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Testing peer-to-peer support in mobile community mental health teams in Ukraine

Submission date
22/06/2026

Recruitment status
Recruiting

Registration date
25/06/2026

Overall study status
Ongoing

Last Edited
05/11/2026

Condition category
Mental and Behavioural Disorders

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Mental health conditions represent a major public health challenge in Ukraine and have intensified significantly since the escalation of the full-scale war in 2022. Millions of people have experienced trauma, displacement, loss, and ongoing stress, increasing the need for mental health support. Ukraine is responding by moving away from large psychiatric institutions and developing community-based services. One key part of this reform is the introduction of Mobile Community Mental Health Teams (MCMHTs), which provide mental health care in people's homes and communities through a multidisciplinary team of mental health professionals. Although MCMHTs have improved access to care, the demand for services remains much greater than the available resources.
Mental healthcare is still largely focused on clinical treatment, with limited support for recovery, social inclusion, and everyday challenges. Many people also face stigma around mental illness, making it difficult to engage with services and seek help. To complement existing clinical services, peer support can provide an effective means of addressing barriers to engagement and recovery. Peer support workers have their own lived experience of mental illness and recovery and are trained to support others facing similar difficulties. Research from other countries has shown that peer support can improve engagement with services, increase hope and recovery, strengthen social connections, and reduce feelings of stigma. However, peer support has not yet been formally introduced or evaluated within community mental health services in Ukraine.
This study aims to test whether adding peer support workers to MCMHTs is feasible, acceptable, and beneficial for service users and their families. The findings will help determine whether a full scale trial should be conducted and will provide important evidence to inform the future development of community mental health services in Ukraine.

Who can participate?
Adults aged 18 or over who are currently receiving care from one of the participating MCMHTs, and new users. Patients will automatically be included in the study unless they tell us they do not want to take part. Taking part is entirely voluntary, and patients can choose to leave the study at any time without it affecting the care or support they receive.

What does the study involve?
Sixteen MCMHTs across Ukraine will be randomly divided into two groups. In eight teams, two

peer support workers will join the team alongside the usual clinical staff and provide structured, recovery-focused support to patients. In the other eight teams, care will continue as usual. Patients and peer support workers will be asked to complete questionnaires about their quality of life, mental health, daily functioning, and use of services at the start of the study, at 3 months, and at 6 months. The intervention will complement existing clinical care and strengthen recovery-focused support. The study will also include a process evaluation to understand what helps or makes it difficult to provide peer support. We will interview patients, peer support workers, and mobile team professionals to learn about their experiences.

What are the possible benefits and risks of participating?
Patients in the intervention group will receive extra recovery-focused support from trained peer support workers, in addition to their usual care. This support may help improve recovery, wellbeing, and engagement with services. Any unexpected problems or negative effects will be closely monitored throughout the study by an independent advisory committee. There are no expected major risks from taking part. However, some questionnaires may ask about difficult or distressing experiences, which could occasionally cause discomfort or reflection on past events. If this happens, patients will still have access to support from their clinical team at all times. Peer support workers may benefit from taking part by gaining paid experience, developing new skills, and receiving structured training and supervision in delivering peer support within mental health services. They may also find it meaningful to use their lived experience to support others in recovery. Peer support workers will also complete the same survey as patients, which will help us understand their own outcomes and experiences. However, the role may sometimes involve emotional demands, including hearing about difficult experiences or situations that could feel distressing. To support them, peer support workers will receive regular individual and group supervision and ongoing support from the clinical and research team throughout the study. Any concerns or difficulties will be monitored and addressed promptly.

Where is the study run from?
The study is coordinated from MCMHTs across multiple regions of Ukraine and is led by Taras Shevchenko National University of Kyiv and Queen Mary University of London, UK.

When is the study starting and how long is it expected to run for?
June 2026 to July 2027

Who is funding the study?
National Institute of Health and Care Research (NIHR) (UK)

Who is the main contact?
Prof. Dennis Ougrin, d.ourgin@qmul.ac.uk.

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Study information

Scientific Title

An exploratory cluster randomised controlled trial of peer-to-peer support for adults receiving care from Mobile Community Mental Health Teams (MCMHTs) in Ukraine

Study objectives
The primary objective of this study is to assess whether integrating peer support workers into MCMHTs improves patients' quality of life at 3 months.

The secondary objectives are:
1. To assess the recruitment rate, retention, and service engagement of patients in a cluster randomised trial of peer support in MCMHTs
2. To explore the effects of peer support on depression, anxiety, post traumatic stress disorder and disability in patients
3. To explore the effects of peer support on hope, empowerment, and social inclusion within patients
4. To explore the effects of peer support on health-related quality of life and hospitalisation
5. To evaluate the costs and time associated with peer supporter training and implementation fidelity
6. To assess caregiver burden and satisfaction with the peer support and MCMHTs
7. To assess the acceptability of peer support to patients, caregivers, and MCMHT staff

Added 05/11/2026:
8. To explore how self-disclosure affects peer support workers

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 19/09/2025, Committee on Bioethics in Scientific Research, Taras Shevchenko National University of Kyiv (Taras Shevchenko National University of Kyiv, 14A Pavla Skoropadskoho Street, Kyiv, 01004, Ukraine; -; vice-rector.research@knu.ua), ref: 19.09.2025N5

Primary study design
Interventional

Allocation
Randomized controlled trial

Masking
Open (masking not used)

Control
Active

Assignment
Parallel

Purpose
Health services research, Supportive care

Study type(s)

Health condition(s) or problem(s) studied
Mental illness diagnosed as per ICD-11

Interventions
The intervention consists of integrating trained peer support workers into MCMHTs in Ukraine. Each intervention team will include both civilian peer support workers with lived experience of mental illness and recovery and veteran peer support workers with lived experience of military service and related psychosocial challenges. Peer support workers will be trained to provide recovery-oriented emotional and practical support alongside usual care. Through sharing relevant lived experiences, fostering hope, supporting goal setting, facilitating community participation, and helping patients navigate services and everyday challenges, peer support workers aim to enhance service engagement, support recovery, and complement existing clinical care.

Sixteen MCMHTs across Ukraine will be randomly divided into two groups. Pairs of MCMHTs will be matched on geographical regions. Eight teams will represent the intervention group, receiving peer support alongside the usual care, and the other eight teams will be control group providing care as usual. Patients in the intervention arm will be offered peer support over three months. Sessions will be delivered face-to-face or by telephone and will be tailored to individual needs, with the frequency and number of contacts determined collaboratively by the patient and peer support worker. Patients will be offered a minimum of 2 and maximum of 12 sessions during the three month period.

Intervention Type
Behavioural

Primary outcome(s)
1. Quality of life measured using the Manchester Short Assessment of Quality of Life (MANSA) at baseline, 3 months and 6 months

Key secondary outcome(s)
1. Health related quality of Life measured using the EuroQol 5-level EQ-5D version (EQ-5D-5L) at baseline, 3 months and 6 months

2. Overall mental illness severity measured using the Clinical Global Impression Severity and Global Improvement (CGI-S) tool at baseline, 3 months and 6 months

3. Frequency and severity of common anxiety symptoms measured using the Generalised Anxiety Disorder-7 (GAD-7) tool at baseline, 3 months and 6 months

4. Severity of depressive symptoms measured using the Patient Health Questionnaire-9 (PHQ-9) at baseline, 3 months and 6 months

5. Severity of post-traumatic stress disorder (PTSD) symptoms measured using the PTSD Checklist for DSM-5 (PCL-5) at baseline, 3 months and 6 months

6. Disability and functional impairment measured using the WHO Disability Assessment Schedule (WHODAS 2.0) at baseline, 3 months and 6 months

7. Level of hopefulness measured using the Hope Scale at baseline, 3 months and 6 months

8. Self-stigma around mental illness measured using the Internalized Stigma of Mental Illness (ISMI-10) at baseline, 3 months and 6 months

9. Harmful alcohol use and alcohol dependence measured using the Cut down drinking, Annoyed by criticism, Guilty feelings and Eye-opener (CAGE) questionnaire at baseline, 3 months and 6 months

10. Caregiver burden measured using the Zarit Caregiver Burden Scale at baseline, 3 months and 6 months

11. Treatment satisfaction measured using the Treatment Satisfaction Scale (TSS) at baseline, 3 months and 6 months

12. Use of health, social care, and other support services and associated costs measured using the Client Service Receipt Inventory (CSRI) at baseline, 3 months and 6 months

13. Recruitment (proportion of eligible individuals who do not opt out from participation) measured using data collected from the enrollment log at baseline

14. Retention (proportion of participants retained at 3-month and 6-month follow-up) measured using data collected from the intervention log at 3 months and 6 months

15. Engagement in mental health services (percentage of appointments attended out of those offered at the end of the third month) measured using data collected from the intervention log at baseline, 3 months and 6 months

16. Personal empowerment measured using the Empowerment Scale at baseline, 3 months and 6 months

17. Acceptability of peer support measured using data collected during qualitative interviews at baseline and 6 months

18. Self disclosure measured using post-session self disclosure scale at after every peer support session

19. Experience of self disclosure measured using the Experience of Self-Disclosure Scale (ESDS) at the end of the work with the worker

20. Fidelity measured using the UPSIDES fidelity scale service user and peer support worker versions at 3 months

Updated 05/11/2026 to add secondary outcomes 18 to 20

Completion date
07/07/2027

Eligibility

Key inclusion criteria
Inclusion criteria for patients:
1. Aged 18 years or older

2. Currently engaged with or referred to a MCMHT
3. Diagnosed with a mental illness as per ICD-11
4. Has the capacity to provide informed consent
5. Predicted to stay in service for at least 3 months

Inclusion criteria for civilian peer support workers:
1. Aged 18 years or older with lived experience of treatment in psychiatric services
2. Has the capacity to provide informed consent
3. Motivated to help fellow patients in MCMHT
4. Currently living in the community and demonstrating stable mental health and psychosocial functioning sufficient to undertake the responsibilities of a full-time peer support worker

Inclusion criteria for military peer support workers:
1. Aged 18 years or older with lived experience of serving in the military
2. Has the capacity to provide informed consent
3. Motivated to help fellow patients in MCMHT
4. Currently living in the community and demonstrating stable mental health and psychosocial functioning sufficient to undertake the responsibilities of a peer support worker

Inclusion criteria for caregivers:
1. Aged 18 years or older
2. Nominated by the participating service user as their primary caregiver or source of support
3. Has the capacity to provide informed consent

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 Years

Upper age limit
75 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
Exclusion criteria for patients:
1. Current participation in another interventional clinical research study that may affect study outcomes
2. Presenting a significant risk of harm to themselves or others

Exclusion criteria for civilian peer support workers:
1. An active substance use disorder that may interfere with the performance of duties
2. Refusal to undergo the required training or supervision
3. Plans to discontinue participation in the program within the next six months

Exclusion criteria for military peer support workers:
1. An active substance use disorder that may interfere with the performance of duties
2. Refusal to undergo the required training or supervision
3. Plans to discontinue participation in the program within the next six months

Exclusion criteria for caregivers:
1. Unable or unwilling to participate in study assessments

Date of first enrolment
24/06/2026

Date of final enrolment
07/01/2027

Locations

Countries of recruitment
Ukraine

Sponsor information

Organisation
Queen Mary University of London

ROR
https://ror.org/026zzn846

Organisation
Taras Shevchenko National University of Kyiv

ROR
https://ror.org/02aaqv166

Funder(s)

Funder type

Funder Name

National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The dataset will be available upon reasonable request following publication of the trial results from Prof Dennis Ougrin, dennis.ougrin@qmul.ac.uk. Researchers wishing to access the data will be required to submit a data access request form outlining the purpose and proposed use of the data. Requests will be reviewed by a data access committee comprising the Principal Investigators and an independent member. Access will be granted subject to approval by the committee and compliance with the Ukrainian data-sharing laws during the war.

IPD sharing plan summary
Available on request