Mutual aid is where groups of people come together to share their experiences in an attempt to gain support for their own recovery as well as supporting others (Humphreys, 2004). Clients who attend mutual aid are more likely to sustain their recovery (ACMD, 2013; PHE, 2013; NICE, 2011, 12; NTA, 2010).

Despite the known benefits, attending mutual aid and knowledge of mutual aid remains a stumbling block for service users who may benefit from engagement. Research suggests that ‘taster’ sessions, intensive referrals and active peer support can increase mutual aid attendance (Manning et al, 2012), yet there remains a paucity of such pathways.

‘You do the MAFS’ consists of formal group sessions run by a peer-led social enterprise, Dear Albert. Fundamental topics are covered such as history of mutual aid, cultural perspectives of substance misuse and 12-step and SMART recovery. Group check-ins are used where each individual will discuss their week. The vibe of each session is similar to that of a mutual aid meeting thus providing participants with an experiential element. Participants are expected to try at least one mutual aid group outside of MAFS sessions and a number of support structures are offered to ensure this.

Methods
Standardised measures used to observe changes in physical/mental well-being and psychological distress. Substance use and mutual aid attendance was logged. End of programme focus group, and semi structured interviews conducted. Analysed using thematic analysis.

- Mutual aid attendance increased, substance use reduced and wellbeing improved across the MAFS cohort.
- Service users were still attending mutual aid groups a month after the MAFS course had finished.
- Service users liked the autonomy of being given information on all types of mutual aid and being able to chose what worked best for them.

Psychological distress reduced by 32%
72% reduced their substance use
84% now attending mutual aid

Findings
Participants’ psychological distress reduced as they went through the MAFS programme as measured by the CORE-10 assessment. Their distress was still reducing a month after MAFS had finished. All findings were statistically significant (p=0.000/p=0.01).

| Psychological distress reduced (measured by Core-10) |
|-----------------|-----------------|-----------------|
| Start | End | Follow-Up |
| 20 | 15 | 10 | 5 | 0 |


Please note this study did not include RCT (randomised controlled trial) and was of modest sample size, therefore the positive outcomes may not be attributable to ‘You do the MAFS’ alone.