, then spread out across the next 7 months. (19 individual sessions of 45 mins each).	RCT, 2 conditions: manualised CBT and non-specific befriending (control).	90 ppts. (46 in CBT and 44 in Befriending).	Measures at baseline, 9 months and 9 months follow up.	CPRS CPRS schiz change, MADRS, SANS.	Both interventions resulted in significant reduction in pos and neg symptoms & depression. CBT continued to improve at 9 month follow up, befriending did not. (Sessions were audiotaped and rated to ensure that CBT and Befriending were identifiably different).
Hansen, Turkington, Kingdon, & Smith, (2003)	Schizophrenia	As above.	RCT, 2 conditions: CBT or Befriending (control)	90 ppts. (As above).	As above.	CPRS, SANS interviews.	Same findings as Sensky et al. 2000, significant reduction in negative symptoms at 9 month follow up with CBT.
Naeem, Kingdon, & Turkington, (2006)	Schizophrenia	As above.	Analyses of two RCT's (one of which has befriending as a control - Sensky 2000)	90 ppts from Sensky et al (2000) study, (the other study does not use befriending)	As above.	CPRS, BSA.	Same findings as Sensky et al. 2000, significant reduction in anxiety symptoms at 9 months follow up with CBT.

Milne, Wharton, James, & Turkington, (2006)	Psychiatric patients - adult & older adult, e.g. schizophrenia, depression, dementia.	As above.	Comparison of Befriending data from Sensky (2000) with social support data from Milne and Netherwood (1997) + comparison of Befriending and CBT data from Sensky (2000).	40 ppts. 20 ppts in archival social support data (Milne et al, 1997), 20 ppts from Sensky (2000) study (10 from Befriending and 10 from CBT conditions).	At end of intervention one tape from mid-intervention was randomly selected for analysis.	Time sampling analysis of therapists' speech content using the Support Observation Scale (measures social support).	Befriending data was correlated with archival social support data - befriending is similar to 'social support'. Befriending scored significantly higher than CBT on SOS - befriending and CBT are divergent. Befriending is a form of social support and not a diluted form of CBT.
Turkington & Kingdon, (2000)	Schizophrenia	Time with Consultant psychiatrist, not in treatment team, to match time spent in CBT. Non-directive discussions around neutral topics	RCT, 2 conditions: CBT and befriending (control)	18 ppts. (12 in CBT and 6 in Befriending).	Baseline, 1 month and 2 months.	CPRS, MADRS, + number of inpatient days recorded at 6 months.	No Sig diffs at baseline. At 2 months, CBT had sig lower CPRS & MADRS scores. Scores reduced but not sig. for befriending.

Standardised assessment tools:

ASI = Attachment Style Interview; **BPRS** = Brief Psychiatric Rating Scale; **BSA** = Brief Scale for Anxiety; **CCAR** = Colorado Client Assessment Record (assesses level of functioning and severity of illness); **CDTIF** = Criteria for Degree of Treatment Implementation Form; **CECA** = Childhood Experience of Care and Abuse; **CES-D** = Centre for Epidemiologic Studies-Depression Scale; **COPI** = Coping with Severe Events and Difficulties Interview; **CPRS** = Comprehensive Psychopathological Rating Scale; **DPFQ** = The Discharge Process of Follow-up Questionnaire; **GAF** = Global Assessment of Functioning; **GHQ** = General Health Questionnaire; **HoNOS** = Health of the Nation Outcome Scale; **LEDS** = Life Events and Difficulties Scale; **MADRS** = Montgomery-Asberg Depression Rating Scale; **NES** = Negative Evaluation of Self; **PSE** = Present State Examination; **QOLI-Brief** = Quality of Life Brief Version; **RSES** = Rosenberg Self-Esteem Scale; **SANS** = Scale for the Assessment of Negative Symptoms; **SESS** = The Self Evaluation and Social Support Schedule; **SFS** = Social Functioning Scale; **UHSS** = The Utilization of Health and Social Services; **WBS** = Well-Being Scale.

Group comparison studies

Seven papers identified as comparison studies reported on four different studies. (Three papers reported on different aspects of a single study, and two papers reported on another study.) All of the studies used a randomised controlled design to evaluate befriending as an intervention, and all evaluated befriending with a no-intervention or treatment-as-usual control group. Every study set up the befriending support as part of the research (i.e. they did not study pre-existing befriending schemes). In two studies the befriending intervention was just one component of a wider supportive intervention. One study examined befriending for women with chronic depression; the others focused on adults with non-specified chronic psychiatric illnesses.

All studies used standardised outcome measures: most often these were self-report measures, and all but one included a clinical interview. One of the studies produced two papers reporting on qualitative interviews with a sub-set of participants from the larger quantitative study. The sample sizes of the studies ranged from 19 to 390. The two papers reporting qualitative analysis had 2 and 21 participants respectively. The reporting of results was comprehensive, but some lacked sufficient information (means and standard deviations).

With regard to the findings of the studies, all but one paper reported some benefits of receiving befriending support. The main findings of the studies are detailed below.

In a well designed randomised controlled study, Davidson et al. (2004) compared adults with serious mental illness who were assigned to three conditions: those receiving a

monetary stipend, those receiving the stipend plus support from a consumer volunteer (who had their own experience of mental health problems), and those receiving the stipend plus support from a community volunteer (who had not experienced mental health problems) on a number of psychiatric symptom measures. Davidson et al. (2004) did not find significant results when comparing the different conditions on any of the outcome measures. They did find a main effect for time on outcome measures of psychiatric symptoms, global functioning and self esteem, regardless of condition. The monetary support appeared to be equivalent to the provision of social support for these outcomes.

Two papers also report qualitative data from a sub-sample of these participants (Davidson, Haglund et al., 2001; Staeheli, Stayner & Davidson, 2004). Davidson, Haglund et al.'s (2001) qualitative study of seven participants in each of the three conditions helps to shed some light on the findings of the larger, quantitative study. Participants in all conditions expressed a necessity and desire for friendships, and the small monetary stipend had a positive effect on ability to socialise. For those receiving support (whether provided by a consumer or community volunteer), participants highlighted unconditional acceptance as well as the reciprocity and mutuality of the relationship as important, and the experience of doing activities in the community with someone gave participants the encouragement they needed to experience and gain confidence in social relationships outside of the mental health system.

Davidson et al.'s (2004) RCT reports a complex pattern of results that take into account who the volunteer was (consumer or community volunteer) and whether meetings with

the volunteer actually took place. They found that participants who met with a community volunteer improved in social functioning and were more satisfied, whereas those who did *not* meet with their consumer volunteer improved on these measures, as well as on measures of well-being and self-esteem. The qualitative findings from interviews with two participants (one in each of the volunteer conditions) enable a better understanding of these results. Staeheli et al. (2004) propose that participants in the community volunteer condition may have had initial concern regarding their ability to make friends, unsure whether a non-consumer would want to develop a friendship with them. When the partnerships did develop into relationships, an increase in self esteem and social functioning was reported. Staeheli et al. hypothesise that consumer volunteers may not appear to have as much to offer in terms of resources, both financial and social, as community volunteers might, and there may have been a desire on the part of the participants to create distance between themselves and those in the mental health system, meaning that they fared better and were more satisfied when they did not meet up with their consumer volunteers.

The well designed RCT conducted by Harris, Brown and Robinson (1999a) focused on befriending women with chronic depression. They found that a significantly greater percentage of those women who participated in the befriending intervention experienced remission than those who were wait list control participants. Remission rates (63% of women who received 2 to 6 months of befriending, and 76% of women who received full 12 months of befriending) were comparable to many pharmacotherapy trials of non-chronic conditions. In their follow up paper, Harris, Brown and Robinson (1999b) use logistic regression to build a model to explore potential contributing factors to remission

of depression as seen in their first study. They found that 'fresh-start experiences' (positive events that introduce hope in difficult situations), standard (secure) attachment style, and lower levels of poor coping strategies and of severe life stressors improved chances of remission. When the befriending intervention was included in such predictive models this added to women's chances of remission from depression; befriending played the greatest role when women had severe interpersonal difficulties but lacked fresh-start experiences. Harris et al. (1999b) report that although their findings did not reveal that befriending produced fresh-start experiences, they believe that this did occur but that the effect was masked by the initial interview given to all participants (whether in control or befriending conditions) which motivated women to seek out such experiences.

Some evidence for befriending interventions is provided by the study by Forchuk, Martin, Chan and Jensen (2005) who used a Transitional Discharge Model (TDM), comprising befriending support from ex-psychiatric patients and a continuity of care between inpatient and community staff. The social relations domain on the quality of life measure was significantly improved for those in the TDM condition compared to those in the control group who received usual care. However, overall quality of life and discharge costs were not significantly altered. Participants within the TDM condition were discharged significantly earlier than control participants due to staff feeling able to discharge patients earlier because support was provided post discharge. There was a lack of implementation of the intervention on some wards and also contamination across conditions, which will have resulted in a reduced effect size, highlighting the difficulties of conducting research in a service field context.

A second study piloting the TDM was conducted by Reynolds et al. (2004). They did not find significant results when comparing the different conditions, both controls who received usual care and participants in the TDM condition reported reduced symptom severity and improved functional abilities. However, there was a significant difference in readmission rates to hospital, with those in the TDM condition being less than half as likely to be readmitted than controls in a five month period. Due to the small sample size (8 in the TDM condition and 11 in the control group), no firm conclusions can be drawn from their results.

Process evaluation and user satisfaction studies

Seven studies were identified as process evaluation or user satisfaction studies, essentially reporting on who uses befriending services and what sort of service is being provided (process evaluations), or evaluating outcomes in terms of user satisfaction or other service-generated outcomes. None of the studies used standardised measures and four of the studies used service-generated outcomes, such as independent living status, number of days in hospital and number and type of activities engaged in. The studies reported some level of evaluation by clients receiving the befriending service, and four of the papers include feedback from others such as referrers. Of the three studies that report numbers of participants, the sample sizes range from 9 to 264. All studies collected data post-involvement with the befriending support; no pre-intervention data were collected. The detail of the findings reported in the studies was highly variable. The majority of papers provided demographic information on those who were receiving befriending support and occasionally on the volunteers and referrers. In terms of findings relating to the evaluation of the befriending support, the results reported range

from a good level of detail to very sparse, non-substantiated information. Despite this, all papers reported benefits to some degree of receiving befriending support.

In a relatively comprehensive study, Bradshaw and Haddock (1998) report on self-report data from nine adults with long-term mental illness who used a befriending scheme. Bradshaw and Haddock evaluated the befriending scheme using process and outcome approaches. They found that participants had experienced poor mental health for a range of 2 to 34 years, all were unmarried and unemployed or on benefits, five lived alone and four lived with parents. There was a range in frequency of contact with befrienders from daily to once a month. A range of different activities were reported, the four most common were having a conversation, going to a café, going out for a meal and shopping. Clients' self-reported levels of social activity, confidence and interest in going out were variable, but overall suggested an increase. Participants reported that befriending was a positive experience, identifying that having someone to talk to, having help/support in going out and gaining an increased awareness of personal strengths were helpful aspects of befriending. One interesting finding of the study was the link between living status and aspects of support reported as being helpful, with those living alone finding having someone to talk to being most helpful and those living with others finding help in going out most beneficial.

Skirboll (1994) describes a survey conducted with adult clients of a befriending scheme (Compeer) and with referring therapists. The survey included demographic data on clients, responses to activities and self-report information of changes since being matched with a volunteer. Nearly all (94%) of clients were satisfied or very satisfied

and the feedback on many aspects of the support was positive from the majority of clients. Over 80% of referring therapists felt the befriending relationship was fully meeting the goals of socialisation and community participation. In a previous study, Skirboll and Pavelsky (1984) report briefly on an annual evaluation of Compeer that also gives evidence, albeit limited, to support the befriending program. Skirboll and Pavelsky connect therapists' ratings of volunteers as doing well and being helpful with the belief that the support produces positive changes in patients' abilities to socialise and cope in the community. Unfortunately they do not provide the data to support such a link.

Lieberman, Gowdy and Knutson (1991) collected demographic data and measures of 'community integration' (independent living status, vocational status, number of inpatient days in state and non-state hospitals) for adults with mental illness using a befriending scheme over one year. The volunteers were also mental health service users, and it was reported that volunteers had lower admission rates than those receiving support, although no figures are provided to illustrate this finding and it is not clear whether this is as a result of volunteering or whether those selected for volunteering are less likely to have had so many admissions. The authors state that the qualitative data revealed that both those who gave and received support reported an increase in self confidence and self esteem; however, very little detail about the qualitative data is provided.

McGowan and Jowett (2003) describe the aims of and provide demographic information regarding the volunteers and clients (vulnerable, isolated adults with mental illness) of a

befriending scheme. Volunteers were most often drawn to befriending in order to enhance their awareness of mental health, understand the befriending scheme and to 'give' something of themselves. McGowan and Jowett found that of the volunteers expressing initial interest, 15% went on to become befrienders. Clients had a wide range of mental health issues, and more women than men took up the befriending service. The authors also comment briefly on a qualitative evaluation of the scheme conducted for the Hastings Health Authority and state that the findings support the aims of the scheme in terms of engaging socially isolated individuals, increasing opportunities for social contact and talking with people other than mental health professionals. No details of the qualitative data collected are provided.

Kingdon, Turkington, Collis and Judd (1989) describe a befriending scheme for isolated and lonely users of psychiatric services. From 100 people registering interest in volunteering as a befriender, 31 went on to befriend, some of whom had their own experience of psychiatric services. The clients of the service had a wide range of mental health diagnoses and more women than men received support. At the time of writing, they estimated the annual cost of the service to be equivalent to that of one community psychiatric nurse or social worker. They comment on the potential benefit for those with psychiatric difficulties, for example, that much use of professional services is due to symptoms brought on by loneliness (e.g. anxiety, depression) and that through befriending this loneliness is alleviated, thus creating more effective use of time for mental health professionals. They also propose that raising awareness of mental health issues through the use of volunteers can combat stigma, and volunteers can educate

professionals about community perceptions of services. However, they provide no evidence to substantiate these comments.

Tombs, Stowers, Fairbank and Akrill (2003) describe a befriending service provided by an adult psychology department, particularly focusing on the issues for psychologists and volunteers. The volunteers within this scheme were all required to be psychology undergraduates or graduates, and the authors report the difficulty in supervising volunteers who balanced the social friendship aspect of their role with their desire to apply psychological interventions. The clients of the scheme had to receive psychology services to qualify to have a befriender, and the authors briefly report that clients' feedback about receiving the support indicated that befriending was of value, particularly because they were able to discuss aspects of their lives apart from their mental health problems.

Studies using befriending as a control

Three additional studies (reported in five papers) are included here due to their use of a 'befriending intervention' - in all cases, provided by professionals - as a control comparison. Of the studies reviewed, the data from one study are referred to and/or used by another three of the studies. All used a randomised controlled design, and all but one study used standardised self-report measures of psychiatric symptoms. The one exception used a time sampling method to analyse the content of the intervention and control conditions. Sample sizes ranged from 18 to 90 participants, with only one paper providing means and standard deviations needed to calculate effect size.

Sensky et al. (2000) provide a core paper amongst this cluster of studies, researching the efficacy of Cognitive Behaviour Therapy (CBT) for people with positive symptoms of schizophrenia resistant to medication. Befriending was selected as a control condition because it was deemed a non-specific intervention, without theoretical or empirical grounding. The befriending is described as empathic and non-directive, with sessions focusing on neutral topics such as hobbies and not on psychiatric symptoms. The befriending intervention was delivered by the same therapists who delivered CBT. Using intention-to-treat analysis, they found that both CBT and befriending were effective at the end of the intervention (nine months) on outcome measures of psychiatric symptoms. However, at nine months follow up, the gains made for those in the befriending condition were lost, whereas those in the CBT condition continued to improve. This suggests that regular, empathic, non-directive social contact is of benefit throughout the duration of such an intervention, but may not have longer-term effects. Analysis of audiotapes of sessions found that CBT and befriending interventions differed, indicating that although the two interventions were provided by the same clinicians, there was little contamination of the befriending condition with therapy techniques.

Two studies used the same sample and data as Sensky et al. (2000), and it appears that the authors in both papers extracted and reanalysed the Comprehensive Psychopathological Rating Scale (CPRS) data from the Sensky et al. (2000) study in order to reach their corresponding conclusions. Hansen, Turkington, Kingdon and Smith (2003) developed and evaluated a new measure of negative symptoms, based on 10 items from the CPRS used in the Sensky et al. (2000) study. The authors found

acceptable correlations between the brief CPRS items and the Schedule for the Assessment of Negative Symptoms (SANS) at baseline, 9 months and 9 month follow up, and conclude that the brief scale was a suitable measure of negative symptoms. Naeem, Kingdon and Turkington (2006) looked at the response of anxiety symptoms to CBT, as measured by the Brief Scale for Anxiety (BSA) which is derived from 10 items of the CPRS. The results of both these studies concur with those of Sensky et al. (2000), indicating that participants in both CBT and befriending conditions reported reduced symptoms (negative symptoms and anxiety) at nine months, but at nine months follow-up the effects of befriending were no longer seen.

Milne, Wharton, James and Turkington (2006) examine further the study by Sensky et al. (2000) with particular interest in the finding that befriending was equivalent to CBT in reducing psychiatric symptoms at the end of the nine-month intervention. The authors were interested to find out what occurred in the sessions and conducted two comparisons of the content of the befriending sessions from Sensky et al.'s (2000) study with: (1) CBT session data from Sensky et al., and (2) social support session data (from Milne & Netherwood, 1997, cited in Milne et al., 2006). This enabled them to assess the degree of convergence and divergence befriending has with CBT and social support. They report that befriending can be defined as a form of social support as there was a significant correlation between befriending and social support session content, and that it also differs significantly from CBT (75% of utterances from CBT sessions were not measurable on the social support scale used, whereas 90% of utterances from befriending sessions were measurable on this scale). The content of befriending revealed high frequencies of 'positive social interaction', 'expression' and 'self-

disclosure' comments, whereas the speech content of the CBT sessions revealed a high frequency of 'informational reassurance' and 'requesting information'. Milne et al. (2006) conclude by asking what, despite being different, makes befriending equal to CBT?

Turkington and Kingdon (2000) evaluated the efficacy of CBT for adults with psychoses compared to those receiving a befriending control intervention. The befriending intervention, delivered by the same therapist who delivered CBT, comprised supportive, non-directive discussion focusing on topics such as the patient's interests. The authors found that over a two month period, both participants in the CBT and the befriending conditions reported reduced symptoms, but those in the CBT condition reported significantly reduced symptoms compared to those in the befriending control condition (who reported non-significantly reduced symptoms). Due to the small sample size (12 in the CBT condition and 6 in the befriending control), and the short period of intervention, no firm conclusions can be drawn from their results.

Discussion

This review identified fourteen studies (reported in nineteen papers) relevant to befriending adults with mental health problems. The studies were grouped according to their methodological characteristics: Four studies that used group comparison designs (reported in seven papers, including two qualitative papers), seven process evaluation and survey studies, and three studies that used befriending as a control condition (reported in five papers, reviewed despite not formally meeting inclusion criteria).

Overall, the evidence from these studies suggests that receiving befriending support has potential benefits for adults with mental health problems that are often considered severe or chronic.

All of the comparison studies presented some evidence for the positive impact of befriending on some aspects of clients' lives. The findings point to a variety of different beneficial outcomes, for example, increased self esteem and social functioning, remission of symptoms, and earlier discharge from hospital. Of interest was the finding from one study that those receiving support from a volunteer who had not had personal experience of mental health problems fared better than those whose volunteers did have a personal history.

The process evaluation and user-satisfaction studies were useful in providing a sense of who uses befriending services, highlighting a number of commonalities among clients in different schemes, such as those living in social isolation, a range of mental health problems and duration, and those who are unemployed or receiving benefits. It would seem that the schemes evaluated were reaching those people they were intended for. The studies also gave some indication of the range of people who volunteer as befrienders, and the drop out rate of prospective volunteers who do not go on to actually become befrienders, hinting at the difficult task of recruiting befrienders. In addition, despite a wide range in the detail of data reported, all papers gave a favourable account of the benefits of receiving befriending support. Those in receipt of befriending reported that it was helpful to them in some areas of their lives and that they were satisfied with the support received. Three of the studies reported the positive experience for clients of

talking to someone outside of the mental health system about things other than their mental health problems.

Befriending was used specifically as a control comparison intervention when evaluating CBT outcomes because it was considered non-specific and non-directive. One study reported that befriending was as effective as cognitive behavioural therapy during intervention but that improvement in psychiatric symptoms was lost at 9 month follow up. Another study found that the interactions occurring in the befriending interaction were similar to those of social support and distinctly different to CBT. It would appear that the finding regarding the efficacy of befriending being equivalent to CBT, the most well evidenced effective therapy, was unexpected. An explanation may be found when considering relevant theory and this will be addressed in the discussion on theoretical issues.

Methodological Issues

Only a small number of studies were identified through the literature search that had relevance to befriending. Deliberately relaxed inclusion criteria meant these studies could be included in the review; however the cost of this was that there was a wide range in the quality of the methods and designs that were employed and there was large variation in the quality and detail of findings reported.

With regard to methodology, randomised controlled trials are hailed as the gold standard. This review included a small number of RCT's to evaluate befriending (particularly well designed studies included Davidson et al., 2004 and Harris et al.,

1999a&b). Harris et al. (1999a) discuss the difficulties of finding a possible placebo intervention which could be used as a comparison to befriending rather than a passive wait list control, and state that it is difficult to consider what such an active placebo intervention could be, as befriending itself is so 'bottom line'. The studies using befriending as a control condition were also RCT's. In all the RCT's, the befriending intervention was established for the purposes of the research. The comparison studies used volunteers to provide the befriending support, thus being as close to 'real world' befriending support schemes as possible. The studies using befriending as a control condition used professionals to provide the support, therefore not strictly meeting the inclusion criteria for this review. However, Milne et al. (2006) were able to evaluate the content of the sessions to determine that the befriending provided by the professionals was closer to social support and differed from CBT; it could be argued, therefore, that the nature of the befriending intervention in these studies is similar to that in other studies.

While the gold standard of RCT's is recognised, it remains important to note that two qualitative studies (Davidson, Haglund et al., 2001 and Staeheli et al., 2004) brought an interpretation of the RCT results (Davidson et al., 2004) that would otherwise have made less sense without the qualitative findings. The process evaluation studies also brought valuable information in terms of examining already established befriending support schemes, giving information on who the clients and volunteers were, and providing client satisfaction and self report data on the experiences and effects of befriending. Unfortunately, the reporting of the results was highly variable in detail and standard.

The characteristics of the befriending interventions across the different studies were also variable. For example, the length of the befriending intervention provided ranged from one month (Bradshaw and Haddock, 1998) to up to a year (all the group comparison studies). In addition, two studies arranged for befriending to be carried out at the point of discharge from hospital in conjunction with staff support (Forchuk et al., 2005 and Reynolds et al., 2004), whereas all other studies were conducted with outpatient samples already living in the community for unspecified lengths of time.

A range of different measures across all the studies were used, from standardised measures of psychiatric symptoms to befriendees' reports of benefits. This range gives a sense of the different aspects of life that befriending may have an impact on, from negative symptoms of psychosis to self esteem and confidence in social situations. This measurement issue touches on theoretical aspects of the research, discussed below.

Theoretical Issues

What is it that goes on in befriending? In other words, what are the constructs, the theoretical concepts, associated with befriending? How can these constructs be operationalised in order to be measured? What are the goals of befriending and how can we know that these goals are being achieved? These are theoretically driven questions and it is prudent to look to relevant theories to help us find the answers.

Several studies included in this present review do begin to shed light on what goes on in befriending; however the findings have not been linked to relevant theories that may help us understand what psychological processes are involved. The qualitative studies

usefully contribute the perspective of the participant in receipt of the befriending support, and a few of the process evaluation survey studies give an indication of the aspects about befriending that clients found beneficial. The literature on the therapeutic alliance (Horvath & Luborsky, 1993; Rogers, 1957) provides a framework for understanding some of the findings reported in the qualitative studies, such as the value of the befriender's unconditional acceptance. As the befriending relationship is non-professional the informality may be conducive to bringing a sense of companionship and reciprocity as well as the appreciation that it is separate from mental health services, as reported by some studies reviewed. The finding that befriending was as effective as CBT at the end of a 9 month intervention suggests that there were non-specific factors operating within the relationship to produce such effects, and the concept of the therapeutic alliance may therefore be helpful in pointing to the importance of relationship factors in the outcome of befriending interventions.

The finding that engaging in community social activities increased self esteem and social functioning is consistent with the 'main effects' model of social support (Cohen, 2004). The main effects model would certainly suggest that the befriending relationship has the potential to provide a social role for the person with mental health problems, of being 'friend', thus promoting self-esteem and self-worth, as well as to increase self-esteem and confidence through the activities engaged in together and the use of community resources to promote a sense of social integration. Those in receipt of befriending reported that it was helpful to them in some areas of their lives and that they were satisfied with the support received. However, the studies give little further consideration of perceptions of the befriending support. The 'buffer' model of social

support (Cohen, 2004) would emphasise the importance of the perceptions of support held by befriendees about the befriending relationship, the influence of attachment history on this, and the impact of this perception on their appraisal of stressful events and their use of the befriending relationship as a source of support.

The psychological theories mentioned above provide pointers to the sorts of processes we may expect to see occurring in befriending relationships. It would be beneficial for future studies to identify and explore some of the processes highlighted by these theories and investigate the possible role of these processes in befriending relationships.

The lack of consideration of theory in existing studies of befriending is also illustrated by the different constructs measured by a wide range of measurement tools in the studies reviewed (over twenty standardised assessment tools, plus a number of non-standardised self report questions). Are the outcome measures that were used in these studies measuring the best constructs to evaluate the effects of befriending? Does it make sense, for example, to measure psychiatric symptoms when it could be argued that befriending is more socially and relationally focused, aiming to build confidence and self esteem and help people participate more fully in the community? The psychological theories emphasise possible outcomes such as the appraisal of stressful events ('buffer' model) and the use of available sources of support (attachment theory). The 'main effects' model of social support points to outcomes such as healthier responses to life events and a sense of social integration marked by behavioural change, including engagement in social relationships and use of community facilities. Increased psychological well-being is highlighted as a possible outcome arising from the therapeutic qualities found in the

befriending relationship, as well as from recognition by others of the possession of social roles such as being a friend. These are some of the constructs that may need to be operationalised in order to begin evaluating the efficacy of befriending.

It would be wise to use multiple indicators to measure the underlying constructs, and as such, it may be argued that having a number of different studies, as reviewed above, employing different outcome measures is useful in this regard. The second study by Harris et al. (1999b) using logistic regression to build a model to explore potential contributing factors to remission of depression, as seen in their first study (1999a), illustrates that the building of models can be highly useful in helping to determine what constructs are measured and what analysis is performed.

Suggestions for further research

In the 1960's psychological intervention work was in its infancy of being evaluated. At that time, Paul (1967) asked "What treatment, by whom, is the most effective for this individual with that specific problem and under which set of circumstances?" (p.111). It is very apt to currently ask these questions regarding befriending.

What treatment? We still know little about the characteristics of befriending interventions, and these need to be more clearly defined and described in studies. The studies included in this present review have reported that befriending comprises social activities such as talking and going out, and there appears to be a range of practices in terms of time spent together, frequency of meeting and duration of the relationship; some studies have not specified these details at all. It is important to know whether the

support is set up to be uni-directional, one-to-one support, whether there is a specified time commitment to the relationship, and what activities occur. In addition, studies should take into account whether there are any other interventions in place concurrently, e.g. medication, psychological therapy.

By whom? Is there a difference between the befriending provided by those who have had their own personal experience of mental health problems (consumer volunteers) and that provided by those who have not had such experiences (community volunteers)? One study included in this present review highlights the differences in the experiences of clients receiving support from consumer and community volunteers, suggesting that it may be preferable for clients to have an experience of a relationship that is with someone who has not been a consumer of mental health services themselves. The characteristics of who is in the best position to provide support and whether the processes and outcomes of befriending vary depending on who is providing the support are areas in need of further investigation. It is important to know what experience volunteers have had of mental health problems or services, if any; and also important to hear more of the perspectives of those receiving the support. In addition, are there other desirable qualities from volunteers that lead to better relationships and outcomes? It may be important to look at the matching between the clients and volunteers to discover what qualities are important in successful befriending relationships.

For whom? For whom is befriending most beneficial, or least beneficial? Are people with certain types of problems more likely to benefit than those with other problems? One group comparison study included in this review found that befriending mitigated

the effects of severe interpersonal difficulties particularly effectively when positive experiences providing a sense of hope were lacking. The process evaluation and user survey studies revealed that clients of the befriending schemes had a range of different mental health problems of varying duration, were socially isolated and often unemployed. It appears that the befriending schemes evaluated in these studies aimed to engage such a target population with these problems, and thus clearly met their aims. However it is not yet clear whether the chronicity of mental health problems or particular symptoms impact on the process or effectiveness of befriending, or what impact other individual factors, such as network size, perceived support, or expectations of the relationship, may make to the outcomes of befriending. As touched on above, it is important to consider the matching of volunteers and clients, and what personal qualities of clients might lead to better, more satisfying befriending relationships with better outcomes. Taking a slightly different approach to the question of 'for whom', it would be of interest to discover what, if any, effect befriending has on those who volunteer. In fact, one study begins to give a lead on this, highlighting the potential benefits seen in consumer volunteers.

Under what circumstances? Is there an optimal time during which befriending could be done? Two of the group comparison studies implemented befriending as one component of discharge care from psychiatric hospital, and the other group comparison studies used befriending with those already in the community. The intervention can obviously be applied at different times; however, there has been no comparison looking at the possible differences between those who have been recently discharged and those who have been living in the community for some time. This certainly seems an avenue worth

exploring in further research. It would also be important to explore how befriending might be linked to, or work in partnership with, statutory NHS services. A few of the studies in the present review address this issue, with one befriending scheme set up within a psychology department; another was part of a discharge plan overlapping with statutory services and other schemes that were of charitable status. It is also important to explore what other life or social-environmental factors may be important in predicting benefits from being in a befriending relationship.

This literature review has raised many questions, and unfortunately the existing empirical literature provides insufficient information to make any conclusions in response to the questions posed above. It does, however, suggest directions for further research.

Regarding the design of studies, the choice of methods used should, of course, depend on the questions being asked. Both experimental and non-experimental designs will be necessary in research into befriending in the future. It may be difficult to arrange for randomised designs to have an active comparison control condition when evaluating befriending, although it may be possible to compare psychological interventions with befriending (for example, in a similar design to two studies reviewed in this present review that implemented befriending at the point of discharge). In addition, it may be difficult to control the content of the befriending support in the same way as is often done in RCT's; for example, it may not be possible to 'manualise' befriending (in the way that, for example, psychological therapies have been manualised) because each individual relationship will be different and may achieve its aims through different

activities. Research into befriending needs to become more sophisticated, perhaps by employing different but complementary designs that broaden our understanding of the processes and outcomes of befriending (e.g., using qualitative methods to complement an RCT, as exemplified by three papers included in the present review).

Future research should also carefully consider issues of measurement. A range of different measures were used in the studies reviewed, and it could be suggested that it is important to continue to evaluate effectiveness on a broad scale until the theoretical basis of befriending is further understood and delineated. However, theory development is essential. Studies need to explore what the processes are that occur in befriending relationships and then establish what constructs these processes relate to. It then remains to determine how best these can be measured. In addition to considering the constructs involved in befriending research, it is important to take into account who the participants are that are taking part in the research. The target population of the present literature review was adults with mental health problems. It is important to look at befriending interventions for more specific problems, and for different populations. More in-depth understanding is needed of the complex problems and social issues facing people with mental health problems and it is essential that the complexity of the lives of people with mental health problems is recognised and built into studies looking at the efficacy of and processes that occur in befriending support. Mediating variables need to be explored in addition to just outcome comparisons.

Regarding the standard of reporting of results, it is important to bear in mind that it is helpful to report means and standard deviations in order to be able to calculate effect

sizes for quantitative studies. For qualitative studies, it is helpful to give examples of participant quotations that illustrate themes or important aspects of the data. The results reported in the studies reviewed were highly variable in detail and standard, and thus it has been difficult to draw firm conclusions on many issues that have arisen from the research literature.

Conclusions

The purpose of the befriending relationship can be considered to be about enhancing quality of life and personal development. The studies investigating befriending for adults with mental health problems reviewed here have certainly given some indication of fulfilling such a purpose; however there is still much research that remains to be done. How befriending may achieve its purpose remains to be understood, and this might only be done through investigating what social support really is by looking at what goes on in the relationships between people in these supportive relationships.

Finally, the potential significance of social support in work with people with severe and enduring mental health problems cannot be ignored, particularly as befriending is becoming more popular in the current socio-political climate. It would be helpful for mental health professionals to have a greater awareness of the possibility of befriending as an intervention in meeting the social needs and costs of having a mental illness. In addition, the availability, and the recognition of the importance, of avenues of support outside of the mental health system is essential if the lives of those with mental health problems are to improve.

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Part 2: Empirical Paper

Befriending adults with severe mental health problems:

Processes of helping in befriending relationships

Abstract

This qualitative study looked at the helping processes occurring in befriending relationships that provide social support to adults with mental health problems. Semi-structured interviews were conducted with eight befriendee-befriender pairs; each participant was interviewed individually and together as a pair. The interviews examined befriendees' and befrienders' experiences and perspectives of the relationship. Qualitative data analysis identified nine themes, organised into three domains: The Relationship, Making Meaning, and Bringing about Change. The findings highlight the importance of the quality of the relationship, which shared features with other types of formal helping relationships, and also the processes that occurred within the relationships that had the potential to bring new perspectives and new ways of behaving for befriendees. Some of the dilemmas and challenges faced by befrienders are also highlighted. Consideration is given to the role of befriending interventions in the lives of people with mental health problems and suggestions for further research are made.

Introduction

With the move towards care in the community and reduced reliance on mental health institutions in the last few decades, those with mental health problems living in the community often have to deal with the social antecedents and consequences of mental health problems, such as isolation, stigma, and lack of integration into their community (Davidson et al., 1999; Davidson & Stayner, 1997). Building and sustaining social relationships can be difficult when individuals are dealing with mental health problems, a lack of financial resources and are facing social exclusion through unemployment and a lack of opportunities (Davidson, Stayner et al., 2001; Davidson, Hoge, Godleski, Rakfeldt & Griffith, 1996). One possible avenue for addressing the social concerns related to mental health problems is through befriending (Perese & Wolf, 2005), a uni-directional, supportive social relationship in which one-to-one companionship is provided on a regular basis, often for the duration of about a year.

The possible benefits of befriending can be understood in the context of the broad literature on social support. Social support has a 'main effect' (Cohen, 2004) that benefits physical and mental health independently of stressors through bolstering social integration and the possession of social roles. Engaging in social activities in the community with, for example, a befriender, may promote a sense of integration and increase an individual's self-efficacy (Bandura, 1977) leading to increased self confidence and self esteem. Possessing social roles, such as being a friend, can enhance self esteem and self worth and being perceived by others as having social roles can produce a sense of identity and promote psychological well-being (Berkman, Glass,

Brissette & Seeman, 2000; Cohen, 2004; Penn et al., 2004). Social support also has a 'buffer effect' (Cohen, 2004) that protects people from the harm of stressful events. The appraisal of stressful events changes to being more manageable if an individual perceives social support to be present. If an individual is part of a befriending relationship, it may be that they perceive they are supported and thus may appraise stressful events as more manageable, enabling them to better cope.

Supportive social relationships such as befriending have become more common in the last few decades not only with adults with mental health problems but also other populations, for example, disadvantaged youth, people with learning disabilities and isolated older adults (Dean & Goodlad, 1998; Parish, 1998). However, there is relatively little research examining such interventions. The studies of befriending for adults with mental health problems fall into three clusters: outcome studies using a group comparison design, process evaluation studies, and befriending used as a control condition.

In a randomised controlled study evaluating befriending for adults with serious mental illness, Davidson et al. (2004) compared three groups of participants; one group received monetary support only and two groups received monetary support plus 'supported socialisation' (befriending) from a volunteer - in one of these the volunteers had their own experience of mental health problems and in the other they had not. At the end of the nine month intervention all three groups improved significantly on outcome measures of psychiatric symptoms, global functioning and self esteem. Although providing monetary support was equivalent to providing social support, the authors

suggest that the group receiving the monetary support purposefully spent the money on social activities. Significant improvements in social functioning were seen for participants who met regularly with volunteers who had not had their own mental health problems compared to the group receiving monetary support only. Interestingly, participants paired with volunteers who had experienced their own mental health problems were more satisfied and improved in social functioning, well-being and self esteem when they did *not* meet compared to the other group receiving volunteer support. The authors suggest this is due to participants not wanting another friendship with someone who was also in the mental health system. However, interviews with a sub-sample of participants allocated to both of the volunteer groups revealed that there were commonalities in their experiences of the supportive relationships (Davidson, Haglund et al., 2001). For example, they spoke of the presence of unconditional acceptance, feelings of reciprocity and mutuality, and benefits of doing activities in the community with someone rather than alone. Further in-depth analysis of two participants who received befriending, one from a volunteer with their own experience of mental health problems and one without, found that reciprocal relationships developed within the relationships and they experienced an increase in their community use and in socialising; however, the participants experienced different pathways to such outcomes as a result of the mental health status of their volunteer (Staeheli, Stayner & Davidson, 2004).

In a study of women with chronic depression, befriending was compared to a wait list control group, using a randomised design (Harris, Brown & Robinson, 1999a). A remission of symptoms was found for 75% of women who completed the befriending intervention compared to 39% of controls. This was comparable to many

pharmacotherapy trials of non-chronic conditions. Further analysis of factors contributing to remission of depression found that 'fresh-start' experiences were important in improving the likelihood of remission (Harris, Brown & Robinson, 1999b). These 'fresh-start' events brought hope to women's situations but did not include the actual experience of befriending; and although befriending did not evidently produce fresh-start experiences, the authors believe that this did occur but that the effect was masked by the initial interview given to all participants (whether in control or befriending conditions) which motivated women to seek out such experiences.

Two other comparison studies included befriending as part of a discharge model for patients leaving psychiatric hospital to live in the community. Participants receiving additional befriending support, compared to those receiving usual care, significantly improved on the social relations domain of a quality of life measure (Forchuck, Martin, Chan & Jensen, 2005). Reynolds et al. (2004) used a similar discharge model but did not find significant results in terms of symptom measures; however participants receiving the additional support were less likely to be readmitted to hospital than those receiving usual care.

A number of process evaluation studies have examined who uses befriending services and what sort of service is provided; some of these studies have also evaluated outcomes in terms of user satisfaction or other service-generated outcomes. For example, several studies reported that befriending services reached the population they were intended for, and there was some indication that women were more likely to take it up than men (Kingdon, Turkington, Collis & Judd, 1989; McGowan & Jowett, 2003). Those

receiving befriending support tended to report satisfaction with it, with various aspects being rated as positive, such as going out together in the community (Bradshaw & Haddock, 1998; Skirboll, 1994), as well as discussing aspects of their lives other than their mental health problems (Tombs, Stowers, Fairbank & Akrill, 2003). Increases in self confidence and self esteem have also been reported by recipients of befriending (Bradshaw & Haddock, 1998; Leiberman, Gowdy & Knutson, 1991). Volunteers - i.e., those providing the befriending support - have also reported similar gains (Leiberman et al., 1991); however one study found that just 15% of potential volunteers actually went on to become befrienders (McGowan & Jowett, 2003).

Finally, three linked studies examined befriending as a control condition compared to cognitive behavioural therapy (CBT) with adults with 'medication resistant schizophrenia' (Hansen, Turkington, Kingdon & Smith, 2003; Naeem, Kingdon & Turkington, 2006; Sensky et al., 2000). It is worth noting that both the befriending and CBT were provided by professionals; therefore the 'befriending' control does not quite meet the present conceptualisation of befriending (i.e. provided by volunteers without professional training). Befriending was found to be as effective as cognitive behavioural therapy during the time of intervention; however, improvement in psychiatric symptoms was lost at nine-month follow up for those receiving befriending. An analysis of the interactions occurring in the befriending condition found that they were similar to those of social support and distinctly different to CBT (Milne, Wharton, James & Turkington, 2006).

The above studies provide some preliminary evidence for the effectiveness of befriending adults with mental health problems. There is some evidence to indicate that befriending can reduce psychological symptoms and improve quality of life, and in the short-term may even be as effective as CBT. However, there are a number of limitations to the studies conducted so far. For example, the characteristics and activities of befriending interventions are not always made explicit; it is unclear who may be best placed to provide the support; there is no indication of whether different mental health problems may be impacted in different ways by such an intervention; or whether there is an optimal time for befriending to occur. The existing studies also tell us little about how befriending might achieve its outcomes - that is, what occurs in befriending relationships that contributes to bringing about the positive changes for the befriendee?

It may be helpful to look to the broader literature on psychological helping to aid our understanding of how the befriending relationship might bring about benefits. A number of theorists have proposed similarities across professional and non-professional helping relationships (Barker & Pistrang, 2002; Rogers, 1957) and it is possible that some processes that are present in professional helping relationships also occur in befriending relationships. Rogers (1957) suggested that the presence of certain conditions in therapeutic relationships, such as empathy and acceptance, are essential to bring about change; he also suggested that these conditions are fundamental to other types of helping relationships, such as help provided by friends or non-professional volunteers. Building on this work, a large body of research has found that the therapeutic alliance, which includes developing a bond and engaging in agreed tasks that work towards goals, is a significant factor in psychotherapeutic outcomes regardless of psychotherapeutic

approach (Horvath & Luborsky, 1993). Other processes that have been proposed as important aspects of psychological therapies, such as bringing new perspectives on clients' problems (Stiles, Shapiro & Elliott, 1986), instilling hope and interpersonal learning (Yalom, 1995), may also be found in informal helping relationships (Barker & Pistrang, 2002).

The present study aimed to explore the helping processes that occur in befriending relationships. A qualitative approach was taken because it allows for the complexity of individuals' thoughts, feelings and experiences to be studied. Qualitative, 'discovery-oriented' approaches can be useful in developing hypotheses and in building theory (Elliott, Fischer & Rennie, 1999; Stiles, 1993; Yardley, 2000). Specifically, a phenomenological approach was taken in order to explore individuals' experiences of befriending from an 'insider's perspective' (Barker, Pistrang & Elliott, 2002; Smith & Osborn, 2003). Through a systematic and in depth analysis of their personal accounts, the study aimed to bring a psychological understanding to the experiences and meanings participants attached to befriending.

The study addressed the following research questions: (1) How do befriendees and befrienders experience the befriending relationship? (2) What processes of helping occur within befriending relationships, from the perspectives of both befriendees and befrienders?

Method

Ethics

Ethics approval was granted by the University College London Research Ethics Committee (see Appendix 1).

Setting

Befriendees and befrienders were recruited from five befriending schemes in several London boroughs. Four befriending schemes were charitable organisations, and one was part of a local statutory services provision. The schemes were set up to meet the needs of adults who were lonely and isolated and who might find it difficult to form and sustain friendships as a result of mental health problems. Befrienders in the schemes were adult volunteers who were not professionally trained in working with people with mental health problems. Their role was to listen and provide companionship to service users (befriendees), to take part in social activities and to link befriendees with community resources. Befriendees and befrienders were matched by the befriending schemes on the basis of personal characteristics such as gender, age and interests and preferences of the befriendee. All of the befriending schemes required that befriendees and befrienders commit to meeting once a week for at least one hour. The befriending schemes varied in whether they had a fixed end point for the relationship (three schemes) or whether the relationship was open-ended (two schemes). In one befriending scheme, the minimum length of the befriending relationship was ten months and in the other four schemes it was one year.

Study criteria

Befriendees and befrienders were required to be engaged in a befriending relationship at the time of the study, and the relationship established for at least four months to provide sufficient relationship history for participants to draw on when being asked to think about their experiences of befriending. Individuals were not eligible if they were experiencing acute mental health problems (e.g. active symptoms associated with psychosis) that would have hindered their ability to concentrate and answer questions about the befriending relationship.

Process of recruitment

Befriending scheme co-ordinators identified and invited befriendee-befriender pairs who met the above criteria to take part. Both the befriender and befriendee within the pair had to agree to take part in the research. The befriender was usually contacted by the co-ordinator first, and the befriender then introduced the possibility of taking part in the research to their befriendee, although occasionally the co-ordinator would speak to both members of a pair. Contact details of interested participants were then passed to the researcher to arrange the interviews. The interview with the befriender was arranged and conducted first. Ten pairs were initially invited to take part. Of these, two pairs initially agreed to take part but decided to withdraw from the study before the interviews were arranged. The reason for this in both instances was that the befriendees were reluctant to be tape recorded.

Participants

Eight befriendee-befriender pairs agreed to take part (see Table 1 for description of befriendee-befriender pairs). The mean length of the befriending relationship was nine months (range: four months to two years). Four befriendee-befriender pairs were in open-ended relationships, the other four were in relationships that were arranged for a set period of time (for one pair this was 10 months and for the other three this was one year). In all but one pair, the befriendee and befriender were of the same sex.

Of the eight befriendees, five were men and three were women. Their average age was 46 (range: 33 to 57 years old). Seven described their ethnicity as "White British" and one as "White Irish". None of the befriendees were employed; two were engaged in voluntary work. Three had previous experience of having a befriender. Befriendees described themselves as experiencing a variety of mental health problems (and some noted more than one); these included: "personality disorder" (N=2), "depression" (N=6), "anxiety"/"nervous disposition" (N=2), "alcoholism" (N=1), "paranoia" (N=2).

Of the eight befrienders who took part, six were men and two were women. The average age of befrienders was 50 (range: 29 to 65). Six befrienders described their ethnicity as "White British", one as "White European" and one as "Black African". Four befrienders were retired, two were unemployed and engaged in additional voluntary work, one was studying and one was in full-time employment. Three had previously been befrienders or were currently befriending two befriendees. Three befrienders had experienced their own mental health problems.

Table 1. Description of befriendee-befriender pairs

Participant ID [a]	Gender	Approximate age	Mental health problem [b]	Length of befriending relationship	Previous befriending experience [c]
BE1	Female	30's	Personality disorder	7 months	One previous befriender (very brief)
BR1	Male	20's	No		No
BE2	Male	40's	Depression	4 months	No
BR2	Male	40's	Yes		One previous befriendee
BE3	Female	50's	Depression	10 months	No
BR3	Female	50's	No		No
BE4	Male	40's	Depression	2 years	One previous befriender
BR4	Male	60's	Yes		No
BE5	Male	50's	Nervous disposition	8 months	No
BR5	Male	60's	No		Three previous befriendees
BE6	Male	40's	Paranoia	7 months	No
BR6	Male	40's	Yes		No
BE7	Female	50's	Personality disorder	7 months	No
BR7	Female	30's	No		No
BE8	Male	40's	Paranoia	7 months	Two previous befrienders (one very brief)
BR8	Male	60's	No		One other current befriendee

Note: [a] BE indicates befriendee, BR indicates befriender; with participant identification number.

[b] Indicates main mental health problem for the befriendee, and also indicates whether befriender has experienced a mental health problem.

[c] Indicates whether befriendee has had a previous befriender, and whether befriender has previously befriended another befriendee.

Procedures

The coordinators of the befriending schemes gave potential participants the Participant Information Sheet describing the research (see Appendix 2). The researcher then contacted those expressing an interest, in order to answer any questions and to arrange the interviews. Prior to the interview, participants signed a Consent Form (see Appendix 3). Three interviews were conducted with each befriendee-befriender pair: the first was with the befriender, the second with befriendee, and the third was a joint interview with the befriender and befriendee together. One pair was unable to take part in the joint interview. The individual interviews lasted for between approximately 60-120 minutes, and the joint interviews lasted for approximately 30 minutes. Interviews took place in a variety of locations; most were conducted at befriending scheme premises and participants' homes. The interviews were tape-recorded and transcribed for analysis. Time was given at the end of each interview for debriefing with the participants. Each pair received £15 payment to go towards a befriending activity of their choice.

Semi-structured interviews

Semi-structured interview schedules were developed for each of the three interviews, following guidelines on constructing and conducting research interviews set out by Smith and Osborn (2003). The interviews aimed to encourage reflection on the relationship from befriendee and befriender perspectives. The semi-structured nature of the interview acted as a guide for the researcher and allowed for flexibility in terms of follow-up questions and prompts to enable elaboration of participants' answers and to explore their experiences and perspectives of their current befriending relationship in depth. The wording of questions within each area, and possible prompts and follow up

questions, was as 'conversational' and as open as possible. Participants were asked to focus particularly on the present relationship they were part of but where participants had had other befriending relationships that were referred to, this context was made explicit.

Befriendee interview

The main areas of the individual interview schedule for befriendees (see Appendix 4.1) consisted of: (1) background information about the befriending relationship (e.g. what was it that befriendees wanted from befriending); (2) the befriending experience (e.g. what sort of things befriendees and befrienders talked about and did together); (3) the costs and benefits of befriending (e.g. what was helpful or unhelpful for the befriendee); (4) the development of the befriending relationship (e.g. what it was like getting to know each other); and (5) the future of the befriending relationship (e.g. how befriendees felt about the relationship coming to an end).

Befriender interview

The interview with the befriender (see Appendix 4.2) was similar, covering the same main areas, but it also differed from the befriendee interview. It not only focused on the befrienders' own thoughts and experiences of befriending (e.g. what it was like for befrienders to hear the things befriendees spoke to them about), but also enquired about ideas they might have about befriendees' experiences of the relationship (e.g. how befrienders thought the relationship might be helpful or unhelpful to befriendees; and what they thought befriendees might get from befriending).

Joint interview

The aim of the joint interview (see Appendix 4.3) was to gain a more concrete sense of what the befriending pair had done together and understand how their relationship 'worked'. The joint interview took place after the befriendee-befriender pair had engaged in a specific befriending activity. The interview schedule was shorter than the individual interviews and enabled specific focus and reflection on the time befriending pairs had spent together just prior to the interview. Areas of enquiry were around how they had spent their time together, what was helpful and how they felt about the experience.

Method of analysis

The interview data were analysed using Interpretative Phenomenological Analysis (IPA; Smith & Osborn, 2003). This is an inductive phenomenological approach which examines participants' experiences and perspectives in depth and values experiences and perceptions that are similar and different across all participants, to build understanding and generate themes from the data; it also involves the researchers own interpretation of participants' accounts. IPA was chosen because it follows a systematic procedure set out by Smith and Osborn (2003) for rigorous analysis of individuals' descriptions.

The process of analysis involved several steps, the first three involving within-case analysis (i.e. analysis of separate interviews for each participant) and the last two across-case analysis (i.e. across all participants). The first step was a detailed reading of the transcripts to become familiar with participants' responses. The important ideas communicated by each participant were annotated on the transcript (see example in

appendix 5.1). The second step involved grouping similar ideas together to produce a tentative list of themes for each interview with accompanying records of quotations and references to page numbers (see example in Appendix 5.2). Once each interview had been analysed in this way, the third step was to write a narrative summary of the tentative themes for each interview (see example in Appendix 5.3). The fourth step began the process of integrating befriendees' and befrienders' accounts (across-cases analysis); the summary for each interview was read to identify initial prominent themes and to draw out similarities and differences across participants' accounts (see example in Appendix 5.4). Finally, the themes across interviews were integrated, using theory to inform the organisation of the themes.

Credibility checks (Barker & Pistrang, 2005; Elliott et al., 1999) were carried out to ensure that the interpretation of the findings represented the perspectives of the participants. The principal researcher conducted each step of the analysis, and a second researcher analysed some of the data at each stage. A consensus approach was used: the two researchers compared and discussed their interpretations of the data in order to arrive at an agreed set of themes. A final audit was carried out by the second researcher to check that each step of the analysis was backed up by the data.

Researcher's perspective

I had not had my own involvement with befriending schemes prior to this research but was familiar with the concept and general aims of befriending relationships. My interest in the area arose from having worked with adults with severe and enduring mental health problems and having seen the social consequences of mental health problems for these

individuals. The research also began at a time when a close friend experienced their first admission to psychiatric hospital, and I was motivated to be a helpful friend. Being somewhat inspired by the concept of befriending we agreed to meet up on a weekly basis, an arrangement that has continued throughout my time of conducting the present research.

Results

The qualitative analysis generated nine themes organised into three domains (see Table 2). The domains were informed by theory on the fundamental processes occurring in helping relationships (Barker & Pistrang, 2002). The first domain, 'The Relationship', concerns the nature of the relationship between befriendees and befrienders, particularly aspects of the relationship that were central to effective support. The second domain, 'Making Meaning', is concerned with the processes that were helpful in bringing new perspectives on befriendees' difficulties and on befrienders' understanding of mental health problems. The third domain, 'Bringing about Change', focuses on how befrienders helped befriendees to make changes in their lives.

The themes are drawn from both befriendees' and befrienders' accounts, and reflect the broadly similar views shared by befriendees and befrienders, both within pairs and across befriendees and befrienders, as well as drawing out any differences in individuals' accounts. For each theme, quotations are provided from befriendees (BE) and befrienders (BR); the befriendee-befriender pairs are indicated by the participants' number (e.g. BE1, BR1).

Table 2. Domains and themes

Domain	Theme
1. The Relationship	1.1 "Empathy's more important than anything else"
	1.2 "You're both safe"
	1.3 "Quite like a friend"
	1.4 "Time to move on"
2. Making Meaning	2.1 "Having things put into words"
	2.2 "A different perspective"
	2.3 "A learning experience for the befriender too"
3. Bringing about Change	3.1 "Getting out and doing stuff"
	3.2 "Teaching me to have a healthy relationship"

Domain 1: The Relationship

The quality of the relationship was emphasised by befriendees and befrienders as essential to fostering effective support. Empathy was identified as playing a key role, and the "safety" of the relationship allowed befriendees to be open with their befrienders. The befriending relationship was viewed as unique, although it had similarities to other relationships, such as natural friendships. The ending of the relationship was a prominent theme: it was a taboo subject for some pairs but others found ways of managing the feelings that endings brought.

Theme 1.1: "Empathy's more important than anything else"

Both befriendees and befrienders identified the highly important role of empathy within the relationship. Befrienders described how they strove to understand befriendees'

experiences and befriendees were aware and appreciative of their befriender's capacity and attempts to do this. The view expressed by one befriender, that *"...empathy's more important than anything else"* (BR2) was echoed by other participants. Befriendees who had befrienders with their own experiences of mental health problems felt that this helped their befrienders to understand them. Befrienders with their own mental health experiences had a similar view that because of this they were better able to understand.

> *"He understands what I'm talking about. He understands because he's been there...He's got a first hand experience of a breakdown and when I talk to him, I know in my heart of hearts that that man understands where I'm coming from." BE4*

> *"If you're looking for befrienders, probably the best community to get them from is people who have been through the sausage machine of the NHS themselves...it's difficult for somebody who's never experienced any type of mental illness to actually understand it...You can read it in a book, but unless you actually experience it you can't quite get your brain round it." BR6*

However, it was acknowledged that personal experience of mental health problems did not necessarily lead to direct understanding, and one befriender felt that rather than a lack of complete understanding being a hindrance, it could be beneficial to the relationship. A befriendee from a different pair expressed a similar view.

> *"Some of it I can empathise with and some of it I've absolutely no idea at all...There are some things in his life and I think, I know what that one was like, um, but then I don't think you ever will get a hundred percent fit with other people...And if you did have that hundred percent fit, it might be ideally the wrong person for them because they'll just wallow in it with them." BR6*

> *"Some kind of similar fellow feeling with what you're going through at some level can really help. You don't want them to over identify with you because everyone's different, but some kind of common bond I think helps." BE2*

Befrienders who had not had their own mental health problems seemed to be very aware of not having faced such difficulties; however they worked to understand their

befriendees' experiences through listening to befriendees' descriptions, attending to their emotional reactions and relating events to those in their own lives.

> *"Every now and again I sort of think I understand her a bit, like you understand other friends because you can relate their behaviours to the way you behave...And then she'll describe a behaviour, and I'll think, Ah, I haven't got one for that." BR1*

> *"I've never been in a situation like she has been but the way she explains it, I sympathise with her, I empathise, I put myself in her shoes and think about if I was in this situation I would feel this way, it's fair enough that she's feeling like that. So I'm trying to understand." BR7*

Befriendees were aware when their befrienders had not experienced what they had gone through and recognised befrienders' attempts to understand through asking questions; they described how befrienders were able to understand to some extent, at least able to sympathise, but perhaps not know what it felt like themselves.

> *"He probably knows to a certain degree what I've gone through because we talk about things...But um, regarding his understanding, um, really he can only sympathise unless you go through it yourself, experience it yourself." BE8*

> *"I don't know that she understands, I mean I don't know she fully understands what went on. She does understand part of it...[befriender's] asked questions...she's asking them to understand... it's not as though she doesn't understand what I went through, it's like she doesn't know what it feels like. And therefore she doesn't necessarily understand how I feel." BE3*

Theme 1.2: "You're both safe"

The befriending relationship was described as a "safe" one by both befrienders and befriendees. Befriendees experienced their befrienders as non-judgemental, accepting and respectful, and befriendees appreciated the confidentiality of the relationship. These aspects helped befriendees feel "safe" and thereby facilitated a relationship in which befriendees could open up to their befrienders. Befrienders also spoke with awareness

of the same qualities within the relationship, indicating the shared view that *"... you're both safe."* (BE7)

> *"It's that lack of pressure, the non-judgemental support that I like...it's kind of safe." BE2*
>
> *"She seems to be able to talk to me about all sorts of things. Sometimes really personal things...I think it's probably easier to talk to somebody who's a stranger...it's a confidential situation, it's not going any further than us. So, um, maybe that's what gives her the freedom to talk." BR3*

One befriendee had had a difficult experience with a previous befriender who had not taken such a non-judgemental approach, and this relationship had broken down.

> *"...mentally ill people feel un-empowered of their own way of life, like they're not in control of how they want to be, and some people try to take that power away and rather than them trying to lead a normal life and this was what my other befriender was doing, forcing his beliefs on me, which I didn't like." BE8*

Befrienders did occasionally find it difficult to balance their reactions to their befriendees. Being non-judgemental did not always come easily and there was sometimes an uncertainty about how to respond.

> *"I'd say the hardest thing is not giving a true reaction to the things she says, and biting my lip rather than making or voicing my judgements or opinions on what I've heard is the way she's behaved. That's probably the toughest thing." BR1*
>
> *"You feel that something's coming out here that you want to get at, but sometimes you actually want to then push it back, like I don't want to know this...if he needs to get it out, then he needs to get it out...you don't really know what the right response to it is." BR6*

Both parties valued the support they received from the befriending scheme. Befriendees viewed the support from the befriending scheme as one aspect that helped the relationship feel safe and secure for them. Befrienders' views were similar: they valued

the support with how to deal with difficulties and to feel they were not in isolation in the relationship.

> *"You've got the co-ordinator in the background overseeing how things are going...you know you've got that added protection that your confidentiality isn't going to be breeched, or it shouldn't be anyway. It's secure." BE8*

> *"When she was cutting it was really difficult and I was really distressed about it, so I called [befriending scheme co-ordinator] to see how to handle it...so it was like dealing with it together. It's not like I'm alone dealing with the situation." BR7*

Theme 1.3: "Quite like a friend"

The befriending relationship was described as similar and different to other relationships - with friends, family, service users and professionals. Befriendees and befrienders placed the befriending relationship somewhere in between these other types of relationships suggesting that it served its own unique function and purpose.

> *"...a kind of back-up support that wasn't quite the same as friends, but was friendly. You know, somebody who was, kind of, there for me. Not as a professional, not the kind of involvement that family or a close friend might have, but someone who was sat in the middle bit really." BE2*

> *"Some friends of mine in the system have said what do you need a befriender for, you've got a relationship, you've got friends. But actually this is more, somebody who's aware of my history, it's not like meeting a new friend whose first question is what do you do, why aren't you working, what is wrong with you, you know. It's befriending but it's not a friendship thing...somebody ordinary and normal, not, well, some relationships in the system can get a bit involved...So it's nice to dip your toe in the water by meeting someone, not as a friend, but meeting somebody fresh who knows your history but still respects you." BE7*

There was awareness that the relationship was set up in somewhat unusual circumstances but that it developed into a more natural relationship over time.

> *"While I'm talking to him I'm not constantly thinking of the roles that I'm the befriender and he is the befriendee, we're two people having a chat." BR2*

> *"Instead of being conscious of the role, it was almost like trying to forget about the role and just be myself...he's my befriender, but, you know, I'm just myself and he's*

just himself, we just happen to be doing this particular thing, in this particular relationship, in this particular way...It's more important for us just to be ourselves." BE2

In one relationship the befriender and befriendee had differing views on their roles in the relationship.

"I look at [befriendee] and see [befriendee] just as he's a client, and I'm a befriender. I don't say really that I'd see him as a friend...it could happen I suppose, but with me it hasn't happened...But whether he sees me as a friend or as part of befrienders, I wouldn't know that." BR4

"We've got a close bond as friends. It feels like he is my friend. I don't look on him as a befriender, that's the way I look at it. We've become good friends." BE4

At times, befrienders were more aware of having a formal role as 'befriender', and this did not always sit easily with being a 'friend'.

"I'm keeping a watchful eye, but not making it obvious...I think it is part of my role, well, that's how I feel anyway. I think, um, at the end of the day, a befriender is a kind of carer, um, obviously not a specialist carer, but in a very general way, to see that the befriendee is well, or as well as they can be." BR2

"You get very close to people, but it's in that moment in time, it's in that, um, situation. I guess that you are performing a role. I'm still me but I'm performing that role in that point in time. Whatever else may be going on is, is sort of outside it." BR5

One of the main aspects that made the befriending relationship different to other relationships was that it was not a completely balanced reciprocal relationship. For befrienders there were issues around where to place their boundaries and about how much of themselves to give to the relationship; this varied across befrienders.

"It's more to do with where I'm putting my boundaries. It's, it's because that moment is not about me...It's kind of making sure that the whole conversation isn't about me...The unequal-ness of the relationship is that one. It's not about me." BR5

"I think I would see [befriendee] as a friend now. Um, I'm not sure that's the general aim of the befriending service that you actually become friends, um, but I don't see any reason why it shouldn't happen. I mean, I think it would be a bit strange if you were just looking on him as somebody that you've got to visit because you've thrown yourself into this thing, and you don't really want to be their friend. You know, you don't mind giving them a bit of time, but you don't want to be sort of too friendly with them, that would be a bit strange if it went on for quite a long time like that." BR8

Despite the presence of boundaries, befriendees and befrienders spoke of a sense of a degree of mutuality and reciprocity within the relationship.

"I just worried how it would work and meeting a complete stranger and being in the position of being befriended, like you're a lesser being or something, but it's all been done very nicely, and I feel very equal with her. I don't feel like I'm being done to or patronised." BE7

"Sometimes I end up talking about my own life to her, and because I don't want to be sitting there just listening...So sometimes I give her a bit more of me. It's the interaction...she feels like she knows me and that she knows a bit of my life, it makes us a bit closer...I feel it's important for me to open up a bit, not just be a stranger who comes once a week for her to talk to and to listen to her and then just disappear." BR7

Theme 1.4: "Time to move on"

The ending of the relationship was a prominent issue for both befriendees and befrienders. For some, ending was a subject to be avoided in conversation within the befriending relationship and was difficult to think about. There was some anxiety about how the ending would be managed in a safe way.

"I hate it because I hate the endings...At the moment it's one of those things I don't want to think about so I shove it to the back of my mind and don't think about it." BE3

"I feel like it's slightly kind of a bit like a taboo subject. Um, I think I would be scared of saying the wrong thing, if it came up. I'm more than happy at the moment, not bringing it up in conversation or trying to avoid it...if it's not managed well could give some bad messages out." BR1

For others, there was an acceptance that endings were part of this particular relationship from the outset as well as being a natural part of *"...all our lives, in and out with others."* (BR3)

> *"If it happens, it happens...If it has to be, it has to be." BE6*

> *"Um, it's a matter of fact...the important thing is the moment and it's just the start of another journey, the trite phrase...it becomes part of history...I mean it doesn't stop the, you know the walking out with that lump in your throat...But that's what's going to happen...accept those are the emotions..." BR5*

The consequences of ending the befriending relationship raised some uncertainty for befrienders and befriendees. Some befrienders were concerned about the possible dependence that befriendees might develop on the relationship, and some befriendees expressed worry about the possible detrimental consequences for themselves.

> *"I suppose that might be a detrimental thing, um, how much of a reliance [befriendee] has on us meeting for her self esteem and that, and whether she's going to take a blow after it's finished, which may be a realistic thing." BR1*

> *"I'd probably get even more depressed, going back to what I was before...That is a big worry. 'Cos if you get used to going out once a week, and it sort of becomes part of your routine, and your routine is going to get ripped out from underneath you...I don't want to end up going back to being shut in my flat all the time." BE1*

In contrast to this, some befriendees found that the idea of ending brought a sense of hope, and something to build on.

> *"Well I'm hoping that by the end of it, I've got that bit stronger and it will be the right time to move on. And definitely there is hope there...You realise how precious hope is, when you've felt the lack of it...I'm thinking well, I'm going to enjoy it while it lasts and when the time comes for it to move on, hopefully I will be strong enough to accept it, and that was that bit and now..." BE2*

Both befrienders and befriendees considered the possibility of the relationship continuing in some form after the more official end put in place by the befriending

scheme. Some befrienders felt more at ease than others about moving the befriending relationship into more of a natural friendship.

> *"I wouldn't try to meet up with her outside of the arrangements of the befriending scheme, because I would wonder if that was ethical...the start was already false, so I was wondering how do you grow it to a friendship...the interaction is totally different." BR7*

> *"I would say to [befriendee] that we're breaking off now, but would you like to come and for me to see you once a month, whether it would go any further than that, whether a friendship would evolve from that I don't know...Well, that would be as a friend and not as a befriender. Maybe a friendship would evolve." BR4*

Domain 2: Making Meaning

Befriendees valued the opportunity provided by the relationship to have an outlet to talk which helped them clarify and make sense of their thoughts and feelings. They also valued the different perspectives brought to their situations by their befrienders, and befrienders were very aware of contributing to the relationship in this way. Befrienders themselves also gained new perspectives: those who had not experienced their own mental health problems developed a new understanding of mental health issues.

Theme 2.1: "Having things put into words"

Befriendees spoke with appreciation about being able to talk to their befrienders about "anything, everything and nothing". They described how they could use the relationship as an outlet to talk through ideas and thoughts that might otherwise build up; this process provided not only a *"big release"* (BE4) but helped befriendees to clarify their thoughts and feelings.

> *"I've been in a situation, when I could really have been kicking off but then, when I've seen [befriender] I've been able to tell him...he'll make me think about things rather than lashing out at a member of staff for no reason...I need to have the*

conversation to sort it out in my head, otherwise it just builds up and builds up, and then I just totally kick off." BE1

"Well, it's helpful because, in terms of being able to clarify my thoughts...He might say, well, what's the main issue for you or what's the main worry that you've got. Sometimes you worry and it goes swirling around and the worry takes over rather than what you're worried about. So that can be helpful." BE2

Befrienders spoke of providing an opportunity for befriendees to talk about their difficulties and to put them into words.

"Maybe it's the need for befriending, to have someone to have a chat with. More often I think that if you talk about something it brings things clear in your own mind, whereas if you don't talk about it you just think about it and it's not the same thing...it helps having things put into words." BR3

However, there were times when befriendees did not want to talk about their difficulties; rather, the time spent with their befriender provided a distraction from some of their difficult thoughts and feelings. Befrienders also recognised that they could serve such a function.

"...I didn't have to hide how I was feeling. But she never intruded on it either and we'd get on and talk about something else...it stopped me thinking about what was causing me to feel the way I was...it is distraction." BE3

"Befriending services are predominantly there to lighten somebody's mood I think...there is someone they can talk to about whatever they want to talk to them about...if his mind is taken off those things for a couple of hours then that's quite a relief for him, I would imagine." BR6

Theme 2.2: "A different perspective"

Befriendees and befrienders spoke of the relationship being a forum in which new and different perspectives could be explored. Befriendees described how being able to consider new perspectives was a helpful experience for them.

"Slowly but surely [befriender] helped me see things from a different perspective. A different light, and taught me to turn things around. They taught me a new way of looking at things." BE4

"She will tell me about things, what happens and things and we try to...I think we experiment a bit...You just have to explore different things and sometimes they work and sometimes it doesn't." BR3

The way in which these alternatives were presented to befriendees by their befrienders was important. Befrienders were conscious of how they were offering another perspective to befriendees, and wanted to do it in a gentle, enquiring and flexible manner, not forcing their suggestions but encouraging befriendees to consider different options as well as generate solutions themselves.

"When we talk she'll give me advice but she doesn't mind if I don't take it or I disagree with it or whatever...It's alright because she doesn't push it...She might say what she thinks but it's never, I'm right and you're wrong and you've got to do it this way." BE3

"...it's part of that looking at whatever the situation is, from a lot of different perspectives...You look at it in a balanced type of way, rather than in one fixed way." BR6

Befrienders used themselves and their experiences to help provide a source of different views. One befriender also encouraged her befriendee to broaden her friendship network to access different perspectives.

"Being there and being, bringing my own experience of life is maybe helpful...From my point of view...just the fact that I am a different person to who he would normally see...I mean different things I might bring into the conversation, I suppose." BR8

"I want to encourage her to meet more people...try to interact more...to meet other people as well as service users, so that she can have a different approach to situations." BR7

Befrienders and befriendees were aware that if having different and new perspectives was to make a difference, befriendees needed to be ready to consider another view.

"I'm not so sure and could be wrong, but I think that if people want to improve themselves it's up to the person, nobody else can do it for them unless they want to." BR3

"...I ain't saying it's all down to them, 'cos at the end of the day they can talk as much as they like...it had to come from me as well...I've analysed it and I've had to put it into practice...it's no good [Befriender] working his heart out talking to me, and I'm doing nothing to help the situation." BE4

Theme 2.3: "A learning experience for the befriender too"

Befrienders who had not had experience of their own or others' mental health problems prior to becoming a befriender found the process "*...came as a real eye-opener, or I would say shock... that makes you go, Oh I had no idea.*" (BR5) to the difficulties and social stigma that surround people with mental health difficulties. In this way, befriending offered opportunities not only to the befriendee, but to the befriender, for making sense of mental health problems.

"I don't know anyone with a diagnosed mental disorder so I had no idea what someone like that would be like. Now it seems silly to sort of think about...If you read the Daily Mail too much then you're thinking it's going to be someone wielding an axe and that type of thing, whereas it's just not the case...It's nice to sort of confirm that what you read in the papers isn't representative of the mental health sector." BR1

One befriendee certainly echoed this view.

"I think it can be a learning experience for the befriender too, in terms of learning what it's like to go through that kind of distress...learning what it might be like from that person's point of view." BE2

Befrienders also described how being in the relationship with their befriendee led them to reflect on their own lives and circumstances. This was mostly expressed by befrienders who had not had their own mental health problems, but one befriender who had had his own mental health problems also described a similar process.

"It makes me think about me, who I am...you do have to say to yourself am I happy with where I am and if there are things that are getting to me where is that layer occurring and you know, because I do become more conscious." BR5

"It can help you to look at and reassess your own life. So I think it's valuable...And for the person who's the befriender, it's a, not necessarily comfortable, but perhaps a useful jog to remember that this is how you used to be or this is how other people would have seen you. It helps you reassess some of the things that have happened to yourself, and how other people may have reacted or looked at it." BR6

Domain 3: Bringing about Change

Befrienders made active attempts to bring about change for befriendees, primarily through doing activities together. Opportunities to get out and do things helped befriendees to gain confidence and to learn new skills. Some befriendees also described how having a 'healthy relationship' with their befriender enabled them to learn how to have healthier relationships with others.

Theme 3.1: "Getting out and doing stuff"

The befriending relationship was not solely about spending time talking together. Befriendees and befrienders spoke about the activities they engaged in that befriendees may not have done before or were reluctant to do on their own. Befriendees described how doing activities together promoted change.

"Just getting out and doing stuff that I wouldn't normally do that, like, there's no other opportunity to do...I've got more of a reason to live...'cos I know I'm going to be doing something every week." BE1

"I feel brave enough to go on my own. And if it weren't for [befriender], I wouldn't have dreamt of doing that. But now he's plucked up my courage, I went with him...and now I feel like I can take myself...I'm getting more brave, taking myself out more, more and more often...I get the odd days I feel like I want to get up and go, and I go for it. And I never had that before I had befriending." BE5

Accessing and participating in befriendees' communities was an important aspect to the activities befriendees and befrienders did together.

"It's in my patch, my library, my café, so it's good." BE7

Befriendees described how they also developed skills such as accessing the internet and befrienders spoke with hope that befriendees were gaining skills from the time spent doing things together.

"I feel quite grown up having learnt a little bit about computers...once or twice I've been able to get onto it on my own when I've got there early...I thought, oh well I'll try to get on, on my own and I did, and I felt quite chuffed with myself." BE7

"If she could become really comfortable with getting busses or something like that then that would be something that would kind of be a long term benefit that she could carry on after the scheme finished...My hope is that there will be a degree of, or an aspect where she seems to have benefited from the start to the end." BR1

Befrienders were aware that the activities engaged in together provided an opportunity for befriendees to experience things they may not have done before and in this way, brought exposure to new situations. In addition, befrienders were able to model their responses to situations that may have helped befriendees cope. One befriendee was also attentive to and drew inspiration from his befriender's way of coping.

"It's being able to get out and visit places and do things that otherwise [befriendee] wouldn't have done naturally on his own, and that's an exposure to a whole load of different things...it's opening that window of things out there...if we actually go into a territory that he's uncomfortable with...I can demonstrate a behaviour, an acceptance of what's going on without any qualms. And if part of being able to behave in that way and react in that way just shows him there's a normality then hopefully that's something that will make him think well that's ok." BR5

"Sometimes I look at [befriender] and wonder how does he do it, and I think to myself if he can do it, so can I. You know, just because I...have a mental illness, I don't see why that should stand in the way. So it's more of a positive role that he plays." BE8

Befrienders were also sensitive to the limitations and difficulties their befriendees faced in engaging in some activities and they worked around these to the benefit of their befriendees.

> *"She quite likes to go on outings but she doesn't do it by herself...She didn't like, she's not very easy, she's alright going up on an escalator but not going down...what I did was I found a route where she didn't have to go on an escalator...And she really enjoyed that." BR3*

For one befriendee, the process of change through doing activities together with his befriender was very evident and rather poignant.

> *"...before I ever had a befriender I was absolutely lonely, I was wrapped up in my own self, felt lonely, depressed...I used to sit indoors, didn't really want to know people...I was a very shy person, I was a loner...Yesterday I gave [befriender] a whole list of ideas as long as my arm of things we want to get up to, various museums, parks, places we want to go to together...it really is uplifting, if I can put it like that...I'm exploring certain places with [befriender] that I've always wanted to go and see and I'm getting the chance to go and do it. And that is brilliant...it's just nice to get out with [befriender] once a week. It's given me more courage in myself to go out and meet more people during the week." BE5*

Theme 3.2: "A healthy relationship"

For some befriendees, the very nature of their relationship allowed for them to experience a new, healthy relationship, and this in itself promoted change. Befriendees and befrienders spoke of using the relationship as a foundation to feel able to relate to others in new ways.

> *"Maybe it's teaching me to have a healthy relationship with somebody as well, even though it's within boundaries and structure, it's still a relationship. Maybe I'm learning stuff there." BE7*

> *"There's things I might learn from it too, for the future like the ways of relating to people that are more satisfying, so yeah, I think it does feel very helpful." BE2*

> *"The relationship is...it's about creating opportunities for [befriendee] to go where perhaps he wouldn't have gone before in relationships." BR5*

One befriendee described how the befriending relationship contributed to breaking the cycle of going in and out of hospital, because he had a relationship with someone other than service users.

> *"The thing is with lots of mentally ill people, it's a vicious circle. You're in and out of hospital all the time, and you've got to break that chain, so to speak, and the way you can break that chain is by people like [befriender] and the organisation, because...when you're in hospital you're there with other mentally ill people, they become your friends, you get discharged, you mix with mentally ill people all the time...and you're back in...And the way that chain got broken was partly through [befriending scheme]...I get friendship from it, and um, it's important because as I say, the chain's broken." BE8*

Discussion

The present study examined the befriending relationship from the perspectives of befriendees and befrienders. The qualitative, phenomenological approach enabled an exploration of the helping processes occurring in these relationships. Overall, both befriendees and befrienders emphasised the importance of the quality of the relationship. This laid a foundation for additional processes to occur such as considering alternative perspectives and engaging in new activities to bring about change.

Particular features of the befriending relationship were recognised by both befriendees and befrienders as intrinsic to their relationships functioning well, such as empathy, acceptance, being non-judgemental and maintaining confidentiality. These characteristics have been identified as fundamental to other types of helping relationships, from informal helping to professional therapeutic relationships (Barker & Pistrang, 2002; Horvath & Luborsky, 1993; Rogers, 1957; Stiles et al., 1986). Without

such characteristics, it may be suggested that the befriending relationship would not have worked, as they appear to have played a central role in facilitating befriendees to feel able to be open and talk with their befrienders. Indeed, one befriendee reported that a previous befriending relationship had broken down due to the lack of acceptance and judgemental approach by his befriender.

Unlike professional therapeutic relationships, befriendees and befrienders described a sense of reciprocity and mutuality within their relationships which was similar to natural friendships; however, there were some boundaries in place in terms of how much personal information befrienders shared with their befriendees, making it somewhat different to naturally formed friendships. Importantly, befriending offered befriendees a relationship with someone other than mental health professionals and family members. People experiencing mental health problems frequently report that their social contact is often limited to mental health professionals, other service users and family members (Chinman, Weingarten, Stayner & Davidson, 2001; Davidson et al., 1996; Davidson & Stayner, 1997; Penn et al., 2004). For participants in the present study, befriending seemed to expand their social lives and mitigate social difficulties such as loneliness and lack of meaningful activity.

Another important aspect of what occurred in the befriending relationship was the enterprise of 'making meaning' - that is, making sense of befriendees' difficulties and situations. This is recognised as a central component of most psychological therapies (Brewin & Power, 1999) where professionals draw on theoretical models to inform this process. Befrienders were able to make meaning despite the lack of formal training;

they were able to draw on their own personal experiences and perspectives in helpful ways. The process of talking in itself was particularly important in helping befriendees clarify their thoughts and feelings: new perspectives were brought to befriendees' problems and experiences through conversing with their befrienders. Befrienders were able to provide suggestions of alternative attitudes and ways of coping that befriendees had not considered previously, and this was done in a non-judgemental and unassuming way, placing befriendees in a position of empowerment and having choice. This seems particularly important, given the disempowerment and lack of opportunities that people with mental health problems often face (Davidson et al., 1996; Davidson, Stayner et al., 2001; Perese & Wolf, 2005).

Change also seemed to be brought about through the process of doing activities together. The activities befriendees and befrienders engaged in were often located in befriendees' local communities and this may have served to promote a greater sense of community integration for befriendees. This is of significance given what is known about the level of isolation, stigma and the lack of integration with communities that is experienced by people with mental health problems (Davidson et al., 1999; Davidson & Stayner, 1997). Having someone with whom to engage in activities may have also provided befriendees with a stronger sense of possessing social roles, such as being a friend; this is consistent with social support theory (Cohen, 2004). Befriendees also learnt new skills, and were exposed to and had modelled for them new activities, experience of social situations and use of community facilities. Again, such 'behavioural' strategies are often seen in psychological therapies that are informed by theories such as social learning theory (Bandura, 1977). Although befrienders had no formal training, they seemed to have an

intuitive sense of the 'behavioural' processes that could bring about change. The activities engaged in could also be conceptualised as 'fresh start' experiences, i.e. positive events introducing hope to the difficult situations of befriendees, an occurrence that was reported by women with chronic depression who received befriending support (Harris et al., 1999b).

Experiencing and learning from a 'healthy' befriending relationship was another important way in which some befriendees felt they were helped. This can be understood in terms of attachment theory (Bowlby, 1969, 1977): healthy relationships can help develop positive 'internal working models' for future relationships. The befriending relationship was experienced as 'safe' and there was a sense of befrienders 'being there' for befriendees; this may have facilitated a relationship in which new ways of relating could be tried out and healthy representations of relationships developed. The interactions between the befriendee and befriender may have served to provide befriendees with internal working models that could be generalised to social interactions within other relationships. Befriendees and befrienders may also have developed healthy working models for ending relationships as the ending of the befriending relationship was overseen by the befriending schemes and was managed in a considered and safe way.

For befrienders, being in a befriending relationship brought with it some dilemmas and challenges: for example, uncertainty about where to place boundaries, the need to find a balance between being non-judgemental and sharing personal opinions, the degree to which they could empathise, and finding ways to manage the ending of the relationship.

For befriendees and befrienders, the ending of the relationship was significant, regardless of whether it was something that brought uncertainty and difficult feelings or whether it was accepted and acknowledged. There were concerns about how dependent on the relationship befriendees may have become, and whether ending the relationship would lead not only to a loss of the relationship for befriendees but also of the processes that may have brought about change, with the possibility that the gains might not be sustained. One particular challenge faced by some befrienders was how much they felt able to empathise with the experiences of their befriendees. For befrienders who had no personal experience of mental health problems, this was sometimes difficult. Befriendees who had befrienders without their own mental health problems did not necessarily see this as a hindrance, and in fact found it brought its own benefits: being in a relationship with an individual who was not, or had not been, a service user. Befrienders who had had their own experiences of mental health problems tended to find it easier to empathise with the experiences of their befriendees, as well as to provide encouragement that change was possible. Although this also brought the possibility of over-identification, the similarities in experience were valued by these befrienders and their befriendees. This is consistent with the literature on peer support (Davidson et al. 1999) which suggests that it can be beneficial for those experiencing mental health problems to meet others who have had similar experiences but who may be further along in their recovery.

Limitations

The present study has a number of methodological limitations. Firstly, the method of recruiting the participants raises the question of the representativeness of the sample.

Befriending scheme co-ordinators were asked to contact potential befriending pairs; it may have been that better functioning pairs or pairs with positive perspectives and experiences were more likely to be selected and willing to take part. Befriending pairs who were not invited to participate or declined to take part may have not had such a positive experience of the befriending relationship. Secondly, befriendee-befriender pairs came from five different befriending schemes in London, which may not have been representative of befriending schemes across the rest of the country. Thirdly, there may have been a demand characteristic in the interviews, whereby individuals may not have felt at liberty to talk about the difficult aspects of their experiences, particularly in the joint interviews. Befriendees and befrienders tended to give generally positive perspectives on the relationship although in several of the individual interviews, befriendees and befrienders did give some negative aspects and described a more rounded picture of befriending. Finally, the research focused on one point in time, and therefore the accounts may have reflected what is going on in the relationship at that particular moment.

With regard to the analysis of the data, although credibility checks were performed, time constraints meant that additional checks such as testimonial validity (Barker & Pistrang, 2005; Stiles, 1993) were not possible. Testimonial validity checks would have been desirable as this would have ensured the participants themselves were able to inspect and confirm the researchers' interpretations of their comments, and may have developed the interpretations that have been reached. Conducting further analyses of the data, for example, a dyadic analysis examining the experiences within each befriendee-befriender pair, may also have yielded new understandings.

Future research

The present study was conducted because so little is known about befriending, particularly with regard to the processes involved in the relationship that may contribute to bringing about the benefits suggested by previous research. The findings suggest a number of avenues for future research, both in terms of process and outcome. The quality of the befriending relationship was found to be of fundamental importance to the relationship functioning well and there were similarities between the characteristics of befriending relationships and good therapeutic relationships. The role of the therapeutic alliance has been linked to outcome of therapy (Horvath & Symonds, 1991), and it would be worth exploring whether a similar finding might apply to the process and outcome of the befriending relationship. The study also found some evidence that perspectives of befriending differed in respect to whether befrienders had experienced their own mental health problems or not. Further research is needed to investigate the similarities and differences between befriending provided by them and any impact this has on outcome for befriendees.

With regard to further research considering processes involved in the befriending relationships, the ending of the befriending relationship is one area that warrants further exploration. The study highlighted the ending of the relationship as a prominent theme for befriendees and befrienders and it would be worth discovering, for example, how befriendees and befrienders manage the ending. The befriending relationships were studied at one time point, longer term follow up would allow exploration of whether the relationship continues after the 'set time' and how the relationship changes or develops. The present study did not elicit the perspectives of befriending scheme co-ordinators and

it would seem appropriate to explore this in relation to the setting up, managing and supervising of befriending relationships. Considering the outcome of befriending for adults with mental health problems, further research is needed to establish whether befriending interventions are more effective for certain types of problems and whether any changes to befriendees' lives are sustained.

Clinical implications

The befriending relationship is one avenue for mental health service users to find a supportive relationship outside of the mental health system. It is important for people with mental health problems to have informal friendships, particularly as this experience is often reported to be lacking in their lives (Davidson & Stayner, 1997; Penn et al., 2004). It would not be appropriate to argue that befriending relationships should or could act as a replacement for help provided by professionals, but given that the social, relational aspects of people's lives are relatively neglected by mental health services (Boydell, Gladstone & Crawford, 2002), befriending arguably can have an important role alongside the mental health system. It would also be reasonable to encourage mental health professionals to attend to these issues, for example by having better links with and providing information to service users about schemes that provide social support outside of the services in which professionals work.

Given the importance of the befriending relationship being 'safe' for both parties and the dilemmas and challenges faced by befrienders, supervision and support provided by the befriending schemes is essential. It is a testament to the quality of the befriending schemes involved in the present research that they all provided regular supervision for

their befrienders and that they also met with their befriendees to ensure quality and satisfaction with the befriending relationship. Considering that characteristics of the befriending relationship are also present in professional therapeutic relationships, it is likely that issues arising in the supervision of befriending relationships are not unfamiliar to mental health professionals. It may therefore be relevant to consider the potential benefits for establishing links between befriending schemes and mental health services, particularly with the possible role for professionals in providing some form of supervision, if welcomed by befriending schemes.

In addition to providing a source of social support to people with mental health problems, befriending engages people in activities that access community resources. This perhaps actively puts the concept of care in the community into practice, empowering people to socialise with others and participate in their local communities. The use of volunteers may also bring some change to the current stigma associated with mental health problems by informing them about the reality of the experiences faced by people with mental health problems. These methods promote mental health in ways recommended by the first standard of the National Service Framework for Mental Health (DoH, 1999), building on the social networks of individuals and communities to improve mental well-being, and reducing stigma amongst the public through education, including through volunteering.

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Part 3: Critical Appraisal

Introduction

This critical appraisal focuses on two broad areas: (1) my personal reflections on the research, and (2) methodological issues. In the first section, I consider how the research was influenced by my own thinking and previous experiences, and how I was in turn influenced by the process of the research. I also consider my experience of working with the befriending schemes. In the second section methodological issues that arose during the course of the research process are discussed, including conducting the interviews and analysis.

Personal reflections

Expectations and personal context

Previous work within mental health services for people with severe and enduring mental health problems prior to training as a clinical psychologist provided me with an understanding of some of the limitations and shortcomings of mental health provision by statutory services and of the way in which mental heath problems may often be understood. This was particularly with regards to the social lives of people with mental health problems, who I saw experience isolation, lack of contact with people other than service users and professionals, and societal exclusion. This work developed within me a commitment to empower individuals to work towards a better quality of life, and also the belief that there is a need for fundamental changes to be brought to the social contexts that both contribute to and maintain the distress in people's lives. The concept of befriending seemed to tackle directly the same concerns that my previous experience

had led me to hold. What particularly interested me, from my minimal understanding of befriending at the outset of this research, was that its aim was to meet a social need, tackling isolation; it was more accessible, being located in the community; and it was not provided by professionals, some of whom I had experienced as exerting an enormous amount of power over people. Instead, befriending seemed to value the competencies of others in the community. I had not had any direct experience of befriending, but knew of a couple of service users who had spoken positively about befriending. This starting place was the platform from which I began this research into the experiences of those in befriending relationships and the helping processes that are involved.

The personal impact of the research

The process of conducting this research built upon and developed my perspective, linking my views drawn from my experience to the context of relevant literature and research, which in turn has informed my thinking about how I hope to practice as a clinical psychologist. Conducting the literature review confirmed my experience of the position of the social lives of people experiencing mental health problems, the social context of distress and social exclusion that occurs. Becoming familiar with both the social support literature and relevant psychological theories provided me with a language for understanding the helping processes involved in befriending relationships. I had not previously been introduced to research suggesting that common processes occur in many different forms of helping relationships from informal peer support through to trained psychological therapists (Barker & Pistrang, 2002). This, and my interest in the principles of community psychology helped to give me a template for

considering the role of, and processes involved in, informal helping and in particular, befriending.

In conducting this research I gained an appreciation of the clear value of informal support outside the mental health system in the form of befriending schemes. I have been greatly impacted by meeting the befriendees, befrienders and scheme co-ordinators and hearing the stories of their personal experiences of befriending and am convinced that befriending should be made widely available. From my perspective, as a trainee clinical psychologist, there is clearly a role for both professional and informal provision of help, with both having similarities as well as important differences. The training and experience gained by professionals means that they possess skills and tools for helping others that non-trained individuals do not have. Mental health professionals cannot be all things to all people. It is not the role of mental health professionals to provide friendship for the people they work with; the professional therapeutic relationship is not a reciprocal mutual relationship and it would not be appropriate for it to be so. However, this does not negate the very real need people have for healthy relationships and friendships in their lives that benefit their well-being. Befriending services appear to fill a gap where professionals cannot go, and where members of the community are best placed to offer their support. Given the level of stigma that is associated with mental health problems and with mental health services, it is also important to have services that are not provided within the mental health system. The process of research has also led me to think about the value of peer support by those who have experienced their own mental health problems and have found a greater degree of recovery, and the important place they have in helping those who may be less far along in their recovery.

From my perspective it seems that there is a unique kind of help that such individuals can provide. In addition, the research process has further confirmed for me how important and foundational the processes involved in helping relationships really are, such as the presence of empathy, being non-judgemental, maintaining confidentiality and so on.

The present research has led me to two complementary positions of thought that will impact my work and approach as a clinical psychologist. Firstly, I feel strongly that mental health professionals should have an awareness and consideration of social support as an important issue for those they work with who are in distress. Links need to be established between statutory services and those based in and run by the community so that there is more partnership and collaboration. Secondly, as a mental health professional, I feel there is a responsibility to also carry a political agenda, questioning and seeking to make a difference to the social injustice and inequality in society and within the mental health system itself that play a part in the distress experienced by individuals and communities.

Working with befriending schemes

One aspect of setting up the research that surprised me was how difficult it was initially to locate befriending schemes for adults with mental health problems. This raises the issue of the importance of creating awareness within the community about these resources, and again, relates to the need for (and perhaps highlights the absence of) links between community services and professional mental health services. Using the search terms 'befriending' and 'befriending schemes' on the internet revealed just one of the

befriending schemes that I eventually contacted. Through other websites and people who were aware of different charities and volunteering organisations, such as the Mentoring and Befriending Foundation, I managed to get in touch with eight befriending schemes in north London, five of which were provided by the mental health charity MIND.

I was very encouraged by the initial interest that the scheme co-ordinators expressed in the research. However, a number of the schemes were unable to take part: one scheme was in the position of just being set up; another had already taken part in a Master's research project and a third one had agreed to take part in a major research project being carried out by the Institute of Psychiatry looking at volunteering. This meant that I was able to work with only a small number of befriending schemes.

The schemes that participated in the research seemed to have high standards and the scheme co-ordinators were reliable and responsive to both the needs of the befriending pairs, and to the research. I presented the project proposal and met with the schemes a number of times prior to the recruitment of participants to talk through what would be involved, any concerns they had and any benefits they may gain from agreeing to participant. I experienced the scheme co-ordinators and managers to be open and willing to collaborate on the project. The high standards of the schemes and the approaches of the scheme co-ordinators facilitated and made easier the collaborative work that this research project required.

Methodological issues

Sample

As described in Part 2 of this thesis, the recruitment of participants for the research was through the befriending scheme co-ordinators. This did raise a number of issues about the selection and recruitment of participants that meant the sample was not necessarily representative of other befriending pairs and schemes. On reflection, an additional bias that may have also influenced this was in presenting the proposal for the research; I was conscious of trying to 'sell' the idea of the research in terms of whether it could benefit the befriending schemes as well as meeting the goal of answering the research questions, for example we discussed how the research could potentially be used to raise the profile of the schemes and attract more or continued funding. Whilst I hoped that the research could contribute in this way, it may have impacted on the scheme co-ordinators' selection of appropriate befriending pairs, for example, it is possible they may have encouraged those with a more positive experience to take part, and may not have approached those who may have been more ambivalent about it.

Interviews

The design of the interview schedules required some careful thought. In constructing the schedule, it was very helpful to follow the IPA guidelines set out by Smith and Osborn (2003) and to look at other interview schedules e.g. those used in a study examining the ending of keyworker relationships in residential homes for people with learning difficulties (Mattison & Pistrang, 2000). The areas of enquiry on the interview schedules did cover what I was interested in asking about befriending, and no new areas

arose from the participants during the interviews. The interview schedules, particularly for the individual interviews, worked well and there was a logical development of the areas that were covered.

Compared to clinical interviews, the research interviews were more conversational and were not problem focused. Although the mental health difficulties of the participants were acknowledged they were not a focus. I was however, aware of being a mental health professional and the potential dynamic this brought to the interview setting - that participants had some negative attitudes and experiences of mental health services and mental health professionals. However, it seemed that they felt able to express their views about these aspects of their care, both positive and negative, without my professional status impacting on the process of research.

It is worth giving particular consideration to the joint interviews that were conducted with the befriendee and befriender together. These were more difficult to organise and at times it was difficult to find a suitable location for the actual interviews. Some of the joint interviews were conducted in public places by virtue of them taking place at the end of one of their befriending meetings, which meant I had to take particular care about maintaining confidentiality. I was also conscious that some befriendees and befrienders had spoken of aspects of their relationships to me in the individual interviews that they specifically did not wish their respective partner to know about. Another challenge was establishing a framework for a three-way discussion rather than for me to just ask the same questions to both the befriendee and befriender. This was more easily done for

some pairs than others, and it also seemed to depend partly on the environment in which the interview was conducted.

Analysis

Interpretative Phenomenological Analysis (IPA) seemed to work well as an approach to analysing the interview data as it was both systematic and allowed for interpretation. Because the process of analysis relies on the researcher's interpretations of the participants' accounts, I was aware of the potential for my positive experience of collaborating with the befriending schemes to influence my analysis in seeing the positive points made, whilst trying to be as objective as possible. It was therefore helpful for credibility checks to be carried out to ensure the interpretations were representative of befriendee and befriender perspectives, such as through consensus and audit checks. It may have been beneficial to conduct further checks, for example, testimonial validity by requesting participants' views of the analysis, or triangulation by hearing the views of the befriending scheme co-ordinators to check for consistency of the findings (Barker & Pistrang, 2005; Stiles, 1993).

The three interviews for each pair generated a great deal of rich data, and the final analysis may not fully have done justice to the data. One reason for this perhaps was the complexity of the data, having two individual perspectives plus the accounts from the joint interview for each pair. The analysis drew more on the individual interviews from each participant than on the accounts from the joint interviews; this was due to richer information generated from the individual interviews. Another limitation of the analysis

is that it focused on identifying themes *across* the dyads; it would have been interesting to analyse the accounts within dyads, which might have provided other insights.

Epistemological issues

My values, in terms of empowerment, giving people a voice and valuing the competencies of others in the community, shaped the research. I was drawn to a qualitative approach, in addition to methodological reasons, because such an approach holds well with these values and the values of community psychology. However, the research questions that guided the study, whilst being fairly exploratory will have undoubtedly have influenced what was found. In particular, the focus on the helping processes involved in the befriending relationships may have led to other important aspects of the befriending relationships not being focused on in the interviews or not included in the analysis or results.

Conclusions

This research was a positive experience of collaborating with community services. I was surprised that there were so few schemes and that they were difficult to find. As a result of this research I believe it is a real lack that such a provision is not available in every borough, and the perspectives of those with mental health problems confirm that it is important to have services that operate outside of the mental health system. I have also come to believe that collaboration between statutory services and services outside of the mental health system is an important and worthwhile endeavour.

I was asked by some participants whether this research could be used to highlight the need and argue for more financial resources to be provided to the befriending schemes. Although this did not form part of the actual research, it is important to recognise the role that research has in establishing evidence about what works for whom and how, which often provides access to further financial support. I hope this research has a positive return for the befriending schemes, and that there is an impact on the readers of this study to bring change for those who work within the befriending schemes that have taken part. It would be an achievement if the profile of befriending was raised within the public arena and further funding was granted. I also hope that psychologists and other professionals may consider collaborating with those who work within non-statutory services, and in particular, consider befriending as an intervention for people with mental health problems as it clearly has a lot to offer in addressing the social antecedents and consequences of mental illness.

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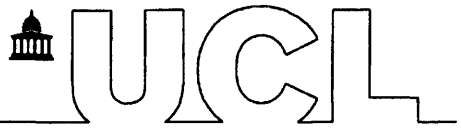
Appendices

Appendix 1: Ethics Approval

UCL GRADUATE SCHOOL



Dr Nancy Pistrang
Sub-Department of Clinical Health Psychology
UCL
Gower Street

21 March 2006

Dear Dr Pistrang

Re: Notification of Ethical Approval

Re: Ethics Application: 0602/001: Befriending: Experiences of befriendees and befrienders

I am pleased to confirm that following the review of your application by the UCL Research Ethics Committee the above research has been given ethical approval for the duration of the project.

Approval is subject to the following conditions:

1. You must seek Chair's approval for proposed amendments to the research for which this approval has been given. Ethical approval is specific to this project and must not be treated as applicable to research of a similar nature. Each research project is reviewed separately and if there are significant changes to the research protocol you should seek confirmation of continued ethical approval by completing the 'Amendment Approval Request Form'.

The form identified above can be accessed by logging on to the ethics website homepage: http://www.grad.ucl.ac.uk/ethics/ and clicking on the button marked 'Key Responsibilities of the Researcher Following Approval'.

2. It is your responsibility to report to the Committee any unanticipated problems or adverse events involving risks to participants or others. Both non-serious and serious adverse events must be reported.

   Reporting Non-Serious Adverse Events.
   For non-serious adverse events you will need to inform Ethics Committee Administrator ( ), within ten days of an adverse incident occurring and provide a full written report that should include any amendments to the participant information sheet and study protocol. The Chair or Vice-Chair of the Ethics Committee will confirm that the incident is non-serious and report to the Committee at the next meeting. The final view of the Committee will be communicated to you.

   Reporting Serious Adverse Events
   The Ethics Committee should be notified of all serious adverse events via the Ethics Committee Administrator immediately the incident occurs. Where the adverse incident is unexpected and serious, the Chair or Vice-Chair will decide whether the study should be terminated pending the opinion of an independent expert. The adverse event will be considered at the next Committee meeting and a decision will be made on the need to change the information leaflet and/or study protocol.

On completion of the research you must submit a brief report (a maximum of two sides of A4) of your findings/concluding comments to the Committee, which includes in particular issues relating to the ethical implications of the research.

Yours sincerely

Chair of the UCL Research Ethics Committee

Cc: , Sub-Department of Clinical Health Psychology, UCL

Appendix 2: Participant Information Sheet

SUB-DEPARTMENT OF CLINICAL HEALTH PSYCHOLOGY
UCL PSYCHOLOGY

Gemma Mitchell
Trainee Clinical Psychologist
e-mail:
Tel:

Dr Nancy Pistrang
Senior Lecturer in Clinical Psychology
e-mail:

Befriending: Experiences of befriendees and befrienders

Participant Information Sheet

You are being invited to take part in a research study. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the research about?
We are interested in the experiences of people who are involved in befriending relationships. We would like to talk to a number of befriendee - befriender pairs to find out about how befriending works and what it is like to be a befriendee or befriender. Although there is some previous research on befriending, little is known about befriending from the perspectives of those who are actually involved in it.

Why have I been chosen?
We have contacted several befriending schemes in London. We understand that you are part of one of these schemes and that you are currently in a befriending relationship, either as a befriendee or a befriender.

What will I have to do if I take part?
Both the befriender and befriendee in a pair will need to agree to take part. If you both agree to take part, we would like to interview you. The interviews will focus on various aspects of your befriending relationship, e.g. how long you have been meeting and what you do together, what it was like to become a befriender or befriendee, what you have found helpful or unhelpful about befriending, and whether the relationship has made a difference in any way. There aren't any right or wrong answers – we just want to hear about your opinions and experiences of being in a befriending relationship.

We would like to meet individually with each befriendee and befriender separately, and then with you both together. Each interview will take no more than an hour. With your permission we will tape record the interviews, so that we have an accurate record of what was said. As a token of our thanks for your participation, we will give each befriendee - befriender pair £15 to be used towards a befriending activity of their choice.

Do I have to take part?
Taking part is voluntary. If you don't want to take part, you do not have to give a reason and no pressure will be put on you to change your mind. You can withdraw from the project at any time. If you choose not to participate, or to pull out during the interview, this will not affect your current position with the befriending scheme you are with.

What are the risks and benefits of taking part?
We anticipate that you will find it interesting to talk about your experience of being in a befriending relationship. However, it is possible that during the interview you may feel uncomfortable about talking about some aspect of your experience. If this happens, we will ask you or you can tell us if you would like to stop the interview. We hope that our research will provide a better understanding of what successful befriending involves.

What happens to what I say?
All the information you give us will be confidential and used for the purposes of this study only. Only the researchers will have access to the information and what you tell us will not be passed on to your befriender or befriendee. The data will be collected and stored securely in accordance with the Data Protection Act 1998. Electronic data will be password protected, and paper files and audio tapes will be kept in a locked filing cabinet. The tapes will be transcribed and then erased. All identifying information will be removed from the interview transcripts so that you cannot be identified individually. Any reports or publications resulting from the study will not reveal the identity of anyone who took part. In accordance with normal scientific procedures the transcripts will be held for 5 years after publication and then destroyed.

If something you tell us leads us to believe that either your health and safety or the health and safety of others around you is at immediate risk, we will need to inform a member of the befriending scheme.

What do I do now?
If you would like more information about this study or have any questions, ask your befriending scheme or contact Gemma Mitchell (phone number and email address at the top of this information sheet). If you think you would like to participate, tell your befriending scheme and we will then contact you. Prior to taking part in the research, you will be given a copy of this information sheet to keep and a consent form to sign and keep.

For your information:
The researchers have undergone satisfactory Criminal Records Bureau check.

Thank you very much for considering taking part in this study.

THIS RESEARCH HAS BEEN APPROVED BY UNIVERSITY COLLEGE LONDON'S RESEARCH ETHICS COMMITTEE

Sub-department of Clinical Health Psychology
University College London

Appendix 3: Consent Form

SUB-DEPARTMENT OF CLINICAL HEALTH PSYCHOLOGY
UCL PSYCHOLOGY

CONFIDENTIAL

Informed Consent Form

Befriending: Experiences of befriendees and befrienders

**This form is to be completed independently by the participant.*

	Yes	No
I have read and understood the Participant Information Sheet. OR: I have had the Participant Information Sheet explained to me.		
I have had the opportunity to ask questions and discuss the study.		
I have had satisfactory answers to my questions.		
I understand that I can withdraw from the study at any time without penalty.		
I understand that withdrawing from the study will not affect my position with the befriending scheme.		
I am aware of and consent to the tape recording of my discussion with the researcher.		
I agree with the publication of the results of this study in a research journal. I understand that I will not be identified in these publications.		
I give consent that I would like to take part in this research.		

Signature of Participant: _____ Date: _____

Name in CAPITALS: _____

Signature of Researcher: _____ Date: _____

Name in CAPITALS: _____

Sub-department of Clinical Health Psychology
University College London

Appendix 4: Interview Schedules

4.1: Befriendee Interview Schedule

4.2: Befriender Interview Schedule

4.3: Joint Interview Schedule

Appendix 4.1: Befriendee Interview Schedule

Befriending: Experiences of befriendees and befrienders

BEFRIENDEE INTERVIEW SCHEDULE

Introduction

- Introduce ourselves and the research, and what we talk about is recorded for research.
- Purpose is to find out about your experiences of befriending, what it's like and how you find the process.
- Consent and confidentiality (except harm)
- No right or wrong answers, your experience of befriending
- Payment to both befriender and befriendee after second interview for use on a befriending activity

Background information

- **How long have you and your befriender been meeting?**
  - When did you first meet up?
- **How did you get matched up with your befriender?**
- **When your befriending relationship was set up, what were you told about it?**
- **Is this your first time befriending, or have you had a befriender before?**
- **What was it that got you into befriending?**
  - Why did you want a befriender?

The befriending experience

- **What's it like being a befriendee?**
  - How do you find it?
  - How do you feel about it?
- **What sort of things do you do together?**
  - How do you choose what to do?
- **What sort of things do you talk about?**
  - How do you find that?
  - What's it like for you to tell your befriender about these things?

- How do they respond or deal with it?

- **What's it like being with your befriender?**
  - How do you feel about the time you spend with them?

- **When you meet, what are you looking for?**
  - What do you want from the time you spend together?
  - What do you hope to get from it?
  - Do you feel you this happens?
  - What are the important things that you do?

- **How does your relationship compare to relationships you have with other people?**
  - Is it similar or different to natural relationships (friends, family)?
  - Is it similar or different to relationships with professionals (esp. mental health profs)?

- **How much do you feel your befriender understands what you're going through?**
  - How do you find this?
  - What's it like for you?

- **What does befriending mean to you?**
  - What words come to mind?
  - Do you think your befriender might have similar or different views?

<u>Costs and Benefits</u>

- **What's helpful about befriending?**
  - What makes it work?
  - Any specific examples?
  - Activities?
  - Conversations?
  - How do you feel about it?

- **Is there anything that hasn't been (or isn't) very helpful?**
  - What's that like?
  - What's made it unhelpful?
  - Any specific examples?
  - Activities?
  - Conversation?

- **What are some of the difficulties or tough things about being a befriendee?**
  - What's that like?
  - How do you feel about it?

- **What are some of the best things about befriending?**
  - How does that feel?
  - What's it like?

- **Do you get anything out of it?**
  - What difference has it made to you?
  - How do you think you've benefited?

- **What do you think your befriender might get out of it?**
  - What difference do you think it makes to them, being a befriender?
  - How do you think they might have benefited?

<u>The development of the befriending relationship</u>

- **What was it like when you were getting to know your befriender?**
  - How did it feel at the beginning?
  - How was the first time you met?
  - How did things go?

- **What were your hopes for the relationship?**
  - What sort if support or help were you wanting?
  - Do you feel that these hopes have happened?

- **Was there anything that made things easier or that helped at the beginning of your befriending relationship?**
  - How was this helpful?
  - How did you feel about that?
  - Why was this important?

- **Would you like anything to be different if you started again?**
  - What was that like?
  - How did you feel about that?

  - How would this help?
  - What difference would that have made?

<u>The future of the befriending relationship</u>

- **How do you feel about your relationship with your befriender coming to an end in the future?**
  - Have you thought about it at all? (by yourself or with your befriender?)
  - What will you miss?
  - What do you think it will be like?

- **Would you be part of a befriending relationship again?**
  - What influences your decision?

- **Would you recommend it to others?**
  - Which aspects or things in particular would you recommend?

Concluding the interview

- **How do you think your life would be different if you didn't have a befriender?**
  - Anything you wouldn't have experienced?
  - Anything you wouldn't have learned?
  - What would you have missed out on?

- **Is there anything I haven't asked about that you think might be useful or important for me to know?**

- **How's it been talking with me today?**

- **Is there anything you'd like to ask me?**

Remind re.

- Confidentiality
- Next meeting with both befriender and befriendee (+ payment)
- My contact details
- Thanks

Appendix 4.2: Befriender Interview Schedule

Befriending: Experiences of befriendees and befrienders

BEFRIENDER INTERVIEW SCHEDULE

Introduction

- Introduce ourselves and the research, and what we talk about is recorded for research.
- Purpose is to find out about your experiences of befriending, what it's like and how you find the process.
- Consent and confidentiality (except harm)
- No right or wrong answers, your experience of befriending
- Payment to both befriender and befriendee after second interview for use on a befriending activity

Background information

- **How long have you and your befriendee been meeting?**
  - When did you first meet up?

- **How did you get matched up with your befriendee?**

- **Were their particular aims for your role with your befriendee?**
  - What was your understanding of what was needed or what you were asked to do?

- **Is this your first time befriending, or have you done it before?**

- **What was it that got you into befriending?**
  - Why did you want to be a befriender?

The befriending experience

- **What's it like being a befriender?**
  - What does it involve?
  - How do you find it?
  - How do you feel about it?

- **What sort of things do you do together?**
  - How do you choose what to do?

- **What sort of things do you talk about?**
  - How do you find that?
  - What's it like for you to hear about these things?
  - How do you respond or deal with it?

- **What's it like being with your befriendee?**
  - How do you feel about the time you spend with them?
  - How do you know, how is this shown?

- **When you meet, what are you aiming for?**
  - What do you hope to achieve?
  - What do you hope they'll get out of it?
  - Do you feel you this happens?
  - What are you bringing to the time you spend together?
  - What are the important things that you do?

- **How does your relationship compare to relationships you have with other people?**
  - Is it similar or different to natural relationships (friends, family)?
  - Is it similar or different to relationships with professionals (esp. mental health profs)?

- **How much do you feel you can understand what they're going through?**
  - How do you find this?

- **What does befriending mean to you?**
  - What words come to mind?
  - Do you think your befriendee might have similar or different views?

<u>Costs and Benefits</u>

- **What's helpful about befriending (for the befriendee)?**
  - What makes it work?
  - Any specific examples?
  - Activities?
  - Conversations?
  - How do you feel about it?

- **Is there anything that hasn't been (or isn't) very helpful (for the befriendee)?**
  - What's that like?
  - What's made it unhelpful?
  - Any specific examples?
  - Activities?
  - Conversation?

- **What are some of the difficulties or tough things about being a befriender?**
  - What's that like?
  - How do you feel about it?

- **What are some of the best things about befriending?**
  - How does that feel?
  - What's it like?

- **What do you think your befriendee gets out of it?**
  - What difference do you think it makes to them that they've got a befriender?
  - How do you think they've benefited?

- **Do you get anything out of it?**
  - What difference has it made to you?
  - How do you think you've benefited?

<u>The development of the befriending relationship</u>

- **What was it like when you were getting to know your befriendee?**
  - How did it feel at the beginning?
  - How was the first time you met?
  - How did things go?

- **What were your hopes for the relationship?**
  - What did you hope to achieve?
  - Do you feel that these hopes have happened?

- **Was there anything that made things easier or that helped at the beginning of your befriending relationship?**
  - How was this helpful?
  - How did you feel about that?
  - Why was this important?

- **Would you like anything to be different if you started again?**
  - What was that like?
  - How did you feel about that?

  - How would this help?
  - What difference would that have made?

<u>The future of the befriending relationship</u>

- **How do you feel about your relationship with your befriendee coming to an end in the future?**

- Have you thought about it at all? (by yourself or with your befriendee?)
- What will you miss?
- What do you think it will be like?

- **Would you be part of a befriending relationship again?**
  - What influences your decision?

- **Would you recommend it to others?**
  - Which aspects or things in particular would you recommend?

Concluding the interview

- **How do you think your life would be different if you weren't involved in befriending?**
  - Anything you wouldn't have experienced?
  - Anything you wouldn't have learned?
  - What would you have missed out on?

- **Is there anything I haven't asked about that you think might be useful or important for me to know?**

- **How's it been talking with me today?**

- **Is there anything you'd like to ask me?**

Remind re.
- Confidentiality
- Next meeting with both befriender and befriendee (+ payment)
- My contact details
- Thanks

Appendix 4.3: Joint Interview Schedule

Befriending: Experiences of befriendees and befrienders

JOINT INTERVIEW SCHEDULE

- **What did you do together today?**
  How was it?
  How did you find it?
  How do you feel about it?
  What are your thoughts?
  Have you done this before?

- **What sort of things did you talk about today?**
  How did you find that?
  What was that like?
  Have you talked about these things before?

- **Was today helpful?**
  What made it helpful?
  What difference has today made?

- **How do you feel after your befriending meeting?**

- **How do you choose how you spend your time?**
  Who suggests what you do?
  How do you decide?
  Who organises it?

- **Are there things you would like to do but haven't done together yet?**
  What sort of things are these?

Appendix 5: Extracts of Analysis

5.1: Annotated Transcripts of a befriendee and befriender interview

5.2: List of themes for a befriender interview

5.3: Narrative summary for a befriendee interview

5.4: List of preliminary themes across all interviews

5.1: Annotated Transcripts of a befriendee and befriender interview

Extract of transcript for BE4	**Annotations**
I: Ok, so what sort of things make it feel like a friendship?	
BE4: I think it's because we've got so much in common. Because he's experienced a breakdown, I've had my second one so the man actually knows where I'm coming from.	*BR's own mental health experience helps it feel like a friendship*
I: That sounds really important to you.	
BE4: It is, because unless you've experienced it you don't know what it's all about.	
I: So it would have been very different if you had been given a befriender who hadn't had their own experiences?	
BE4: Yeah, cos really, you take someone maybe like yourself who hasn't experienced a breakdown, and talking to you, you wouldn't understand.	*No mental health experience, can't understand*
I: Yeah, so to have someone like [Befriender] who's also had something similar, that is the thing that...do you think that is the connecting thing between the two of you?	
BE4: Yeah, definitely. Cos like, he understands where I'm coming from, and that is the most important thing. And the thing is, the man gives me good advice. And if I ever lost him, I mean, I know he isn't going to last forever as a befriender, and there'll come a day when he won't be my befriender, but I hope we'll be able to keep in touch with each other.	*Most important thing that BR understands BE* *Thoughts re. ending - loss, wants to stay in touch*
I: I want to ask you about the future in a little while...You've talked a bit about what you find helpful, like talking with you and him giving you a bit of advice. Are there other things that you find helpful about having time with him?	
BE4: Well, I can talk to [Befriender] comfortable, relaxed, and we can talk about anything, you know what I mean. Anything and everything.	*Can talk about anything, feel comfortable and relaxed with BR*
I: So being able to talk about anything. How does that help?	
BE4: It's a big release. Because like, with depression, say with my physical disabilities comes my depression, yeah. So sometimes, things stack up in my brain and I can't break them all down and this is where with [Befriender], if he can help me, break them down.	*A release to talk - thoughts stack up, can break them down by talking*
I: Yeah, breaking down the different things inside you, and what is it, is it the talking about things or him listening, or what goes on that helps break that down?	
BE4: [Befriender] listening and advising me. And as I say, at the end of the day, if there's anything that can do anything about it, it's me. And what I learnt to be able to do as I told you, I've learnt to take on board what's been said in those couple of hours and when [Befriender] goes away, I can recollect my thoughts and turn the negatives that have been in my mind into positives and deal with it in that light.	*BR listens and advises, BE is responsible for deciding how to respond*

Extract of transcript for BR7	Annotations
I: Okay, and were there particular things, when you got matched up with [befriendee], were there particular aims for your role as the befriender coming in?	
BR7: What I was trying to do first, when I went to the training, was to get her to open up a bit, to trust me to talk to me, to be able to confide in me. Yeah. Telling me things that she wouldn't usually tell her close friends or things like that, so we can build some kind of relationship on trust. Well, I was trying to get her trust basically to confide in me.	*Building trust for BE to confide what she wouldn't tell friends*
I: Right, so concentrating on kind of the relationship, building up the trust, seeing whether she would feel able to talk to you, to confide in you.	
BR7: Yeah, things like that would be difficult for her to talk to other people about, you know.	*Different to conversations with others*
I: Okay, and has that sort of changed over the time?	
BR7: Well, yeah, I think the aim has changed now, yes, because now I feel like I've got her trust, we get on well, so now I'm trying to get her to have more confidence in herself, you know. It's step by step. Now I've got her trust, I now want to help her to feel able to do things that she wouldn't do before, so she's more confident, things like that.	*Move from establishing trust to trying new things together*
I: Okay, so how did you go about the process of thinking I want to get her to feel that she can trust me, I want her to feel more confident in herself?	
BR7: We had training with [befriending scheme coordinator] and I think it's just talking and listening to her most of the time listening. And she feels that she's not judged, you know. She, it's the total acceptance of what she says, you know, she knows that I won't judge her. That helps a lot.	*Listening, acceptance, non-judging.*
I: That sounds important, the helping her feel that she's accepted and you're listening, and not giving her an experience where you're judging what she's saying. And that was the thing that helped build the trust. [**BR7:** Yeah] And what about in terms of building her confidence in things, how are you going about it?	
BR7: It's more difficult, but at the moment... She's a very confident person I think, but she panics a lot, so I'm trying to get her to see every situation from a different angle. When you're calm, you can actually logically see how to go about the situation, so I'm trying to help her calm down to see the situation in a different way. We only meet once a week so it's not easy, but when we are there, we try to talk over the situations and try to see a different angle. You know, oh you could have done it that way, next time you could try this way. We try to discuss different options.	*Different perspective - different options for how to deal with difficult situations.*

5.2: List of themes for a befriender interview

BR6 - Themes for this interview, with quotations and page numbers

Balancing responses / approach to BE

- It's almost as if [befriendee] is throwing out little one-liners to see if you're paying enough attention to actually listen, not in a way of testing you but in a way of, I want to talk about this but I don't. It's like his way of dealing with 'I shouldn't really talk about these things because I'm a man and I'll just slip this out and oh he's latched onto it. Okay, well I'm not sure I want to talk about it but we'll talk about it'. **p2**
- You feel that something's coming out here that you want to get at, but sometimes you actually want to then push it back, like I don't want to know this. **p2**
- It's not something that people really want to talk about but if it's the right thing for [befriendee] to do then lets talk about it as best we can. **p3**
- But if he needs to get it out, then he needs to get it out. ... you don't really know what the right response to it is. **p3**
- [Befriendee], he is a person that you know can go to extremes. ...reaction can be that much more intense, if you like. Likewise if you shut them down, and say well we don't really want to talk about that, it's putting up a big wall between you, and the whole point is to try and help them lower those walls. **p3**
- I don't think it's the job of a befriender to be a psychoanalyst, we're not trained. We may see some signs but we may misread them, um, there should be a professional in the background where when [befriendee] is able to talk to anyone about it, he can talk in much greater depth with someone more experienced. **p3**
- So, like I say, I don't think it was necessarily the right thing to do, it wasn't necessarily the right way to have done it, but it seems to have had a reasonable outcome. **p8**

Different perspectives

- I've talked to [befriendee] about it and I'll try to give him different ways of looking at it, and try to talk about his contribution to the situations he's found himself in and the way other people may look at it. **p3-4**
- If there's somebody else there, if his mind is taken off those things for a couple of hours then that's quite a relief for him, I would imagine. Um, slowly he'll probably open up on what those things are. Um, and then you can work together to try to look at them, as it were, and perhaps even solve one or two of them or help him come to terms with one or two of them. **p7**
- And if you did have that hundred percent fit, it might be ideally the wrong person for them because they'll just wallow in it with them. ... I guess to look at it from other people's perspectives, to talk to [befriendee] about it in a dispassionate type of way. Sometimes it's just useful to have someone who doesn't get upset about it. ... Sometimes it's useful to have someone who does get upset about it because then you think well they actually know what I'm talking about. They feel it. You don't really want to walk away leaving the other person in a quivering wreak, do you. Not all the time. **p9**
- I would guess that he would say that he just enjoys having somebody to talk to. Somebody um, that isn't going to judge in any way shape or form, somebody he

doesn't have to impress, somebody that um ... I don't think he'd use the phrase of somebody on his side as it were. I tend, I think it's important to him... **p10**

- So you can be, it's part of that looking at whatever the situation is, from a lot of different perspectives. Some of them will be on his side and some of them will be on the other side. You look at it in a balanced type of way, rather than in one fixed way. **p11**

Understanding and empathy

- I guess I can relate to the isolation that the majority of the people find themselves in. **p1**
- you need to continuously explain to yourself their behaviour **p9**
- Empathise. Um, some of it I can empathise with and some of it I've absolutely no idea at all...never experienced it, so wouldn't know where to begin...A sense of guilt, a sense of loss, yeah, I can relate to those, I understand them. Some of the things he's gone through, I can offer him no more than how I might feel about it if I read it from a book because it's personal to [befriendee], it's not personal to me, I can't relate it to an experience in my own life so I can't um...I empathise at an intellectual level as opposed to an emotional level, I suppose on those types of issues. You know, I can get my brain around it, but I can't feel it as such. There are some things in his life and I think, I know what that one was like, um, but then I don't think you ever will get a hundred percent fit with other people. **p9**
- And if you did have that hundred percent fit, it might be ideally the wrong person for them because they'll just wallow in it with them. **p9**
- Sometimes it's just useful to have someone who doesn't get upset about it. Sometimes it's useful to have someone who does get upset about it because then you think well they actually know what I'm talking about. They feel it. **p10**
- If you're looking for befrienders, probably the best community to get them from is people who have been through the sausage machine of the NHS themselves. Because if you've got some type of mental illness, it's difficult for somebody who's never experienced any type of mental illness to actually understand it, or even to realise how debilitating it can actually be. You can read it in a book, but unless you actually experience it you can't quite get your brain round it... And it can be good for both the befriendee and the befriender then, because the befriendee can see that here is somebody who's been through the sausage machine just the same as they're probably going through the sausage machine at the moment, so there's light at the end of the tunnel. **p15**
- I've got some type of understanding of the type of things they're going through, there may or may not have been somebody there for me, but at least I've got the opportunity to be there for them, type of thing. **p15**

Endings

- It's a difficult type of relationship to form with someone because on day one you're thinking about the ending of it. Whereas in most normal relationships there is no assumption of it ending. There's no sense of it moving on and anything else but befriending, it's always planning for that day when your befriender doesn't need you anymore, type thing. **p1**

- I'm not even sure how these relationships come to an end. Some of them seem to come to an end because the befriendee doesn't want it anymore, some of them the befriender moves on, um, sometimes it becomes unofficial. You know, what was a befriending service becomes a friendship outside the befriending arrangement type thing. So, there's a whole load of things that can happen. **p6**
- you're planning for the end date all the time **p9**
- If I look at how I see my life changing, then I have thought about what the impact on being a befriender would be and how I would wrap it up with [befriendee], if you like, or how I would change the relationship with [befriendee], or propose to change the relationship, because it's down to [befriendee] as much as it is to me. Um, so I have given it thought, but it's dependent on things that may or may not happen in my own life. **p13**
- I'd feel happy about it if [befriendee] was in a place where he felt happy for it to come to an end. I'd be a bit sad if it came to an end and I was worried about how he was going to deal with it, but I'm not planning for any crash landings, as such. **p14**
- I wouldn't end the relationship for no reason. There would have to be a change in my life. **p14**

Befriending vs. Professional NHS services

- Most of the people go through the NHS sausage machine and are then left at the tender mercies of care in the community, at which they tend to slowly withdraw, I guess, become more and more isolated until they end in a cycle of going in and out of hospital if they're not careful. I think the befriending service is quite good at, for want of a better word, maintaining them in the community. Giving just enough contact to um, feel part of the world that they're actually living in. **p1**
- And that I guess I feel that something is missing. I don't think it's the job of a befriender to be a psychoanalyst, we're not trained. We may see some signs but we may misread them, um, there should be a professional in the background where when [befriendee] is able to talk to anyone about it, he can talk in much greater depth with someone more experienced. But that part of the jigsaw puzzle is missing. **p3**
- If somebody's been a pain in the butt for twenty years, and saying I don't have a problem, people just give up, people just give up, and they get used to the cycle of you've been in hospital for two weeks, you've dried out, you're back in six months. It becomes a cycle that everyone gets used to. I don't see it as part of my job to do that particular role. **p3**
- I've talked it through with [befriending scheme coordinator] and the other befrienders and their advice was to encourage [befriendee] and his wife to seek that type of service. But that type of service just doesn't want to know. That's what it boils down to at the moment. So I don't think it's a case that I don't have support or I don't have anywhere to turn, it's more a case of the system that's failing at the moment. **p4**
- I don't see the befriending service as something that, it's a different kettle of fish to going and lying on a couch. You know, if you need to go and lie on a couch or you want to lie on a couch, go and lie on a couch. Befriending services are

predominantly there to lighten somebody's mood I think. To help them realise that the hole isn't never-ending going down, there is a light switch somewhere, there is someone they can talk to about whatever they want to talk to them about. And as with most friends, you might have something that you want to bring up, and you might just go with the flow. **p7**

- The professional group in the middle are just the professional group in the middle. They, the patients will talk to them but I think they struggle to open up to them because it's like communication on a one-way street. It's like you're asking me to tell you everything about me and you're not telling me anything about you, forget it, that isn't the way the world operates, awfully sorry. There's no quid pro quo type thing going on, and people sense that very quickly when you're talking to them. **p10**
- If people thought that befriending was actually going to ... I think you have to look at the befriending service as a part of a whole. You can't say, well now we're at the befriending stage because the befriending stage is not really a stage, it's a support type of service that somebody should be getting in addition to other things that should be there for them. **p11**
- It should be the type of thing that within the core remit of the health system as opposed to a charitable add-on, because there are simply too many charitable add-ons that get mission overlap, that get an enormous amount of duplication going on, get confusion between themselves, between themselves and what the NHS provides, leads to enormous amount of communication that sometimes works and sometimes doesn't. **p12**
- The only positive side to it is that you can claim it's independent... The down side is that I can't go round and talk to your CPN, I can't get your consultant to do this or that, you know. I can write as many letters as I like, but it'll be in one ear and out the other, because I'm not part of the system. **p12**

Benefits for BR

- I think you get to see a lot of different aspects of life, how people have dealt with different challenges that they've faced. And sometimes they've dealt with them well and sometimes they've dealt with them less well. But it also gives you a chance to look at your own life and see how it compares, if you like. It's not to say you get any pleasure from looking at someone else's life that's gone awry but there's lessons that you can try to take out of these experiences. **p12**
- I quite enjoy [befriendee]'s company. It's quite a laugh at times. So I quite like the individual as such. That's probably the best thing... I guess you get a feeling of self-worth somehow. You're putting something back into the community. **p12**
- you start off with the desire to do something but it quickly changes perspective to it being it's a relationship that you have, you know this person, you treat them as a friend, and although it's different and although there are roles and things like this, you don't look at it as a job as such. You just look at it as this is the person that you spend this amount of time with on this particular day of the week. I don't do it because it's um a job, I don't do it because it's a chore. I do it because I enjoy doing it. **p13**

- I think I'd be more isolated than I am now. It's a set time on a set day in the week when I will go out and I will interact with somebody. It's not to say that I don't have a choice, it's that I have a responsibility, I have, or I feel I have a responsibility and an obligation, and I don't, it's um, I do enjoy the time. If it wasn't there, I wouldn't necessarily go out and interact with anybody. **p14**
- And it can help you to look at and reassess your own life. So I think it's valuable. **p15**

5.3: Narrative summary for a befriendee interview

BE8 Summary

Empowerment "It empowers you back into your own life"
BE feels that BR realises that people with mental health problems need to be re-empowered and one of the ways BR does this is by not assuming, but by asking and checking things out with BE, so that BE is in control and has a sense of empowerment. "It empowers you back into your own life, you know. How can I explain? You're in control." BR treats BE as a person and with respect, not talking as if BE's not there or wanting to inflict power on him by forcing his beliefs on BE.

A different face / relationship - friendship with confidentiality
Befriending breaks up the week, it's a different face for BE to see, a third party in the house, taking some of the strain between BE and wife. BE forgets that BR is a volunteer rather than a friend "you forget in a way that he's a volunteer befriending me because I suffer from a mental illness...it just means you're more relaxed with each other." There's added protection in the relationship from the scheme, "On one side of it you're more like friends, but in the background you know you've got that added protection that your confidentiality isn't going to be breeched." "When it comes to mentally ill people, their best friend is probably the CPN or OT" whereas BR stays longer, is more trusting and isn't writing in a file.

Breaking the cycle/chain
Befriending is one factor that has helped break the cycle of going in and out of hospital. "You're in and out of hospital all the time and you've got to break that chain, so to speak, and the way you can break that chain is by people like BR and the organisation." This is the best thing about befriending for BE. BE describes how people with mental health problems can feel like outcasts and then socialise with other outcasts of society which can lead to faster cycle of in and out of hospital.

Non-judgemental acceptance, understanding and sympathy
BR takes things as they come, not letting things get to him and not looking shocked or being judgemental. BR sympathises and doesn't patronise, but listens. BR can only sympathise unless he has gone through something and experienced something similar.

BR is a positive role model
BR plays a positive role model for BE to look to. BE looks at how BR leads his life, how BR has dealt with life tasks, e.g. retirement. "In a way it's like a kid looking up to a grown up or admiring a grown up, or a pop star or some figure in their life, and I'm not saying I admire BR to that extent, but I like the way he leads his life and the way he upholds his life."

BR is himself, bring personal qualities and experience
BR has good personal qualities, he's non-judgemental, doesn't make assumptions, listens and learns. He's patient, keeps confidentiality and has an understanding. "Their own personality comes into it and what they bring into it as a person themselves because any job or any position...you can only train so much, the rest has to come from yourself, from your own experiences of what you've learnt from other people and anything else.

No amount of training can make up for your experiences in life in general." BR helped break the chain/cycle "by the way he is, just simply by the way he is."

Endings

Not spoken about or really thought about the end/future. BE would miss BR's loyalty and friendship and be sad to finish and fears starting again with a new befriender. He wonders whether starting again would "throw me off course".

5.4: List of preliminary themes across all interviews

List of preliminary themes across all interviews

Relationship factors

- Empathy and understanding: 1. BR with and without mental health experiences; 2. overcoming stigma
- Non-judgemental and acceptance, collaborative and equal relationship
- Placing the relationship: 1. friends, defined roles, in between professional relationships and friendships; 2. A safe boundaried relationship; 3. Befriending services vs. statutory psychiatric system

What goes on in the relationship?

- Talking: 1. Everything and anything - distraction and an outlet; 2. another perspective, 'a sounding board'
- Doing things together: 1. exposure to new things; 2. company.

Endings

- Avoidance vs. acceptance and hope
- Worry re. going back to how things were before, not maintaining the gains
- 'The eternal befriender' - continuing the relationship.