



Peer support after brain injury

PARTICIPANT INFORMATION SHEET



Invitation to become a Mentor

Kia ora

You are being invited to consider taking part in a study being carried out by researchers based in the Centre for Person Centred Research at Auckland University of Technology.

This information sheet will help you decide if you'd like to take part. It sets out why we are doing the study, what your taking part would involve, what the benefits and risks to you might be, and what will happen after the study ends. We appreciate your time reading this material.

To find out more about this study you can also watch our short video which can be found here <http://bit.ly/PCR-to-be-a-mentor>



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WHAT IS THE PURPOSE OF THIS STUDY?

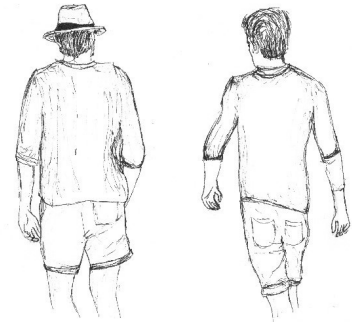
When people come home following rehabilitation after head injury they can sometimes find it hard to make sense of their recovery and to take part in activities that are important to them. People can sometimes find talking to someone who has had a similar experience about what worked for them, and what didn't, can be helpful. We call this peer mentoring. However, we don't know for certain if peer mentoring really makes a difference to people's recovery. We want to find out if peer mentoring makes a difference to how people recover from head injury.

To explore this, we are setting up a peer mentoring service in Northland, Gisborne, and Auckland. We are looking for people to become mentors

WHAT IS PEER MENTORING?

Peer mentoring is when a person who has lived through a specific experience (such as head injury) supports a person who is new to that experience. It is an opportunity to help others to overcome challenges that their situation has created.

Peer mentors are someone to talk to who can share their experiences of recovery.



WHO CAN BE A PEER MENTOR?

We are looking for people who experienced a traumatic brain injury up to six years ago and

- were discharged from inpatient rehabilitation at least one year ago;
- are satisfied with their current level of participation, health and well-being; and
- do not have persistent drug or alcohol problems.

What skills do mentors need?

The most important thing you bring to the mentoring role is your experience of recovery following head injury.

Peer mentors also need to be supportive and encouraging, and be available and willing to help others.

This is a paid role and you will be asked to keep records of your time and what you do with your buddy. We will help you to find the best way to do this.



HOW DO I BECOME A MENTOR?

We will ask you to submit an application, just as you would if you were applying for any other job.

We will invite you to come to an interview where we will ask you some questions about your recovery experiences and why you would like to be a mentor.

If you are selected to be a mentor, then you will receive training to support you in that role.

THE PEER MENTOR TRAINING

If you are appointed to work as a peer mentor, you will be required to take part in a two-day training programme. This training is not designed to teach you about brain injury, as you are already an expert by experience. Rather, the training will focus on how you might draw on your experience to support others who are new to brain injury. The first day will focus on getting to know each other and sharing stories about your experience. The second day will focus on mentoring programme and how to manage a mentoring relationship. These days will be scheduled a week apart to give you time to process things. The training schedule is designed to be flexible so that we can take breaks when you need them throughout.

On the second day of training, we will be using a new tool that has been developed by our colleagues in the Good Health Design team at AUT. This tool is called the Belonging Toolkit. It uses objects to help us talk about what belonging means to different people in a non-threatening way. The Good Health Design team are interested in learning more about the utility and acceptability of the Toolkit. One of their team (Ivana or Imogen) are going to join us for that session and they will be taking notes about things they see or hear relevant to its utility and acceptability while we use the Toolkit. They are also interested in what you think about the toolkit. As such, we have included some brief questions about the Toolkit in our post-training feedback form. We will share your responses with Ivana and Imogen so they can put that with their notes to learn more about the Toolkit's use and acceptability. We will remove your name from your responses before we give it to them so they won't know which responses are yours.

WHAT WILL HAPPEN IF I AM SELECTED TO BECOME A MENTOR?

After the training, you will be paired up with a person who is newly discharged from inpatient rehabilitation—this will be the person you are mentoring—your buddy.

You will maintain contact with them, visiting and spending time with them up to 8 times over the five months.

You and your buddy may choose to go on outings together such as to the local shopping mall or to a café.

The buddy's family, whānau or support person may wish to meet with you on one occasion and learn about your experiences.

You may be a mentor to more than one person. We will discuss this with you.

We will ask you to answer some questionnaires when you first start your role as a mentor and again at the end of the mentoring to find out if the mentoring had benefits for you as well.

What costs are involved?

There should not be any costs to you. We will pay you for your time and your travel. If you go on an outing with your buddy we will cover agreed expenses.

HOW MUCH TIME WILL BE NEEDED?

You will work out with your buddy a suitable time to visit with them 8 times over five months. These visits will usually last no longer than an hour. If you are a mentor to more than one person then this will be the same for each of the people you work with.

There will be some administration time as you will be asked to keep notes of what you do with your buddy and to keep your local service coordinator informed of how things are going.

You will also have regular meetings with the other mentors to hear how everything is going, share what is working well and what is not, and discuss what kind of support you may need to help with your mentoring role. These meetings will be held every three months.

What are the risks and benefits of taking part?

We hope you will enjoy the opportunity to help others recover from their injury. We can provide you with a reference for undertaking this role. This is a fixed term role and there is no guarantee of future employment.

As a contract employee you will be required to complete employment processes and provide PAYE details.

This role as mentor should not affect your responsibilities or any entitlements you receive from ACC however you may wish to discuss this with you case manager. We do not inform ACC of your involvement.

If you are interested in applying for a position as a mentor or have further questions please contact your local service coordinator:



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What will happen at the end of this study?

The peer mentoring service will stop on completion of the study. However, if we find peer mentoring is helpful, then we will work with health and social care organisations to explore if we can make peer mentoring available to others in the future.

We can send you a copy of our findings at the end of the study if you wish.

What if something goes wrong?

If you were injured while taking part in this study, which is unlikely, you would be eligible for compensation from ACC just as you would be if you were injured in an accident at work or at home.

**If you have any concerns about this study you can contact the study principal investigator :
Dr Nicola Kayes 921 9999 x 7309 nkayes@aut.ac.nz**

If you want to talk to someone who isn't involved with the study: You can contact an independent health and disability advocate on: 0800 555 050 advocacy@hdc.org.nz

Alternately, you can contact the Health and disability ethics committee (HDEC) that approved this study on: 0800 4 ETHICS hdec@moh.govt.nz