Appendix

Numerical Rating Scale Model

During 2012, this NHS Trust's intentional peer support team (containing people who had suffered mental distress, recruited, trained, then employed, part-time, by NHS Trust on short-term contracts) were sited within an acute mental health ward as a pilot. Fifteen months later, intentional peer support posts were ratified by the NHS Trust, and peer support workers applied, and were appointed across inpatient mental health services. Such services included acute, treatment, and recovery/rehabilitation wards. It was the ethos of the initial pilot to continuously evaluate the effectiveness of intentional peer support which continued following substantiating these posts. Over very many years, patients, peer support workers, and other mental health staff on these wards were accustomed to completing and supplying feedback to hospital managers for ongoing assessment to provide proof of the continued effectiveness of peer support.

The current study evolved through one intentional peer support worker, allocated to recovery/rehabilitation wards being asked to run educational groups for patients, registering during 2016, for a self-funded, part-time Diploma in Education and Training (DET) with a local university. Within the Institute of Health and Society at that university, she was already an associate lecturer/researcher, and member of the IMPACT group of service users, and carers. This research study was carried out independently from this university, although mentoring for the DET was provided by an educational staff member (JS), and staff from within this NHS Trust (STR, RM, & NH).

Permission for this study was granted by the NHS Trust's Research and Development Department, following ethical approval.

A numerical scale model was chosen because it is a simple, easy to understand, brief, rapid assessment. Its origins may be traced back to Galen, 190 AD. Choice of range for scaling was made based on numerical rating scales widely used in education; in this case, 0-10, an eleven-member scale. However, it is reported that incorrect use of numerical rating scales may be subjective, vague, with inconsistency between raters.

A numerical rating scale score sheet was created for patients with eight rating scales across both sides. Patients were able to make their anonymous ratings in a space not already occupied by an earlier rating. This gave patients a sense of being part of a study, and examples of different earlier assessments. In addition, there was space above each rating scale for patients to optionally record their views of the session as free text. Completed sheets of eight anonymous patients scores were transferred to an Excel spreadsheet in large batches for analysis.

Consent by patients for participating in this study was obtained during the beginning of each session, and prior to the score sheet being offered for patients to optionally complete. At the beginning of each session patients were told or reminded of this study, explaining that their views were important in shaping this session, course, and any future courses. It was explained that their participation was optional, any views they gave were anonymous, and would not affect their stay on recovery/rehabilitation wards, in current, or future NHS mental health services. They understood that at the end of the session, their assessment would be though marking/circling a number on an 11-point scale, and optionally writing their view of that session; often a rating scale sheet was shown/demonstrated.

At the end of the session, a rating scale sheet, and, if necessary, a biro was provided to each patient. They were asked to ensure they had written the name of the course, and that day's date (both provided verbally by teacher) as indicated on the score sheet. The method of making their assessment again described, ensuring they understood that zero was the lowest score and 10 the highest, and what each of these ratings might mean. They were also asked to silently consider why they were making a particular mark along the scale, and what a single mark higher, or lower might mean to them, before deciding on their assessment.

Anonymously completed score sheets were collected from a deposited score sheet location within an activity room, carefully stored, and recycled as necessary.

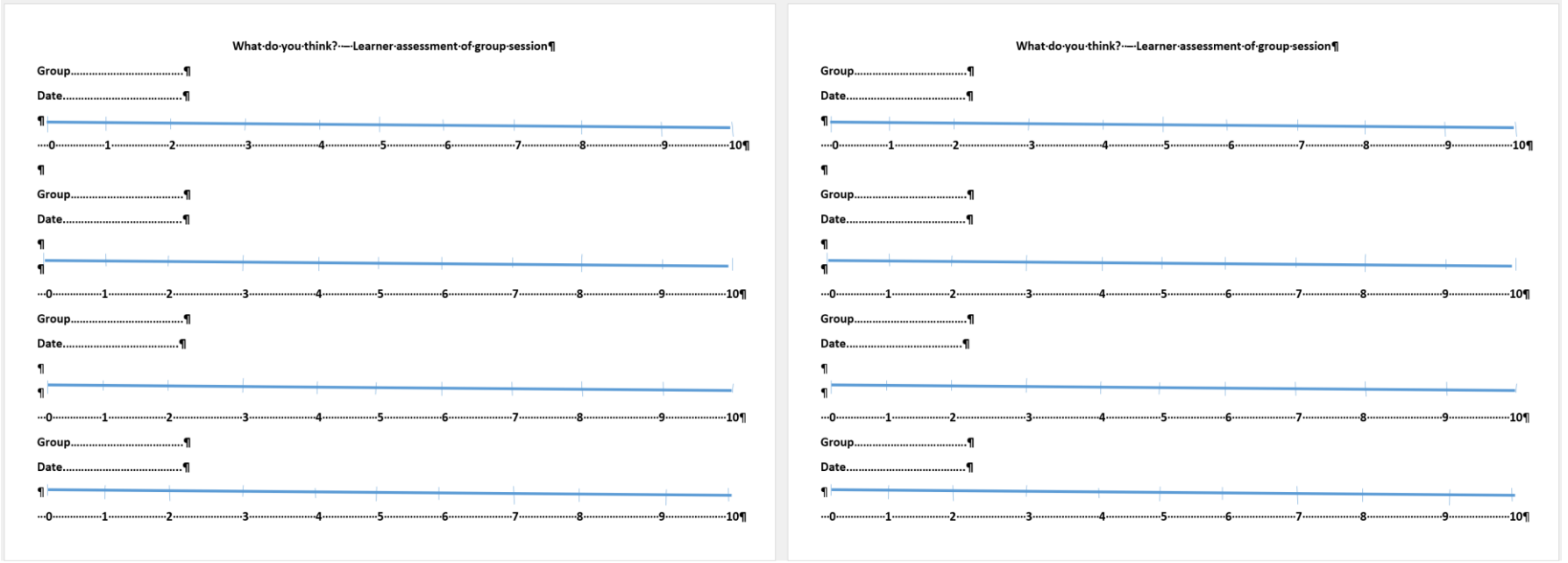

Figure 1. Reduced image of eight numerical rating scales, over two sides of A4, used in patients' assessments of psychosocial health educational courses (2016-2021, West Midlands, UK)