

**THE ONLINE CITIZENS PROJECT:
EFFECTS OF TRANSITIONAL PEER SUPPORT GROUPS FACILITATED BY
PEER SUPPORT WORKERS FOR PERSONS LIVING WITH SEVERE MENTAL
ILLNESS IN TIMES OF THE COVID-19 PANDEMIC**

*Projeto Cidadão Online: Efeitos dos grupos transitórios de suporte de pares facilitados por
trabalhadores de apoio para pessoas vivendo com transtorno mental grave em tempos de
pandemia Covid-19*

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Artigo encaminhado: 10/01/2021
Aceito para Publicação: 30/03/2021

ABSTRACT: From August to November 2020, the Online Citizens Project has been offered as a transitional peer support group to persons living with Serious Mental Illness (SMI) in the province of Quebec, Canada. The Citizens' Project is a support group where participants share their challenges and accomplishments with each other and receive honest and confidential feedback. These groups had a personal-civic recovery focus and consisted of a series of 10 weekly 90-minute online workshops. To evaluate the impact of the intervention on the participants' sense of citizenship, all study participants completed the 23-item French version of the Citizenship Measure before (T1) and after (T2) the intervention (≤14 weeks

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between T1 and T2). The mean and standard deviation differences between the two measurement times were compared between the experimental group and the control group. The mean score to the Citizenship Measure for the experimental group varied by -0.4%. The mean score for the experimental group varied by -5.5%. For the control group, there was a decrease in the means for each of the 5 sub-scales of the Citizenship Measure. In total, the difference was statistically significant ($P=.04$). Results suggest that the Online Citizens Project had a protective effect on the sense of citizenship of the participants living with SMI in the experimental group compared to those in the control group. The Citizenship Measure can be used to gauge the effects of such an online intervention, intentionally designed to promote the exercise of citizenship, namely the Citizens Project.

Keywords: Online Citizens Project. Personal-Civic Recovery. Citizenship Measure. Peer Support Workers. Transitional Peer Support Group.

RESUMO: De agosto a novembro de 2020, o Projeto Cidadãos Online foi oferecido como um grupo de apoio de pares de transição para pessoas que vivem com Doenças Mentais Graves (SMI) na província de Quebec, Canadá. O Projeto dos Cidadãos é um grupo de apoio onde os participantes compartilham seus desafios e realizações uns com os outros e recebem *feedback* honesto e confidencial. Esses grupos tinham como foco o *recovery* e cidadania individual e consistiam em uma série de 10 grupos semanais de trabalho online com 90 minutos de duração. Todos os participantes do estudo completaram a versão francesa de 23 itens da Medida de Cidadania antes (T1) e depois (T2) da intervenção (≤ 14 semanas entre T1 e T2) para avaliar o sentido de cidadania e o impacto da intervenção nos participantes. As diferenças de média e desvio padrão entre os dois tempos de medição foram comparadas entre o grupo experimental e o grupo controle. A pontuação média da Medida de Cidadania para o grupo experimental variou em -0,4%. A pontuação média para o grupo experimental variou em -5,5%. Para o grupo controle, houve diminuição das médias para cada uma das 5 subescalas da Medida de Cidadania. No total, a diferença foi estatisticamente significativa ($P = 0,04$). Os resultados sugerem que o Projeto Cidadãos Online teve um efeito protetor no senso de cidadania dos participantes que vivem com SMI no grupo experimental em comparação com aqueles no grupo de controle. A Medida de Cidadania pode ser utilizada para medir os efeitos dessa intervenção online, intencionalmente concebida para promover o exercício da cidadania, nomeadamente o Projeto Cidadão.

Palavras-Chave: Projeto Cidadãos Online. Individual Recovery Cidadania. Medida de Cidadania. Trabalhadores de Suporte de Pares. Grupo Transicionais de Suporte de Pares.

1 BACKGROUND

In times of pandemics, social distancing, isolation, and quarantine may exacerbate stress, depression and anxiety as confined people are detached from their loved ones, deprived of personal liberties, and devoid of purpose owing to altered routine and livelihood (HAWRYLUK et al., 2004; JEONG,2016). Those with pre-existing mental health problems or illnesses might suffer more from limiting interpersonal interactions that are central to their recovery and wellbeing, as well as reducing access to helpful but "non-essential" (often cancelled) mental health services and support (VENNKATESH et.al.,2020). Because successful use of quarantine and distancing as a public health measure requires that people anticipate and reduce contact, as much as possible, with negative psychosocial effects associated with this reduction (BROOKS et al., 2020), a feasibility study of a trial was conducted in the province of Quebec, Canada, in partial response to this problematic situation. This pilot trial consisted of offering a transitional measure of online peer support for people suffering from severe mental illness (SMI, like schizophrenia or other psychotic disorders), to possibly detect an effect of this Peer Support Workers-delivered intervention in terms of both personal-civic recovery (PELLETIER et al.,2015)and clinical recovery (reduction of symptoms).

Peer Support Workers (PSWs) are persons with first-hand lived experience of mental illness, and who are further along in their own recovery journey. As recommended by recovery-oriented best practices guidelines (VAN VUGT et al., 2012; CANADA,2015), upon training and certification they can provide supportive services when hired to fill such a paid specialty position directly in, or in conjunction with, current mental health services. Indeed, recovery focuses on how individuals can have more active control over their lives by exercising their agency beyond symptoms of SMI. It is characterized by a search for the person's strengths and capacities, satisfying and meaningful social roles, and mobilizing formal and informal support systems. Because peer support is recognized as a good way to channel the lived experience into social support that values this shared experience, peer support has thus become one predominant concept in the recovery paradigm,

and PSWs are specialized in peer support. Yet, not much is known about the measurable effects of PSWs from a consumer's perspective of personal-civic recovery.

Decreasing pain and suffering, overcoming disability due to mental health problems or illnesses, and helping affected individuals to be and to remain in recovery by providing them with social support initiatives, not solely treating them for their symptoms, is a major public health concern. This is even more true in times of isolation, quarantine, and pandemic because lack of social support is known to be an important factor that can negatively affect mental health and wellbeing (HARANDI T F; TAGHINASAB M; NAYERI TD, 2017). Therefore, along with other socio-political or historical considerations, recovery is now the official leading paradigm in the transformation of mental health systems and policies in Canada (CANADA,2012), as is also the case elsewhere around the world, and as promoted by the World Health Organization (WHO,2013).In 2005, recovery was introduced as a guiding principle of the *2005-2010 Mental Health Action Plan* in the French speaking province of Quebec, Canada (QUÉBEC,2015), a plan that also introduced PSWs as a key feature of recovery-oriented services. Recovery remained at the core of the *2015-2020 Mental Health Action Plan*, but now with full citizenship as a supplementary guiding principle and objective of continuing transformation (QUÉBEC,2005). Citizenship emphasizes the social inclusion and participation of people who are marginalized 'mentally ill'. This approach offers a more social and relational view of services and support for people with mental health problems than has been common in mental health systems of care (QUINN; BROMAGE; ROWE,2020). With the entry into force of this other more recent plan, the use of a specific measure of citizenship, namely the Citizenship Measure, became particularly relevant to assess whether such an orientation would indeed lead to positive results in terms of citizenship in mental health. This tool was developed through a community-based participatory research design in response to a prompt (*For me, being a citizen means...*) suggested by persons in recovery who were involved as research partners and research staff. Using a translation-back-translation method (VALLERAND,1989) that involved the original authors of

the Citizenship Measure and with a similar participatory approach, this tool was then translated into French and the psychometric properties of this French version (*Mesure de la citoyenneté*) were validated. This 23-item French Citizenship Measure covers the following five clusters: (1) Basic needs (5 items, Cronbach $\alpha=0.60$), (2) Responsibilities (4 items, Cronbach $\alpha=0.65$), (3) Rights (6 items, Cronbach $\alpha=0.67$), (4) Resources (4 items, Cronbach $\alpha=0.60$), and (5) Relationships (4 items, Cronbach $\alpha=0.74$). In the context of a pandemic, has the online citizen project resulted in effects that could be measured using this measure of citizenship?

2 METHODS*

2.1 Control Intervention

More than 4,000 patients are treated annually at the *Institut universitaire en santé mentale de Montréal* (IUSMM, catchment area of about 600,000 inhabitants), while an additional 2,000 patients per year are treated by means of outpatient or ambulatory services. When a person in distress shows up at the Emergency Department of IUSMM for the first time, he or she is systematically approached by a Research Nurse after a first medical authorization is granted for that person to be approached. The Research Nurse then explains the objectives of the Signature Bank project, which is a large longitudinal study (LUPIEN, 2017), and invites the person to participate. Those who agree to participate are also asked if they would be willing to be contacted for other research purposes (like for this pilot study). Then, as with any other IUSMM patients, they are evaluated by the Evaluation and Liaison Module during their hospital stay. A diagnostic is established or confirmed by ward psychiatrists and coded according to the WHO International Classification of Disease–10th Revision (ICD-10) (WHO, 1993). Based on the diagnosis (or diagnoses), after discharge, they are referred to a specialized outpatient clinic. Pharmacotherapy, psychotherapy, or a combination of both are then generally offered in accordance with the guidelines of the Royal College of Physicians and Surgeons of Canada. Those Signature Bank participants aged 18 years old or more diagnosed with psychotic disorders (ICD F20-F29 codes) and who also

consented to participate in our study were randomly allocated to this control intervention only, while the other half of our study participants also received our experimental PSW-led online group intervention. Exclusion criteria include (1) active suicidal ideations, (2) marked cognitive impairment, and (3) no access to an internet connection, or to an electronic device with a webcam and microphone to participate in the online transitional peer support group.

2.2 Experimental Intervention

As part of the development of a new training program for PSWs in Health Sciences at the University of Montreal, a group intervention by PSWs that we became familiar with over the years was the Citizenship Enhancement Project (ROWE et al.,2009), more commonly known as the Citizens' Project. Initially derived from research on mental health outreach to persons who are homeless (ROWE,1999), this intervention was designed to address the specific community and social inclusion needs of persons with SMI and comorbid criminal justice histories. The Citizens' Project is a support group where participants share their challenges and accomplishments with each other and receive honest and confidential feedback. Discussions are geared towards the rights, relationships, roles, responsibilities, and resources of community membership (the "5Rs"). Individual or group projects developed by participants are also discussed, for them to share their knowledge and experience with others. PSWs services are provided in and outside that setting. Indeed, drawing from social science theories that propose social and civic participation as a measure of one's inclusion in society(BELLAH et al.,1996), the Citizens Project emphasizes the importance of opening up opportunities for participation to persons at risk of marginalization. In close collaboration with the Yale Program for Recovery and Community Health that developed and evaluated the Citizenship Enhancement Project, we adapted and transposed it in French into *Projetcitoyen* (PELLETIER et al.,2017; PELLETIER et al.,2014), and then further moved the *Projetcitoyen* online for the specific needs of this pilot project (hence the Online Citizens' Project).

During the Online Citizens' Project, PSWs trained at the University of Montreal learned with participants via a series of 10 co-learning workshops that

they organized and facilitated as focus group panels in a manner to simulate a typical peer support group (WHO,2019). The difference between our experimental and transitional online peer support groups and real community-based peer support groups is that (1) they had to be facilitated by trained PSWs; (2) they had a personal-civic recovery focus; and (3) they had a fixed, predetermined duration (a series of 10 weekly 90-minute online workshops). Indeed, as defined by the WHO:

Peer support groups bring together people who have similar concerns so they can explore solutions to overcome shared challenges and feel supported by others who have had similar experiences and who may better understand each other's situation. Peer support groups may be considered by group members as alternatives to, or complementary to, traditional mental health services. They are run by members for members, so the priorities are directly based on their needs and preferences. Peer support groups should ideally be independent from mental health and social services, although some services may facilitate and encourage the creation of peer support groups. (WHO,2020)

For this feasibility study of a trial (BOWEN et al., 2009) and in conjunction with IUSMM mental health and social services, the objective was to offer social support, in times of pandemic, to a sample of IUSMM patients. PSWs encouraged participants to support each other in these difficult times, but more generally, they proposed that participants project themselves beyond this situation and discuss future challenges of inclusion and social participation (e.g., by attending already existing 'real' community-based peer support groups, of which they became aware during the pilot intervention). This is why this intervention is said to be transitional (between formal mental health and social services, and community-based peer support groups). In accordance with our model of PSW engagement (PELLETIER JF, AUCLAIR É,2017; PELLETIER et al.,2013), PSWs started each workshop by disclosing that they themselves were persons in recovery and fed the group discussion with content drawn from their lived experience while asking participants

to share their own lived experience and coping strategies, for this to be in line with experiential learning (YARDLEY S; TEUNISSEN PW, DORNAN T,2012).

2.3 Primary and Secondary Outcome Measures

Several instruments have been developed by clinicians and academics to assess clinical recovery. Based on their life narratives and to assess personal-civic recovery, measurement tools have also been developed through community-based participatory research and validated by persons in recovery (e.g., the Citizenship Measure questionnaire, also developed by the Yale Program for Recovery and Community Health). As consumers of mental health services typically tend to prefer interventions to help them recover, reintegrate with society, and achieve their personal goals (UK,2012), this pre-post research feasibility trial design was proposed to evaluate the outcomes on personal-civic recovery (primary outcome), and on clinical recovery and stress- or anxiety-related responses to the COVID-19 pandemic (secondary outcome).

The *COVID-19 Stress Scales* (36 items) (TAYLOR et al.,2020), the *Recovery Assessment Scale* (24-item measure of personal recovery) (CORRIGAN, 2004) [1,] and the *Citizenship Measure* (23-item measure of civic recovery) (ROWE et al., 2012) were repeated, along with the following measures of clinical recovery, which are routinely collected from all Signature Bank participants:

- Anxiety: State-Trait Anxiety Inventory Form Y6 (6 items) (MARTEU; BEKKER,1992);
- Depression: Patient Health Questionnaire (9 items) (KROENKE; SPITZER; WILLIAMS,2001);
- Psychosis: Psychosis Screening Questionnaire (12 items) (BEBBINGTON; NAYANI,1995);
- Alcohol abuse: Alcohol Use Disorders Identification Test (AUDIT-10, 10 items) (WHO, 2020);
- Drug use: Drug Abuse Screening Test (10 items) (LAM et al.2015);
- Social functioning: WHO Disability Assessment Schedule (12 items) (WHO, 2020);

3 ETHICAL CONSIDERATIONS

Declaration of Helsinki protocols were followed, and participants gave written informed consent. The study was approved on June 16, 2020, by the Research Ethics Committees of the Montreal Mental Health University Institute (#2020-1948). For all participants, an overseeing mental health expert have ruled that all these adult participants were deemed ethically and medically capable of consenting for their participation.

4 RESULTS

T tests were performed with the *Statistical Processing for Social Sciences* software (SPSS, version 24) to compare the outcomes between study participants living with SMI who were randomly allocated to the experimental group (N=9, no missing data) or to the control group (N=6, no missing data). Among all the 9 validated self-reported questionnaires mentioned in the Methods section and assuming equal distribution, as shown in Table 1, in total it is only for the Citizenship Measure that statistically significant differences (i.e. $P \leq .05$, 95% confidence interval) were found between the experimental group and the control group ($P = .04$). No other statistically significant differences were found to a questionnaire as a whole between the experimental group and the control group (inter-group comparison). For the control group, there was a decrease in the means for each of the 5 sub-scales of the Citizenship Measure, as shown in Table 2. The mean score (X/115) to the Citizenship Measure as a whole for the experimental group varied by -0.4% (98/115 at T1 and 97/115 at T2), where as the mean score for the experimental group varied by -5.5%, which is ten times more for that measure (87/115 at T1 and 81/115 at T2), as reported in Table 3.

Table 1: Means, standard deviations and statistical significance for each questionnaire

	Experimental Group	Control Group	Inter- groupCompariso
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Questionnaire	Mean	SD	Mea n	SD	P value
COVID-19 Stress Scales (x/144)	18.67	25.19	17.50	12.85	.92
RecoveryAssessmentScale (x/120)	96.44	10.11	93.33	11.67	.59
CitizenshipMeasure (x/115)	97.67	11.62	81.00	16.60	.04*
State-Trait Anxiety Inventory (x/14)	15.00	2.83	13.50	0.84	.23
Patient Health Questionnaire (x/27)	6.78	7.63	11.00	8.10	.32
Psychosis Screening Questionnaire (x/12)	3.22	5.87	4.67	5.79	.65
Alcohol Use Disorders Identification Test (x/40)	1.44	1.74	5.50	5.65	.06
Drug Abuse Screening Test (x/10)	2.11	2.26	1.50	2.35	.62
WHO Disability Assessment Schedule (x/48)	6.11	7.47	13.67	9.61	.11

* $P < .05$, 95% confidence interval.

With the exception for the *I can handle stress* of the Recovery Assessment Scale ($P = .05$), significant differences were found only to the Citizenship Measure as a whole, to 2 of its subscales, and to 6 of its 23 items, as presented in Table 2.

Table 2: Differences to the Citizenship Measure

	Experimental Group		Control Group		Inter-group Comparison
Items (x/5) and clusters of the Citizenship Measure	Mean	SD	Men	SD	P value
1- Your basic needs are met	3.44	1.33	3.67	0.82	0.72
2- You do things to take care of your home	4.33	0.87	4.17	0.75	0.71
3- You are safe in your community	4.67	0.50	4.00	0.89	0.09
4- There are laws that will protect you	4.44	0.73	3.50	1.05	0.06
5- You have or would have access to employment	4.33	0.87	2.67	1.03	0.00*

Cluster 1 : Basic needs (items 1-5, x/25)	21.22 2.82	18.00 3.69	0.08
6- You are included in your community	4.11 0.93	3.67 0.82	0.36
7- You have responsibilities to others in the community	4.22 0.97	3.17 0.98	0.06
8- You can influence your community or local government	3.44 1.13	3.33 1.03	0.85
9- You have knowledge about your community	3.44 1.13	3.50 0.84	0.92
Cluster 2 : Responsibilities (item 6-9, x/20)	15.22 3.11	13.67 3.20	0.37
10- You or your family have choices in education	4.22 0.83	3.00 1.26	0.04*
11- You stand up for what you believe in	4.22 0.97	4.00 0.89	0.66
12- You have the right to be in a relationship with a partner of your choice	4.44 0.53	3.83 1.17	0.19
13- You have privacy	4.56 0.53	3.00 1.10	0.00*
14- You have the right to disagree with others	4.44 0.53	3.83 0.98	0.14
15- You can make choices about how you spend your money	4.44 0.73	3.33 1.21	0.04*
Cluster 3 : Rights (items 10-15, x/30)	26.33 3.08	21.00 4.56	0.02*
16- You have access to adequate healthcare	4.56 0.53	3.83 0.98	0.09
17- You have or could have access to adequate and affordable housing	4.33 0.71	3.67 1.21	0.20
18- You would have access to public assistance, if needed	4.33 0.71	3.17 1.33	0.04*
19- You have choices in your mental healthcare	4.33 1.00	3.50 1.05	0.14

Cluster 4 : Resources (items 16-19, x/20)	17.56 2.46	14.17 3.92	0.06
20- You are treated with dignity and respect	4.67 0.50	3.33 1.21	0.01*
21- Others feel accepted by you	4.44 0.53	3.83 0.75	0.09
22- Others listen to you	4.11 0.93	3.33 1.03	0.15
23- Your personal decisions and choices are respected	4.11 0.60	3.67 0.82	0.24
Cluster 5 : Relationships (items 20-23, x/20)	17.33 2.00	14.17 3.19	0.03*
Total (items 1-23, x/ 115)	97.67 11.62	81.00 16.60	0.04*

* $P < .05$, 95% confidence interval.

To find out in which direction the differences were oriented, we further compared the evolution of scores on the Citizenship Measure between T1 and T2 for the experimental group, and for the control group. Table 3 shows these variations, also expressed in percentages, for the items and sub-scales to which statistically significant differences were previously found ($P < .05$, Table 2).

Table 3: Pre-post statistically significant differences

Items (x/5) and clusters of the Citizenship Measure	Experimental Group	Control Group	Inter-group Difference
You have or would have access to employment	-0.44 (-8.9%)	-0.83 (-16.7%)	7.8%
You or your family have choices in education	0.11 (+2.2%)	-0.33 (-6.7%)	8.9%
You have privacy	0.22 (+4.4%)	0.00 (0.0%)	4.4%
You can make choices about how you spend your money	-0.11 (-2.2%)	-0.17 (-3.3%)	1.1%
Cluster 3 : Rights (6 items, x/30)	0.33 (+1.1%)	-0.33 (-1.1%)	2.2%
You would have access to	0.00 (0.0%)	-0.83 (-16.7%)	16.7%

public assistance, if needed		16.7%)	
You are treated with dignity and respect	0.22 (+4.4%)	-0.83 (-16.7%)	21.1%
Cluster 5 : Relationships (4 items, x/20)	-0.44 (-2.2%)	-2.83 (-14.2%)	11.9%
Total	-0.44 (-0.4%)	-6.33 (-5.5%)	5.1%

4 DISCUSSION

Two inter-group differences from T1 to T2 for items of the Citizenship Measure stand out as being greater than 15% (Table 3), namely the *You would have access to public assistance, if needed* item (16.7%), and the *You are treated with dignity and respect* item (21.1%). This may suggest that, for participants in the transitional peer-support groups facilitated by PSWs (the Online Citizens' Project), these groups were indeed considered complementary to formal health and social services. With universal coverage, in Canada and Quebec, access to public health and mental health services is free for all citizens. It is therefore possible that access to the Online Citizens Project as a psychosocial support program is perceived and accepted as part of public assistance.

Also, in times of pandemic, social distancing, and confinement, participation in the groups, even though remotely online, is an opportunity for staying in touch with others, and thus to possibly feel *treated with dignity and respect by others*. It is also an opportunity to show interest and respect towards other members of the group. Indeed, one other item of the *Relationships* sub-scale, the only sub-scale for which the inter-group difference is greater than 10%, reads like this: *Others feel accepted by you*.

All of the above points to the relational and collective dimension of citizenship. This is in line with the concept of *collective citizenship* suggested by Quinn, Bromage, and Rowe (2020). So far, they write, the citizenship approach has mostly operated in the context of systems of care in the United States that favour highly individualized conceptions of, and approaches to, mental health care. These systems of care thus operate in the social and political context of highly

individualized concepts of the citizen. The transposition of this approach into a system of universal coverage of health and mental healthcare, i.e., that of Quebec and Canada, which remain culturally and certainly geographically close to the United States, therefore, seems to reinforce this relevance of a more collective and inclusive approach to citizenship in mental health.

4.1 Limitations and strengths

The small size of the samples for this pilot project considerably limits the scope and generalizability of the results presented and discussed in this paper. A subsequent randomized controlled trial would be needed to draw more solid conclusions about the effectiveness of citizenship-oriented transitional online peer support groups facilitated by PSWs, even though the global context may be quite different. Indeed, the very specific situation of the COVID-19 pandemic worldwide must be taken into account. When the pandemic has subsided, people's own personal goals and needs during the pandemic may be different from that post pandemic, and the effects of the response may also be different, including for people living with SMI. But although there will likely be some "return to normal," some of the innovations developed in response to the COVID-19 pandemic will most likely remain a part of everyday clinical and educational operations (WOOLLISCROFT,2020). It is thus fortunate that the whole intervention was intentionally designed to be readily adaptable to other pandemic or non-pandemic situations.

This study did not detect a clear improvement in terms of recovery, self-confidence, or even citizenship among participants, as might have been reasonably expected (RESNICK; ROSENHECK,2008). Having been carried out in a time of a pandemic, this study rather made it possible to observe the maintenance of certain capacities, especially in terms of citizenship and relationships. When the current pandemic is over, it will be more difficult to detect and attribute such effects to a common and widespread stressor. People will continue to individually experience stressful and destabilizing events of different amplitudes, but not necessarily simultaneously, as was the case for the public

health measures imposed on all inhabitants of a same territory and jurisdiction to limit the spread of the COVID-19 virus.

The smallness of the sample size is both a limitation and a strength. This smallness makes it difficult to generalize the results, but an a priori power analysis of these results, conducted using G*Power3 (FAUL et al., 2007) enabled us to determine a predictable sample size that could be used for the planning of a larger subsequent study. To detect to the Citizenship Measure an effect size of 0.28 (Cohen's d), with a power of 80% and an alpha of 5%, the result to this bilateral matched sample *t*-test showed that a minimum sample size of 103 participants with two groups of equal size of $n = 52$ (and a minimal sample size of 52 participants with two groups of equal size of $n = 26$ to the Recovery Assessment Scale) would be required to obtain the desired power.

The transitional self-help groups were themselves relatively small, never having exceeded 8 participants simultaneously. It will thus be recommended to distribute the 103 participants that we need, according to our power calculation, in small groups of no more than 10 participants, with the expectation that they will not all be there at a same time. Taking into account a possible overall attrition rate of 30%, as happened in our pilot study, it will therefore be necessary to recruit around 150 participants and to plan groups of no more 10 people.

Indeed, as discussed during the debriefing sessions held between the facilitating PSWs after each of these groups to discuss what worked or not and why, such a size turned out to be sufficient, in fact representing a limit not to be exceeded so that there can be a real and genuine group dynamic among participants. It is this feeling of being part of the same group that allowed participants to feel that they were members of a group, and not just anonymous individuals in a crowd. This smallness allowed participants to get to know each other, and to recognize each other as fellow members of a same group in which they were all equals to one another.

In French, it is the word *concitoyen* that should be used to speak of this bond of equality between people who are members of the same political community, for example a republic of which they are all citizens (*citoyens*, not to be confused with

nationality). In English, the equivalent of the French word *concitoyen* would be: fellow citizen. In theory, this “fellowship” is the conceptual key to this functioning. Being themselves persons in recovery and fellow members in and of the transitional self-help groups, PSWs can horizontally communicate the hope for civic-recovery by invoking a shared experiential reminiscence of inclusion. This communication is not top-down, from experts to non-experts, since the epistemic authority of the PSWs is not academic or voluntarily studied, for example through college lessons that could be repeated once well learned. Their more “moral” epistemic authority is acquired through the personal experience of civic-recovery, an experience that has been the subject of a reflective feedback on oneself and with the support of other peers for it to become communicable knowledge. This experiential knowledge and wisdom can then be shared, not passed on during the transitional self-help groups, namely the online Citizens Project. This reciprocity between fellow citizens grappling with similar (mental health) challenges makes it possible, in particular, to prevent what Patrick Corrigan, Larson and Rususch called the Why Try Effect (CORRIGAN., LARSON; RUSUSCH,2009) a phenomenon which consists in applying to oneself the disabling stereotypes about the “mentally ill”. By offering themselves as capable role models who have *been there and done that*, PSWs can prevent self-stigma that very often comes with the announcement of such labelling diagnoses and which causes some people to abandon themselves, thus giving up in advance to ask for and receive (mutual) help, or to undertake change because they may feel incapable or worthless. This horizontal fluid circulation and knowledge sharing between members of the small groups and PSWs make it possible to establish this reciprocity, which is necessary for mutual understanding as a cornerstone of self-understanding and in interaction with other fellow citizens. The economist Ernst Friedrich Schumacher once proposed that *small is beautiful*, (SCHUMACHER,1973) a concept now often used to champion smaller, and more appropriate technologies or politics that are believed to empower people more. This might be the case with the online Citizens Project as a transitional self-help group facilitated (not led) by PSWs.

5 CONCLUSION

Access to peer support groups facilitated by PSWs is likely to allow members of these small groups to cope better with their personal daily challenges by maintaining meaningful relationships of mutual respect. In addition, and as its name suggests, the Citizen Project was initially designed as an intervention promoting the exercise of citizenship for people living with SMI. In this regard, this study may not have resulted in clear and statistically observable improvements, but in a maintenance that could be empirically observed with the use of a tool specifically designed for this purpose of assessing citizenship, namely the Citizenship Measure.

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