Provincial Peer Support Report

A Report back to Albertans

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Preface

[“Experience Equals Expertise”]
– Lethbridge Peer Consultation

This report makes the case for peer support in Alberta along with recommendations for activation and implementation. More than 270 people have been consulted for their feedback, opinions and leadership for this report. One of the primary intentions of the project was to ensure that the direction, leadership and implementation came from Albertans who identify as peers with lived experience of addiction and mental health. This report will lay out evidence, working models and potentials for formalising peer support in Alberta.

[“Legitimise Not Systemise”]
– Calgary Peer Consultation
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1. Executive Summary

Introduction - Peer support is a supportive relationship between people who have a lived experience in common.\(^1\) Because of their life experience, peer support workers bring with them an expertise that professional training cannot replicate.\(^2\) In the case of this report, the experiences that individuals or groups have in common are in relation to a mental health illness or addiction.

"Peer support works. Peer Support is effective. People with lived experience... can offer huge benefits to each other... the development of personal resourcefulness and self-belief which is the foundation of peer support, can not only improve people’s lives but can also reduce the use of formal mental health, medical and social services. By doing so, peer support can save money".\(^3\)

Independent, peer-run organisations are valuable in providing not only direct support but by also supporting peers working in mainstream settings. It is crucial to recognise the value of peer-run organisations in this field. The Mental Health Strategy for Canada recognises that using peer support for people living with mental health challenges and illnesses can help to reduce hospitalisation and symptoms, offer social support and improve quality of life;\(^4\) however, peer support receives very limited and insufficient funding. The ability to train peers within a standard of practice for peer support will enhance the credibility of peer support as an essential component of a transformed mental health and addiction system and encourage its use.\(^5\)\(^6\)

There are currently numerous examples of peer support services running in various forms across the Province in both addiction and mental health. People with lived experience of mental illness and/or addictions, peer support workers and those who work within a peer support service from across Alberta have contributed to this Provincial consultation by sharing their experiences, ideas and strategies on the future of peer support. The goal of this report is to share those experiences and ideas, make a case for them and provide recommendations on how the Strategic Clinical Network can support peer work and its development.

Rationale – The project set out to identify a current inventory of peer support programs, recovery oriented promising practices and a cost benefit analysis of urban/rural needs, volunteer/paid positions, standards/training requirements and communities of practices. The goal is to integrate peer support as part of recovery orientated services and the continuum of mental health and addiction acute care and community based services; ensuring that any recommendations are genuinely derived from and supported by the local peer community.

Consultations - CMHA facilitated consultations across the province in Calgary, Red Deer and Lethbridge in order to garner feedback on the direction and needs of peer support in Alberta. We ensured that not only were peers included in these consultations but also that peers generated the questions asked, organised and facilitated each session. The consultations ensured that voices from across the mental health and addictions sectors as well as clinical and community partners were present in order to generate a holistic view of peer support services within the sector. Feedback from each session was collated into separate reports and themes from across the province were drawn out to generate conclusions and recommendations for this report.

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\(^3\) O’Hagan et al., for the Mental Health Commission of Canada (2010), Making the Case for Peer Support. Report to the Peer Support Project Committee of the Mental Health Commission of Canada: p9

\(^4\) Ibid., p8


The following recommendations\(^7\)\(^8\)\(^9\) have been developed based on the feedback received in addition to a large volume of existing national and international peer support research and literature:

**Recommendations**

**1 - Collaborative mental health and addictions partnerships**

**Action Points:**
- Have peers from across the addictions and mental health sectors work together
- Introduce a community of practice targeting the addictions sector with the intention of creating shared values, approaches, messages and practices
- Utilise established peer services in the addictions and mental health sectors to pilot this approach
- Greater shared education on addictions and mental health and their close relationship

**2 - Peer support training for agencies/programs and peers**

**Action Points:**
- Identified need for peer support training that retains the legitimacy of peer support through fine tuning rather than coopting\(^10\)
- Alberta to work on a single certificate program building on the Georgia model following the Mental Health Commission’s Guidelines for the Practice and training of Peer Support\(^11\)
- Joint collaboration with CMHA-Calgary Region, Prairies to Peaks, Alberta Health Services and The Mental Health Commission of Canada to roll out a peer support certificate program
- Review local community desire or demand for accreditation of training, services and peer support workers

**3 - Provincial and local peer support hubs: localised implementation**

**Action Points:**
- Create a provincial standard for peer support practice, principles, vision and leadership
- Allow for local implementation strategies in the creation of local peer support hubs that deliver and support training, community and mentorship
- Improve accessibility for rural and underserved populations through the use of existing infrastructure and IT
- Community of practice developed as a result of having a local safe and understanding place to connect

**Evidence** - Canadian and international research has contributed considerably to our knowledge base. Many experimental and quasi-experimental studies have confirmed not only the benefits to individuals involved, but also to mental health systems and communities as a whole, by saving millions of dollars through reducing the use of the most expensive types of services.\(^12\)\(^13\)

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\(^7\) Canadian Mental Health Association – Calgary Region, (2015) *Peer Support Consultation – Calgary*: p1-4

\(^8\) Canadian Mental Health Association – Calgary Region, (2015) *Peer Support Consultation – Lethbridge*: p1-4


\(^11\) Sunderland, *Guidelines for the Practice and Training of Peer Support*

\(^12\) Barker, P., 2008 *Psychiatric and Mental Health Nursing: The Craft of Caring*. CRC Press, Florida: p318

Research shows that the processes and values of peer support— including, recovery, empowerment and hope— help individuals acquire the skills required to take charge of their lives, and help change mental health and addiction services so that they can better contribute to the recovery process. Mental health and addiction professionals and organisations are key partners in the ongoing growth of peer support across Canada.

The development of peer support has been enhanced by the recovery philosophy, which policy makers and service providers have adopted and placed at the centre of mental health policy across the world. Whatever shape it takes (e.g. support groups, one to one support, social activities, recovery education, or advocacy services), a range of stakeholders have placed importance on ensuring more people are aware of, referred to, and able to take part in peer support.

**Furthering peer support is a priority for a number of reasons** – Using peers is not new; there is a wide body of evidence, over the last decade alone, which shows the benefits of peer support. There are evidenced results of utilising peers in services and how to use them effectively within existing systems to act as a complimentary service alongside clinical and other community supports. The challenge of peer support programs - both independently run and those located within mainstream mental health and addictions organisations is to retain the values and unique features of peer support, while simultaneously providing adequate funding and support to run efficient and effective programs.

**Outcomes** – When a community invests in peer support there is:

- Greater community involvement by people who identify as having a mental health condition or addiction
- An increased engagement with formal and informal supports
- Symptom reduction
- An increased likelihood of meeting personal recovery milestones
- An increased capacity and further development of life skills
- An ability to engage with underserved disconnected populations
- Less demand on and usage of acute care services

**Proposed Next Steps**

- **Stage 1** – Peer Training raining and a community of support for addiction and mental health
- **Stage 2a** – Identifying and leveraging existing infrastructure for implementation
- **Stage 2b** – Organic creation of local peer support hubs from existing local communities of practice
- **Stage 3** – Practicums and work placements in the community

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14 O’Hagan et al., Making the Case for Peer Support: p9
15 Ibid., p9
16 Ibid., p9
17 Ibid., p9
2. Milestones of Peer Support in Alberta

![Image of Alberta Peer Milestones and Timeline](image)

Figure 1. Peer support milestones and timeline Alberta
3. Evidence and Impact

Peer support; the help and support that people with lived experience are able to give to one another. It can be emotional, social or practical support (or all of these combined) but significantly support is mutually offered and reciprocal, enabling peers to benefit whether they are the ones giving or receiving the support.  

Research proposes the following as key components of peer support; it focuses on a strengths based perspective, it is built on shared personal experience and empathy, and works towards a person’s wellbeing and recovery. Peer support workers provide support to others who share a common experience which might not relate to a specific illness or challenge but instead to the struggle of feeling of loss and/or hopelessness that can accompany a mental illness or addiction.

Peer support has always existed in varying degrees amongst individuals accessing services; people provide mutual support to one another in inpatient services, institutional care, day services or support groups in the community. In addictions and mental health, peer support has developed more formally with the creation of a vast number of self-help groups. Service user involvement in the design and delivery of services was developed further in the 1990’s in the United Kingdom, leading to increased recognition of “the important role ‘experts by experience’ could play” in addictions and mental health services.

It is widely acknowledged that each person is unique in both their experiences and their path towards recovery and peer support is grounded in the knowledge that “hope is the starting point from which a journey of recovery must begin”. Peer support offers individuals the ability to provide one-on-one support and mentoring without directing the recovery journey, they work with a peer who sets the agenda as to what recovery and independence looks like for them. Peer support workers are not case managers, clinicians or therapists; they are peers.

By utilising peer support workers, we can inspire hope and demonstrate the possibility of recovery. Peer support workers are valued for their authenticity as they are able to bring their own experiences of relating to the challenge and can demonstrate that they have found their way to recovery.

A mounting body of literature has been progressively able to demonstrate positive outcomes for peer support in the context of self-help groups, peer-run organisations and services, as well as peer support workers in mainstream services. Numerous projects carried out over the past decade have been earning peer support-based organisations recognition as evidence based practices.

The following factors identify why peer support is an effective strategy:

- Greater community involvement by people who identify as having a mental health condition or addiction
- An increased engagement with formal and informal supports
- Symptom reduction
- An increased likelihood of meeting personal recovery milestones
- An increased capacity and further development of life skills
- An ability to engage with underserved disconnected populations
- Less demand on and usage of acute care services

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19 Ibid., p1-2
a) Greater community involvement by people who identify as having a mental health condition or addiction

Research shows that utilising peer support in conjunction with clinical supports in mental health is very effective. Once treatment has been completed, it has generally been left to the individual to maintain their motivation and continue in their recovery. The importance of recovery communities are increasingly being recognised and peer support communities are increasingly becoming integrated into formal mental health and substance abuse supportive housing programs in order to “help individuals in their communities initiate and sustain recovery” and increase their overall wellness.

The value of peer services is evidenced by the ever-expanding worldwide membership of Alcoholics Anonymous estimated at over 1.5 million and of organisations and programs such as the Fountain House a renowned example of a client-delivered services program that founded the clubhouse movement, where clients play active roles in the operation and management.

Peer support is well-embedded within the recovery model and peers support each other with beliefs and values essential to recovery. Individuals living with a mental illness or addiction look to their peer support worker as an influencer for change; they are members of the community and often staff who have sustained recovery and so they serve as role models and are able to talk frankly with individuals to give them greater individual awareness of specific attitudes or behaviours that the individual may want to work on. Peer support facilitates recovery for both as it creates a focus and purpose for the worker and provides hope that recovery is possible to the peer. Evidence supports the use of peer support as a promising strategy for sustainable recovery.

The peer model promotes individuals to access the community, to attend weekly or monthly meetings, social events, promotes participation, mutual support and self-determination to take control of the direction of their recovery, and offers social supports that are often unavailable when re-entering into the community after clinical supports have been completed.

There is growing evidence in both addiction and mental health showing high satisfaction from people who use a variety of peer support services as well as positive outcomes for people receiving peer services including an increased in social supports, networks and functioning as well as identifying an increased quality of life. There are also proven benefits for people who provide peer services including; restoring confidence, and increasing self-awareness, fulfillment and friendships.

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24 A recovery community is a society or community in which citizenship is established by the status of shared experiences and susceptibility to relapse - White, W., (1998) Slaying the Dragon: The History of Addiction Treatment and Recovery in America. Chestnut Health Systems. Bloomington, IL.


b) An increased engagement with formal and informal supports

Irrespective of its setting, peer support is considered valuable, either as a complement to clinical care or on its own. Some believe peer support brings all aspects of an individual’s recovery journey into view. A peer support relationship might be the first step an individual takes on the way to recovery, or it could be initiated years into an individual’s journey towards wellness. The specifics of a peer relationship are a unique experience for each individual.³⁴

Peer support acknowledges that wellness is a full life experience. Peer support is intended to complement traditional clinical care, and vice versa. Important differences between a more traditional illness-centred approach and a holistic recovery approach are identified in “The Recovery Model” by Mark Ragins.³⁵ The comparison emphasises the ways in which peer support workers can complement a medical approach and, in turn, enhance the recovery experience for the individual.

Connecting with another person with lived experience of similar problems or is perhaps still working on them can be a crucial link for someone struggling in their own situation. Peer support can be an effective prevention strategy, moderate the effects of life challenging effects³⁶ and provide a sense of empowerment.³⁷ ³⁸ ³⁹

A peer support worker pulls from their experiential knowledge as they listen, interact with and support peers. Research informs us that this authenticity helps to create an attitudinal shift and leads to greater feelings of connectedness and empathy and connectedness with the peer worker than what normally occurs in a patient-therapist relationship⁴⁰.

To date, there is sufficient evidence that conventional mental health services provided by a peer worker is effective in engaging individuals into care⁴¹. When providing peer support that involves role modeling positive self-disclosure, and conditional regard, additionally it has been found that peer workers have increased individuals’ sense of hope, control, and ability to effect changes in their lives; increase their sense of community belonging, self-care, and fulfilment with various life domains; as well as decreasing individuals’ level of depression and psychosis.⁴²

Evidence in both mental health and addiction shows high satisfaction from individuals who use peer support as well as positive outcomes for individuals receiving peer services such as improvements in practical outcomes, e.g. employment, housing and finances and an increased ability to cope with stress.⁴³

In addition, there are also proven benefits for individuals who provide peer services including restoring confidence, and their increasing self-awareness, fulfilments and friendships.⁴⁴ ⁴⁵ ⁴⁶ ⁴⁷ ⁴⁸

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³⁴ Sunderland, Guidelines for the Practice and Training of Peer Support: p11
⁴⁰ O’Hagan et al., Making the Case for Peer Support: p12
⁴¹ Davidson et al., Peer Support among Persons with Severe Mental Illnesses
⁴² Ibid.
⁴³ Phoenix Group, Peer Work on Mental Health and Addictions: p3
⁴⁴ Davidson et al., Peer Support among Persons with Severe Mental Illnesses
c) Symptom reduction

Studies also indicate that peer support can help an individual gain control over their symptoms, reduce the number of instances of hospitalisation and offers social support and improved quality of life. The evidence, knowledge, empowerment and hope that come from somebody who has been in their shoes can help an individual to better navigate the complicated warren of treatments, programs and other forms of assistance.

There is currently lots of evidence to show that peer workers providing regular mental health services can be successful in reducing substance use with individuals with concurrent substance use disorders. The evidence in both addiction and mental health is growing and shows positive outcomes for people who receive peer services such as reduced symptoms and/or substance use and high levels of approval from individuals who use peer support.

In a recent study, Pfeiffer et al. found that based on the available evidence, peer support interventions help reduce symptoms of depression. These findings suggest that a peer support intervention has the capacity to be a successful component of depression care, and provides evidence in support of expert opinion advocating for recovery-oriented mental health treatment to include peer support.

d) An increased likelihood of meeting personal recovery milestones

A peer who interacts with a peer support worker will not only feel the connectedness and empathy that come from sharing comparable life experiences, but this interaction also fosters hope; the prospect of a recovery that includes health, quality of life, resilience and wellbeing.

Recovery focuses on individuals regaining a quality of life in their community while endeavouring to achieve their full potential and does not inevitably mean “cure”. Recovery goes beyond the reduction of symptoms and considers a person’s wellness from a holistic point of view that includes their involvement in the community, relationships, their sense of empowerment and general wellbeing. Peer support fits well within the recovery model as it focuses on health and recovery rather than illness and disability.

The Great Lakes Alcohol Technology Transfer Center Network found that “most people discharged from addiction treatment are precariously balanced between recovery and re-addiction in the weeks, months and early years following treatment”. Research has proposed that providing community-based, holistic support services increases treatment results and has acknowledged peer-based community support that follows an empowerment and participatory approach as a significantly important strategy for supporting long term recovery.

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45 Doughty, D., and Tse, S., Can Consumer-led Mental Health Services be Equally Effective?: p252-266
46 Janzen et al., A Longitudinal Study of Mental Health Consumer/Survivor Initiatives: p285-303
47 Rogers et al., Effects of Participation in Consumer-Operated Service Programs: p785-800
48 White, W., Peer-based Addiction Recovery Support
49 Sunderland, K., Guidelines for the Practice and Training of Peer Support: p12
50 Davidson et al., Peer Support among Persons with Severe Mental Illnesses
51 Phoenix Group, Peer Work on Mental Health and Addictions: p3
54 Ibid.
55 Mental Health Commission of Canada, Toward Recovery and Well-Being: p111
56 Sunderland, K., Guidelines for the Practice and Training of Peer Support: p11
In striving for recovery, peer support respects the wellness of the entire person. Engagement in meaningful activities, empowering relationships, and being able to feel happy are all important parts of recovery. The eradication or reduction of symptoms might be a key goal; however it is only one part of an individual’s experience. The philosophy that peer support operates within acknowledges that each person has an intrinsic desire to find a path towards recovery, better health outcomes and wellbeing, and has the knowledge of what will work best for them. The role of the peer support worker is to help support the individual as they discover this knowledge and help to reignite that hopeful desire.⁶⁰

Recovery-oriented methods help to promote personal growth, as the methods used within the illness-centred approach focus on controlling the illness. Differences identified between the two models can be subtle, but have a significant impact on the person who is looking to find hope. Even though the clinical approach attempts to proceed towards a balanced, more person-centred approach; peer support workers are able to offer a unique perspective owing to their lived experience, and are able to offer a more equitable and empowering recovery-oriented relationship.

Providing peer support, just like receiving it, results in a greater sense of self-esteem. In a qualitative study of interviews with peer support workers, Salzer and Shear established that over half of respondents revealed that they benefited from feeling appreciated and felt their self-esteem and confidence had grown which further facilitated their recovery.⁶¹ This improved self-esteem of peer support workers is further evidenced by Ratzlaff et al. who also found that having a positive role model often provides the motivation to make constructive, life choices.⁶²

Riessman’s ‘helper-therapy’ principle⁶³ might explain the peer support workers increased self-esteem observed as helping others can be notably rewarding and result in an improved sense of inter personal ability. Furthermore results from a study by Bracke et al. showed that providing peer support is more beneficial than receiving peer support in terms of self-esteem and empowerment.⁶⁴ This may be due to the importance of employment and an identity shift from being a consumer to being a provider, and consequently becoming a ‘valued and contributing citizen’⁶⁵ allowing them to gain skills, personal growth and self-esteem through doing something worthwhile.

e) An increased capacity and further development of life skills

A Model of Human Occupation approach ⁶⁶ was utilised by Martin et al. (2008) to investigate the outcomes of a program employing occupational therapy and found significant progress and an effect in employment proficiency skills, self-esteem and quality of life. Each of these plays a key role in the development and maintenance of recovery and is critical in a peer support community.

⁵⁹ The term recovery is defined as a continuum of behaviors and actions, which are aimed to reduce harm. Traditional paradigms understand recovery only as abstention from substances, instead this evaluation used the term recovery to include a range of options chosen actively by the drug users themselves; it acknowledges their rights as individuals to participate in their own prevention and treatment - Erikson et al. (1997) Harm Reduction: A New Direction for Drug Policies and Programs. University of Toronto Press: Scholarly Publishing Division and; O’Hare et al. (1992) The Reduction of Drug-Related Harm. London: Routledge.

⁶⁰ O’Hagan et al., Making the Case for Peer Support: p13


⁶⁶ The Model of Human Occupation (MOHO) involves engagement in a balanced routine of work, play and daily living tasks, appropriate to the client’s environments, disabilities and developmental level (Kielhofner, 2002). The MOHO encourages the engagement of occupations as a treatment strategy to produce adaptive skills.
Empowering individuals to assume some control over their environment in the community, helps to reshape their perception of themselves, their ability to influence their own life as well as the lives of others.67

Although peer workers have typically worked as volunteers; changes such as professionalisation of role with formal training and certification, and the potential for paid employment, has been adopted in both mental health and addiction treatment in response to further recognition of the importance and need for long-term recovery support. 68

The Centre for Addiction and Mental Health’s (CAMH) Peer Support Worker Program in Toronto now has twelve specially trained peers bringing their own unique experience to the program, with ten placed within the schizophrenia program, one within the mood and anxiety disorders program and one within the addictions program. The program connects peers with lived experience with clinical teams to work with peers accessing CAMH’s programs. The peer workers act as bridges to community resources, advocates, educators and a partner in facilitating the recovery journey. Peers work from a strengths-based perspective and build on a peer’s resources and shared experiences in order to alter the client’s story away from illness and towards ability and recovery. A peer worker interviewed within their program stated that the knowledge and skills he brings from his lived experience are viewed as equally as valuable as “using a clinical gaze. We have knowledge of the system, of being the person on the other end” he adds that “peer support workers provide hope – they have successfully overcome the challenges their clients are facing”. 69

Evidence from both the mental health and addiction sector is increasing and shows a high level of satisfaction from individuals who use different models of peer support as well as positive outcomes for individuals who receive peer services such as an increased sense of self-efficacy and an increased ability to communicate with mainstream providers. 70

Furthermore there are proven benefits for people who provide peer services including: creating jobs, learning new skills, developing routines, and increasing income as well as restoring their confidence, increasing their self-awareness, and fulfillments and friendships. 71 72 73 74 75

Alberta Addicts Who Educate and Advocate Responsibly (AAWEAR) is a Provincial peer-led harm reduction project operating in five cities across Alberta working within the addiction sector. Findings from previous evaluations of the program have found that the peer workers were experiences, skilled in their work and empathetic. The evaluator found that peer workers self-identified that their work, especially in delivering outreach services, helped them feel that they were providing a community need and as such helped to shape their own identity as a peer worker and increased their confidence and skills. 76

The evaluation also found that peers in the program engage and participate along a continuum; levels of participation depended on personal circumstances and level of professional development. The evaluation showed

69 Canadian Foundation for Healthcare Improvement (2010), Peer Support at the Centre for Addiction and Mental Health
70 Phoenix Group, Peer Work on Mental Health and Addictions: p3
71 Davidson et al., Peer Support among Persons with Severe Mental Illnesses
72 Doughty, C., and Tse, S., Can Consumer-led Mental Health Services be Equally Effective?: p252-266
73 Janzen et al., A Longitudinal Study of Mental Health Consumer/Survivor Initiatives: p285-303
74 Rogers et al., Effects of Participation in Consumer-Operated Service Programs: p785-800
75 White, W., Peer-Based Addiction Recovery Support
that the peer workers, through providing peer support, were able to develop skills of leadership, take greater ownership in the program, have increased capacity and have further developed their life skills.\textsuperscript{77}

Social isolation is regularly one of the greatest challenges confronted by people with mental illness. Excluding superficial contact with sales assistants and cashiers, many individuals have little social contact that does not involve mental health staff.\textsuperscript{78} Outcome studies repeatedly report improvements in both level and quality of social support, social functioning, social networks and social integration. In a cross sectional study by Yanos et al. (2001) where people involved in peer-led services, they found individuals had improved social functioning contrasted with individuals engaged in conventional mental health services.\textsuperscript{79} One account for this change is that when participating in peer support, peers accessing supports are exposed to different perspectives and successful role models who can impart problem solving and coping skills and in so doing, can lead to enhanced social functioning.\textsuperscript{80}

f) An ability to engage with underserved disconnected populations

Additional benefits of peer support can be found for the health care system, these include reducing the workload of overstretched staff and enabling the health system to reach people who might otherwise be hard to engage.\textsuperscript{81}

An AAWEAR evaluation found that through adopting a harm reduction approach led by peers helps to “effectively access hidden populations.”\textsuperscript{82} A peer utilising the AAWEAR outreach program stated that what makes the project different is that “they have been through what we are going through” and he felt comfortable speaking with them as they were able to understand his concerns. Another summarised the project by saying “they give me food...and they give you love”, he shared that most people would not give him a second look but “these people (AAWEAR) come down and help... they are a part of the solution”\textsuperscript{83}

Over time, trauma can change everything about an individual’s life and behaviour. Trauma can shatter a person’s ability to trust, their feeling of safety, and can leave a person feeling powerless; all of this can lead to an overwhelming disconnection oneself and/or from others.\textsuperscript{84} What peer support offers and emphasises is reconnection,\textsuperscript{85} to develop relationships to allow peers to use their own voices and to identify their own experiences in order to reclaim power and control in their lives.

The AAWEAR evaluation highlighted peer views over peer led organisations; “there are not many peer-led organisations doing what they’re doing... it makes it easier for us to share our problems.”\textsuperscript{86} As the peer workers were well known to their target audience, engagement was easier and they spoke to many community members who were not necessarily seeking services but would stop and talk or share some news. This impact is of significance as quite often the community they were reaching is notoriously hard to reach, engage and is extremely distrustful and wary of service providers, revealing the level of trust and comfort level the community had with these peer

\textsuperscript{77} Ibid., p4
\textsuperscript{78} Davidson et al. (2004) Supported Socialization for People with Psychiatric Disabilities: Lessons from a Randomized Controlled Trial. Journal of Community Psychology, 32: p453–477
\textsuperscript{81} Ibid., p11
\textsuperscript{82} Moorthi, G., AAWEAR Evaluation Report, p6
\textsuperscript{83} Ibid., p15
\textsuperscript{85} Ibid., p47
\textsuperscript{86} Moorthi, G., AAWEAR Evaluation Report, p15
workers. Through their work, the peer workers are able to extend the reach of community partners, reaching people on the street that other services (including clinical) report are extremely difficult to engage and contact.

**g) Less demand on and usage of acute care services**

One of the greatest benefits of using peer support services for the health system as a whole is the potential reduction in hospital admissions for those involved in peer support. Numerous studies on admission rates have proved positive results; Chinman et al. found when comparing a peer support project to conventional outpatient care there was a 50% reduction in readmissions to hospital for individuals participating in peer support, and only 15% of peer support participants readmitted in the project’s first year of operation.

So far, there is evidence that peer support workers providing traditional mental health services can be successful in decreasing the use of emergency rooms and hospitals.

The evidence in both addictions and mental health is growing and displays high approval from individuals who use peer support as well as positive outcomes for individuals who receive peer support including the reduced use of health services, including emergency rooms and hospitals.
4. Method and Recommendations

A project steering group was established in November 2014 and comprised of peers, peer service providers and Alberta Health Services leadership. The goal of the group was to create an inventory of current peer support programs in Alberta and recovery orientated promising practices. Focusing on standards of peer support, training requirements and communities of practice, the goal was to establish a strategy for integrating peer support as a part of the formal continuum of mental health and addiction services throughout Alberta. The project took a co-design approach; with the intention to actively engage Albertans with lived experience of mental health and addiction in the design process, to ensure the recommendations from this process meets the needs and expectations of the people with lived experience in Alberta.

Utilising the CMHA provincial network, CMHA-Calgary facilitated in person consultations across the province in Calgary, Red Deer, Lethbridge, Edmonton and Fort McMurray and teleconferences with Alberta AHS North Zone (Grande Prairie, Peace River, Hinton, High Level, St Paul and Bonneville) to more than 270 people in order to garner feedback on the direction and needs of peer support in Alberta. In order to ensure the authenticity and to keep a grassroots element to the project, we ensured that not only were peers included in these consultations but that they also developed the questions asked, organised, and facilitated each session. The consultations also ensured that voices from both the mental health and addictions sectors were present in order to produce a holistic view of peer support services within the sector. Feedback from each peer facilitated consultation was collated and themes were drawn and incorporated into a local report for each location. This feedback was then cross referenced across the Province to generate a Provincial report representing the views of peers across the Province.

During the consultation, participants were asked to identify themselves on the continuum of peer support\(^\text{92}\) from classifying themselves in a formalised clinical care setting all the way to a friendship role for people with lived experience. Each green dot on the figure below represents three peers. What is notable is that peers and peer services across the province identified as being part of the whole continuum of support.

![Peer Support Continuum](image)

**Figure 2. Peer Support Continuum: How people identified their service across Alberta**

The following six questions were asked at each session, aimed at establishing the direction peers in Alberta desire for the future of peer support:

1. If expertise is experience, what is peer support training?
2. How would your role/service be impacted by Peer Supporter Certification?
3. If you had $1M to spend on peer support, where would you spend it?
5. How do we link peer support in addiction and mental health services?
6. What can government do to help implement peer support provincially?

Each consultation lasted a half day and World Cafés were set up for each question allowing people to move from table to table and provide their feedback. A table facilitator took notes of the conversations, and the ability to

provide individual written feedback for each question was also encouraged. All feedback was then given to the report writer to consolidate and identify themes. A copy of each feedback report can be found in Appendix B.

Recommendations collected from the provincial consultations:93 94 95

1 - Collaborative mental health and addictions partnerships

Action Points:

a. Have peers from across the addictions and mental health sectors work together
b. Introduce a community of practice, targeting the addictions sector with the intention of creating shared values, approaches, messages and practices
c. Utilise established peer services in the addictions and mental health sectors to pilot this approach
d. Greater shared education on addictions and mental health and their close relationship

Greater shared work and partnerships within addictions and mental health was identified as a requirement to best support clients. There is a need to provide an integrated service delivery model; addiction and mental health are both incredibly stigmatised, and frequently go hand in hand. Peer support offers a personalised approach, treating people as individuals through a holistic approach, which could bridge mental health and addictions.

Bringing the two sectors together could be accomplished through the training offered to peers; education for peers from each sector on similarities and links between addictions and mental health, including the relationship between trauma and addictions. The same skills and strategies are used in both addiction and mental health; there is little difference between the two; both focus on a wellness journey, focusing on forming a community and healthy lifestyle choices therefore, combined training within the addictions and mental health sector is needed; encouraging integration and standardised language.

Each city across the province agreed that having peer support workers in the system is a good idea. Many ideas flowed about how this could be accomplished and included creating a transitional peer group supporting peers from hospital back into the community; where patients follow-up with both a physician and a peer worker. Additionally, peer support was identified as needing to be utilised in transition processes where high levels of stress are experienced from transitions with little or no supports. There are currently cracks in the system where people are leaving institutions and need help and coaching through the system, peers could be utilised here to link and break down barriers to services. A further idea of creating transitional support from hospital to community included a process where physicians actively refer patients to a peer worker.

Building peer outreach teams comprising of mental health and addictions backgrounds would extend the current reach of services as well as provide a holistic approach. Peer support could be offered on evening and weekends when most other non-clinical supports are often not available. Joint recreation and social activities between the two sectors offering peer support, without defining it as such, could promote collaborations across the sectors as well as encourage natural peer support relationships to be built.

Participants agreed that a focus is needed on recovery rather than diagnosis which can be fulfilled by peer workers’ holistic approach with individuals. Incorporating a recovery model with the addictions sector that is focused on harm reduction based recovery rather than abstinence based was also outlined in Calgary.96

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96 The term recovery is defined as a continuum of behaviors and actions, which are aimed to reduce harm. Traditional paradigms understand recovery only as abstinence from substances, instead in this report the term recovery includes a range of options chosen actively by people who use drug users themselves; it acknowledges their rights as individuals to participate in their own prevention and treatment.
Developing a cross sector community of practice, providing recognition for peer support was outlined by all three cities. A desire for provincial conferences of peer workers, inviting a mixture of all stakeholders was shared at consultations; thereby providing a network that supports knowledge exchange and community among peer workers and creates one standard of practice.

Extending current care services by providing funds in all areas of the continuum was shared at each consultation. Placing peer support workers in the doctor’s office; establishing pre-doctor’s appointments with peer workers to help patients identify what to discuss, peer support workers in hospitals, emergency rooms, and peer workers available at both addictions and mental health service areas extending the current reach of peer support in clinical settings. An ability to offer dual diagnosis programming, where the focus lies on hope and the road to recovery was shared. Matching peers with different backgrounds (i.e. addiction or mental health) should not matter as the focus should be on recovery; any types of recovery, as the processes are very similar. A greater importance should be placed on the ability to empathise versus specialised and specific understanding.

There is also a role for peer workers in educating the general public about the link between addictions and mental health; workshops could be developed and delivered which could also act as a positive introduction of peers into the wider community as well as community mental health and addictions education.

2 – Peer support training for agencies/programs and peers

Action Points:

a. Identified need for peer support training that retains the legitimacy of peer support through fine tuning rather than coopting97
b. Alberta to work on a single certificate program building on the Georgia model following the Mental Health Commission’s Guidelines for the Practice and training of Peer Support98
c. Joint collaboration with CMHA-Calgary Region, Prairies to Peaks, Alberta Health Services and The Mental Health Commission of Canada to roll out a peer support certificate program
d. Review local community desire or demand for accreditation of training, services and peer workers

When asked what peer support training is, there were common themes expressed by the peer support community across the province. Peer support training was identified as providing the skills and tools to create a foundation, and give focus to the role. Expertise comes from experience however, the skills of peer workers can be fine-tuned; teaching peers how to apply personal experiences in a way that is tangible and helpful to others, adding structure, clearly identified roles, whilst ensuring consistent communication, boundaries and language, therefore creating a standard of practice.

Critically important is the need to remain a peer as the key lies within lived experience, being able to identify with someone, with a goal of inspiring hope and promoting recovery. Recovery training needs to be championed over specific illness. Additionally, ensuring an egalitarian methodology is used where support is provided side by side to help one another without any power imbalances.

Certification adds real value and limits ambiguity; it sets boundaries to the role which improves consistency of service delivery, identifies core values of peer support, alongside legitimising the role. The ability to offer peer to peer training provides the ability for advancement in the field. Validation of the role also lends to its credibility in the sector, empowering not only peer workers but agencies and clients. It can open doors as a volunteer, and leads to paid work. Additionally, certification helps to legitimise the role and emphasise experience over expertise.

97 The adoption of values, attributes, and styles of personal interaction associated with professionally credentialed staff members by peer staff members (Alberta and Ploski, Cooptation of Peer Support Staff: Quantitative Evidence. Rehabilitation Process and Outcome (2014) 3: P25-26)
However training offered at a cost can cause barriers and could lead to the creation of a hierarchy between those certified and those who are not. A significant concern noted was ensuring that formalising the role does not take away from peer support; being able to legitimise peer support without systemising it in order to maintain its integrity. Peer Support can gain recognition through funding standardised training, and the creation of provincial/national standards, as well as adding peer support training to be eligible for bursary educational grants, loans and scholarships.

Once a defined purpose of peer support is offered, the benefits can be shared and generate greater awareness to the community. The compassionate and non-judgemental approach offered by peer workers will be seen as a valuable skill. Certification improves consistency of service delivery, alongside legitimising the role. The ability to offer peer training provides the ability for advancement in the field, allow for less supervision from staff and boost the levels of service provided by organisations. In addition, certification can lead to greater confidence and improved self-esteem of peer workers allowing them to offer empowerment to others.

The ability to network and share within the peer model was identified as crucial. Having support from fellow peers, sharing experiences, successes and challenges, as well as a space to gain self-awareness, reflect and check in on one another.

The goal is not to have peers doing clinical work but rather, their goal is to bring people back into the community through role modelling, recovery and wellness. This ensures to a greater degree, that peers are able to legitimately remain a peer. Training for peers to enter the workforce must also be complemented by the organisation or program wishing to implement peer support in order to be successful. The organization or program must deliver peer awareness and peer readiness training for all existing staff and volunteers. This training allows agencies/programs to work through common issues that can act as a barrier to peer support implementation. Agency/program wide training and education on peer support will allow the for a greater understanding of the role of a peer support worker, their boundaries, and the enhancement to existing services that peer support can provide.

There was Provincial consensus over a certified peer support training that was accredited with the exception of Edmonton; their feedback suggested rather a certificate program where peers are certified rather than having an accreditation body. Further discussion over this issue can and should be explored once the peer community has been formed and with the support of the local peers.

3 - Provincial and local peer support hubs: localised implementation

Action Points:
- Create a provincial standard for peer support practice, principles, vision and leadership
- Allow for local implementation strategies in the creation of local peer support hubs that deliver and support training, community and mentorship
- Improve accessibility for rural and underserved populations through the use of existing infrastructure and IT.
- Community of practice developed as a result of having a local safe and understanding place to connect

Clearly identified in the local consultations was the differences in local implementation strategy, also evident though was the shared vision and principles of peer support and its potential.

Feedback identified a need to provide accessible peer run support service hubs. When answering the question “If you had $1M to spend on peer support, where would you spend it?” feedback from across the Province indicated that it could be spent on local agencies or existing programs that are peer centred and driven and on helping peers to navigate systems that support their own recovery path. The hub would allow for a multidisciplinary mosaic of people to come together as ensuring that the hub is accessible in the community with equal access for all is crucial.
Encompassed within this agency would be peer support education and training, recreation services, as well as outreach services provided across the community e.g. hospitals, emergency rooms, recreation centres, churches, schools, youth centres etc. enabling easier access to peer support and ensuring the program was a part of the community rather than separate. This one-stop hub would also participate in public education to reduce stigma surrounding addiction and mental health.

Through the consultations it was evident that local autonomy in the implementation of peer support was desired. That being said, the need for a clear vision, set of shared principles and standards was also put forward by all groups across the province. This could be achieved either through creation of an ‘Alberta Standard’ or through provincially adopting the national peer support guidelines set out by PSACC and the Mental Health Commission of Canada.

Utilising existing infrastructure and initiatives, to ensure sustainability and uptake, will be critical for successful implementation and accessibility of peer support. Further feedback from the consultations mentioned activities such as online, telephone and SMS addiction and mental health supports, as this is where the majority of Albertans now go to access mental health and addiction resources.
5. Working Examples

Canada

*Mental Health Commission of Canada (MHCC)*

The ‘Guidelines for the Practice and Training of Peer Support’ were planned to encourage the advancement of more peer support in Canada and to give weight to existing peer support initiatives. The guidelines were developed in collaboration with peers, peer support workers and the peer community from across the country. The document focuses on the empathetic and supportive role of a peer support worker in fostering hope, empowerment, and recovery. 99

*Nova Scotia*

As part of the Nova Scotia mental health and addictions strategy a new peer support program was launched to help people living with mental illness move from hospital back into their community. The program was led by Healthy Minds Co-operative, which hired, trained and certified peer support specialists experienced with mental illness. The province has invested $1 million into the peer support program.

"Until the province took this work on, not enough was being done to meet the needs of Nova Scotians living with mental health and addictions," said David Wilson, Minister of Health and Wellness. "We have brought about real change by listening to people and acting on many of the strategy's commitments. We know there is more work to do, but we are in this for the long-haul." 100

Funding was directed to training in Nova Scotia, to develop a certified peer support specialist program. The program consists of a course followed by a practicum, all under the direction of the Healthy Minds Co-operative in Halifax, and leads to examinations and accreditation with peer support accreditation and certification in Ottawa. The aim is to place at least one certified peer support specialist in each district health authority in the province, working in various environments including emergency waiting rooms.

The project steering group connected with the ‘Healthy Minds Cooperative’ to discuss the program so far. Identified strengths of the program were; government leadership of the project, providing financial resources that directly incentivise paid and trained peer support positions throughout the province and the home for peer support staff provided through the ‘Healthy Minds Cooperative’ non-profit. 101 Challenges included the integration of peer support workers into existing clinical and community teams across the entire province.

*Scotland*

The Scottish Recovery Network launched in 2004 as an initiative designed to raise awareness of recovery from mental health problems. It developed out of a loose affiliation of individuals and organisations with a common interest in recovery, and has been designed to share information and ideas as quickly as possible. They have four overall goals; to raise awareness of recovery, encourage empowerment, to develop the evidence base and to influence policy and practice. 102

The project steering group connected the Scottish Recovery Network leadership to learn more about the advantages and challenges of the approach. Highlighted was the language used, policy and communication focus of the campaign. The organisation’s method uses communications and campaigns with the hope of influencing the

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101 Healthy Minds, *Nova Scotia Certified Peer Support Specialist Program: Peer Support*

operational delivery of mental health peer support services and informing the wider public of the recovery approach. Challenges for the organisation included the disconnect from service delivery, meaning the implementation of peer support in the operations of mental health programming in and out of the community is not within their control. A more in-depth analysis of mental health and addiction service delivery in Scotland showed that the number of active paid positions within peer support remained low. Also, there was little to no partnerships between addiction and mental health services locally or nationally.

**United States of America**

Over 40 states in the USA now provide financial incentives to train and employ peer workers. Peer positions and services are incentivised with financial support from the Medicaid State programs: “as States develop behavioral health models of care under the Medicaid program, they have the option to offer Peer Support services as a component of a comprehensive mental health and substance use service delivery system.”

Services are structured within a peer support center (or hub) that promotes socialisation, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills. Activities must promote self-directed recovery by exploring identity beyond mental illness through exploring possibilities of recovery, tapping into strengths related to self-management (including developing skills and resources, communicating health needs/concerns, self-monitoring progress), emphasising hope and wellness, working toward achievement of specific personal recovery goals and by assisting consumers with relapse prevention planning.

“A Consumer Peer Support Center may be a stand-alone center or housed as a ‘program’ within a larger agency, and must maintain adequate staffing support to enable a safe, structured recovery environment in which consumers can meet and provide mutual support”.

Unique to the USA implementation of Peer Support was the direct government incentives to hire and integrate peer support into established services. It actively advertises peer support as an option for anyone accessing a suite of mental health and addictions services provided through State Medicaid.

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6. Proposed Next Steps

Using the provincial consultations, evidence of peer support and working examples nationally and internationally, this report will suggest next steps with reasoning and explanations related to the following recommendations: 1. Collaborative mental health and addictions partnerships, 2. Peer support training for agencies/programs and peers and 3. Provincial and local peer support hubs: localised implementation.

During the consultations, peers and service providers were directly asked how resources should be spent in the province in order to activate peer support. When asked “If you had $1M to spend on peer support, where would you spend it?” feedback stated; employment, training, opportunities for peer positions across the health care continuum and internal and external education and awareness campaigns.

This feedback has helped to develop recommendation number three in this report: provincial and local peer support hubs with localised implementation.

Illustrated in Figure 3 is the realisation of the recommendations and feedback gained from the consultations whilst being cognisant of recommendations and learnings from existing research and working models. The hub in the centre acts as a welcoming and supportive peer community, providing mentorship for peer support to be nurtured and grow. Importantly, it provides organised navigation to areas that a peer could benefit from such as education, certification and paid and/or unpaid opportunities in the wider community.

**Peer Support Implementation Plan**

**Stage 1 – Training and a community of support for addiction and mental health**

Drawing from research, it is particularly important to have a clear and strong network/community of peers that has the confidence, skills and organisation necessary to grow, maintain stability and welcome new members. The model
supports the grassroots approach necessary for a genuine peer support movement. This local community has the responsibility to clearly articulate the mission, philosophy, values and a definition of a peer. Funding and resources are needed, in order to develop a physical site, and provide services such as training, a warm line, a check-in etc. In addition, holding an annual conference/event will help increase the profile of peer support and encourage its legitimacy. This organic growth inspired and led by the community itself, prevents the risk of tokenism and empowers each peer by providing a community for them to stand with.

This peer community can nurture partnerships with key stakeholders by connecting with other networks, both national and international groups, and thrive with strong leadership and “champions”. Furthermore this provides clarity of roles in peer support and consequently can assist with the implementation of peer support programs.

A “home” for peer education to be delivered from will be sourced utilising existing agency/service/program infrastructure, and will ensure that it is genuine to the needs of the peer and the roles they take on in the sector. Educating members of the community will be a priority from the outset; ensuring education is relevant to the needs of the peers and the programs they deliver, and to enable a welcoming and supportive environment for peers to enter into.

Expertise derives from experience however, the skills of peer workers can be fine-tuned; teaching peers how to apply personal experiences in a way that is helpful to others in a tangible way, adding structure and clearly identified roles, whilst ensuring consistent communication, boundaries and language are used, creating an integrated standard of practice. Critically important is the need to remain a peer, as the key lies within lived experience; being able to identify with someone, with a goal of inspiring hope and promoting recovery.

**Stage 2a – Identifying and leveraging existing infrastructure for implementation**

Leveraging existing supporting infrastructures ensures ease of navigation in addition to reducing costs of implementation. One example would be leveraging the existing infrastructure of the Alberta Healthy Living Program (AHLP) as a point of entry for peers navigating the system. This would involve adding peer support as an additional offering of service as well as adding addictions and/or mental health supports, this strategy would allow for the Program to offer services addressing not only physical health but also a person’s whole health by incorporating mental health of individuals accessing the Program. By also working with established “hubs” identified in Stage 2b, these can act as additional and complimentary locations for service delivery and implementation in the wider community, with education centres focused on recovery and peer-led services.

Further benefits of integration into the AHLP include access to a staffed call centre Monday through Friday, an offering of online registration, and locations across the Province; 5 local and 4 rural sites. The AHLP can act as a point of coordination for peer support integration into the healthcare system with linkages into the community. An assessment of the opportunity to integrate with the AHLP should be carried out.

**Stage 2b – Organic creation of local peer support hubs from existing local communities of practice**

As the community of practice matures and strengthens in local sites, additional responsibilities and functions will be added. The need for a “hub” (see Figure 3) will become evident. Its main functions will encompass; navigation, the community of practice and mentorship. It will enable people with lived experience of addictions and/or mental health concerns to have the peer experience of their choosing; be that education, training, employment or

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106 Ibid., P7
108 The Alberta Healthy Living Program (AHLP) is an integrated community-based chronic disease management program. The program includes the following services: Patient education, including disease-specific and general health and lifestyle topics and self-management support through Better Choices and Better Health workshops.
community connection. It is important to note that this report identifies no particular agency or service provincially to house the local peer support hubs. Specifically, the province-wide consultations clearly identified that each locality will inevitably use the support of their local institutions, interested parties and infrastructure.

Along with this model, is the need to provide effective mentorship for new peer workers; this can be achieved through utilising experienced peers providing mentorship and guidance; thus promoting an egalitarian approach, where support is provided side by side with other staff to help one another, eliminating power imbalances.

**Stage 3 – Practicums and work placements in the community etc.**

In addition to hub services and integration, education of the wider mental health and addiction sector, at this stage becomes critical; agencies need to own the idea of peer support before any peer worker enters into the organisation, creating a foundation for peer support to thrive and survive in a meaningful and empowering way. An established plan of how peer support will be utilised most effectively with the organisation, along with genuine acceptance and respect for peer support from frontline staff and program leaders helps to create this foundation. Further, a workplace readiness training for organizations wishing to implement peer workers should be developed to ensure organizations and staff within them, have a genuine understanding of peer support, therefore limiting the effect of co-opting and creating greater opportunity for success for peer support workers.

A strong foundation that enables peer support to flourish is critical before any potential employment positions are sourced or offered. Through sector education and promotion of peer support, sites for peer positions can be identified.

The development of peer-led services and the formal employment of peer support workers have been pioneered in the USA, New Zealand, Australia, Canada, and in recent years the UK has begun to build on this work to increase peer support provision across the four national health and social care systems.109

Example Peer Titles:

![Peer Support Roles Diagram]

The overall goal is not to have peers undertaking clinical work but rather, the goal is to bring people back into the community through role modelling, recovery, wellness; thereby enhancing and complimenting clinical services. This ensures to a greater degree, that peers are able to legitimately remain a peer rather than a peer preforming a clinical position.

In the lead up to the roll out of stage three, it will be important to determine the arguments for each pilot employment location. The consultations specifically identified that peer support would be most effective in the transition points of the addiction and mental health sector such as the transition from hospital/addiction treatment centre to community living. Participants also gave a long list of the potential locations peers could deliver services; doctors’ offices, community programs, non-profits, street outreach, clinics, emergency rooms and schools.

Evaluation frameworks will be created for each employment site to allow for comparison of the utility and impact of peer positions in different locations. Potentially AHS clinics, community non-profits, AHS community services or transitional points could all be valid pilot locations.

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7. References


Beard et al., The Fountain House Model of Rehabilitation. Psychosocial Rehabilitation Journal 5, 1982


Chapman, S., Blash, L., and Chan, K., The Peer Provider Workforce in Behavioural Health: A Landscape Analysis, UCSF Health Workforce Research Centre on Long Term Care, 2015


Dumont, J. and Jones, K. Findings from a Consumer/Survivor Defined Alternative to Psychiatric Hospitalization. Outlook 14, 2002


Provincial Peer Support Report - A Report back to Albertans
Canadian Mental Health Association – Calgary Region


Rogers, E., Teague, G., Lichtenstein, C., Campbell, J., Lyass, A., Chen, R., and Banks, S. *Effects of Participation in Consumer-Operated Service Programs on both Personal and Organizationally Mediated Empowerment: Results of Multisite Study*. Journal of Rehabilitation Research and Development, 44(6), 2007


Consultations


8. Appendix A – Further Reading


Centre for Addiction and Mental Health, *CAMH and Harm Reduction: A Background Paper on its Meaning and Application for Substance Use Issues*, 2002


Raki, M., *Consumer and Peer Roles in the Addiction Sector*, New Zealand, 2010


Self Help Alliance, *Centre for Excellence in Peer Support*, 2015


Appendix B – Working Examples and Consultation List

Local, national and international are used as examples of how peer support is organised and implemented.

Alberta Peer Support Environmental Scan

North Zone
- Clubhouse
- Skills Training
- Employment Training
- Telephone Support
- Outreach Recovery Support
- Social Supports
- Drop-in services

Red Deer
- Employment
- Education
- First Nations
- Youth
- Support Groups
- Social Skills Development

Lethbridge
- Support Groups
- Peer Advocacy
- Drop-in groups
- Peer Outreach
- Social Skills Development
- Education

Edmonton
- Support Groups
- Paid Positions
- Clubhouse
- Peer Outreach
- Education
- Supervision
- Art therapies
- Homeless Outreach
- Leisure rec and social groups
- Housing Supports
- More...

Calgary
- Support Groups
- Peer Mentoring
- Peer Outreach
- Education
- Community of Practice
- Clubhouse
- Peer Training
- More...
<table>
<thead>
<tr>
<th>Location (Zone)</th>
<th>Peer Group</th>
<th>Description</th>
<th>Location of Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calgary (Calgary Zone)</td>
<td>12 Step Model (Treatment Centres)</td>
<td>Addiction Support Model</td>
<td>Addiction Treatment/Recovery Centres</td>
</tr>
<tr>
<td></td>
<td>AAWEAR (Grateful or Dead)</td>
<td>Addiction/Harm Reduction Group. Bimonthly meetings, training and peer street outreach. Budgeting directed by peers.</td>
<td>Community clinic and street outreach</td>
</tr>
<tr>
<td></td>
<td>CMHA (Peer Options)</td>
<td>Recovery Centre: training, skills practice, mentorship and community of practice. Route to PSAC certification. Peer Advocacy</td>
<td>Community non-profit program</td>
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<tr>
<td></td>
<td>Schizophrenia Society</td>
<td>Peer Support Group, Paid Positions, Peer Outreach Workers</td>
<td>Community non-profit program</td>
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<td></td>
<td>HIV Community Link</td>
<td>Drop-in peer support groups</td>
<td>Community non-profit program</td>
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<td></td>
<td>Mental Wellness Recovery</td>
<td>Facility peer recovery group training sessions</td>
<td>AHS Calgary Clinics (consultancy firm)</td>
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<td></td>
<td>Prairies 2 Peaks</td>
<td>Peer Supporter Training</td>
<td>Community Education Centres</td>
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<td></td>
<td>Peer Support Services</td>
<td>Education and Support</td>
<td>Community non-profit program</td>
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<td></td>
<td>Potential Place</td>
<td>Mental Health Clubhouse</td>
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<td></td>
<td>Support Works</td>
<td>Peer Support Groups</td>
<td>Community non-profit program</td>
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<td>OBAD</td>
<td>Peer Support Groups</td>
<td>Community non-profit program</td>
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<td></td>
<td>Creative Spark (Canmore)</td>
<td>Peer run art therapy</td>
<td>Community project</td>
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<td></td>
<td>MESH</td>
<td>Peer Support Services, Volunteers/Navigators</td>
<td>Community non-profit program</td>
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<tr>
<td>Northern Alberta (North Zone)</td>
<td>(Peace River) Clubhouse</td>
<td>Clubhouse</td>
<td>AHS Mental Health Clinic</td>
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<td></td>
<td>(Hinton) Bridges</td>
<td>Social Supports, Leisure Rec, Support Groups</td>
<td>Community non-profit program</td>
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<td></td>
<td>(Grand Prairie)</td>
<td>Social Supports, Art Therapy, Supportive Housing</td>
<td>Community non-profit program</td>
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<td>(High Level) AHS Mental Health Services</td>
<td>Outreach Mental Health and Addiction Services</td>
<td>AHS Mental Health Clinic</td>
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<td>(Fort McMurray) CMHA Wood Buffalo</td>
<td>Education and Social Supports</td>
<td>Community non-profit program</td>
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<td>CMHA Edmonton</td>
<td>Peer Services: Support groups, Recovery groups, leisure rec, social supports, education, navigation, paid positions, mentorship</td>
<td>Community non-profit program</td>
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<td></td>
<td>Schizophrenia Society</td>
<td>Paid peer positions, peer outreach, support groups, education, leisure rec, art</td>
<td>Community non-profit program</td>
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<td></td>
<td>Services</td>
<td>Organization</td>
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<td><strong>Edmonton</strong></td>
<td>AHS ACT Team: Paid peer position, clinical supports, training manual</td>
<td>AHS Mental Health and Addiction Team</td>
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<td>(Edmonton Zone)</td>
<td>(In progress), peer outreach, homeless support, addictions specialisation</td>
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<td>AAWEAR Boyle Street / StreetWorks (AS IT IS): Paid peer positions,</td>
<td>Community non-profit program</td>
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<td></td>
<td>street outreach, addictions specialisation, peer advocacy,</td>
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<td>presentations, education.</td>
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<td>E4C: Skills development, education and community building</td>
<td>Community non-profit program</td>
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<td></td>
<td>Cease: Education and support groups and programs</td>
<td>Community non-profit program</td>
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<td></td>
<td>Bissel Centre: Mental health support and programming and drop in</td>
<td>Community non-profit program</td>
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<td>Boyle McCauley Health Centre: Peer specialist positions, mental health</td>
<td>Community non-profit program</td>
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<td>outreach, homeless outreach, addictions supports</td>
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<td>Mental Health Matters: Peer Support Groups</td>
<td>Community Project</td>
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<td>Homeward Trust: Formalised Peer Support Services</td>
<td>Community non-profit program</td>
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<td>Covenant Health (Friendship Group): Peer Support Group</td>
<td>Community non-profit program</td>
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<td></td>
<td>Alberta Network for Mental Health: Peer Advocacy</td>
<td>Community Collaborative</td>
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<td>Lethbridge</td>
<td>Schizophrenia Society: Peer Support Group, Paid Positions, Peer</td>
<td>Community non-profit program</td>
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<tr>
<td>(South Zone)</td>
<td>Outreach Workers</td>
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<td>SASHA Residential Program: Community Support Group</td>
<td>Community non-profit program</td>
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<td>AHS Outreach Addictions and Mental Health – Men’s group: Peer</td>
<td>Clinic</td>
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<td>relationship building, Socialisation and support groups.</td>
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<td>CMHA (Peer Support): Peer Support Group, Socialisation, Drop-in.</td>
<td>Community non-profit program</td>
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<td>Clean Sweep Program: Community based volunteer/employment program</td>
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<td>AAWEAR (Courage): Addiction/Harm Reduction Group. Bimonthly meetings,</td>
<td>Community non-profit program</td>
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<td>training and peer street outreach. Budgeting directed by peers.</td>
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<td>AAWEAR (CAANS): Addiction/Harm Reduction Group. Bimonthly meetings and</td>
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<td>(Central Zone)</td>
<td>CMHA (Friendship Circle): Training, Youth, Socialisation, Education,</td>
<td>Community non-profit program</td>
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<td>First Nations Supports</td>
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<td>Awkward Spirit Autism Support: Group support, employment, mentorship</td>
<td>Community non-profit program</td>
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### Provincial Peer Support Consultation Day Feedback (Narrative)

#### CMHA Calgary Feedback Brief (#1)  
**Page 1**  
**September 18, 2015**

1. **If expertise is experience, what is peer support training?**

   Peer support training: providing the skills and tools to create a foundation and give focus to the role. Expertise comes from experience however, the skills of peer workers can be fine-tuned; teaching peers how to apply personal experiences in a way that is helpful to others in a tangible way, adding structure, clearly identified roles, whilst ensuring consistent communication, boundaries and language creating a standard of practice.

   Critically important is the need to remain a peer as the key lies within lived experience, being able to identify with someone, with a goal of inspiring hope and promoting recovery. Recovery training needs to be championed over specific illness. Additionally, ensuring an egalitarian methodology is used where support is provided side by side to help one another with no power imbalances. Peers doing non clinical work, the goal is to bring people back into community through recovery and wellness.

2. **How would your role/service be impacted by Peer Supporter Certification?**

   Certification limits ambiguity, sets boundaries to the role which improves consistency of service delivery, alongside legitimizing the role. The ability to offer peer to peer training provides the ability for advancement in the field. Validation of the role also lends to its credibility in the sector, empowering not only peer workers but agencies and clients. It can open doors as a volunteer and leads to paid work.

   However training offered at a cost can cause barriers and could lead to the creation of a hierarchy between those certified and those who are not. A significant concern noted was ensuring that formalizing the role does not take away from peer support; being able to legitimize peer support without systemizing it in order to maintain its integrity.

3. **If you had $1M to spend on peer support, where would you spend it?**

   Through education and awareness on the value of peer support, within the healthcare system and to the general public. Alternatively, the creation of a pilot project of paid peer support workers in front line positions in hospitals and follow this up with an evaluation of the results and outcomes. Other ideas included spending the money on providing training subsidies, bursaries and sponsorships for peer worker certification but ensuring that paid positions are available once the training is complete.

   Extending current care services by providing funds in all areas of the continuum. Provide peer support workers in the doctor’s office; establishing pre-doctor’s appointments with peer workers to help patients identify what to discuss.

   The creation of an app for peer workers and those seeking support was raised. This could provide interactive support with navigation of services and help improve communication. A check in option could be also be made available.

   Lastly, the funds could be used to develop a community of practice, providing recognition for peer support. A conference of peer workers could be created inviting a mixture of all stakeholders, providing a network that supports knowledge exchange among peer workers and creates one standard of practice.
4. **Weight the Structure of your Peer Support Model;**
   - **Training**
   - **Mentorship**
   - **Community of Practice**
   - **Experience**


   Generally, the approach a person used and ability to connect on a human level was identified as more important than experience. However experience ranked first; it is more important that peer workers have lived experience but do not need to have a diagnosis.

   In terms of training, there is difficulty formalizing a peer support model. The word ‘structure’ is important to think about because peer support should be flexible. Training can be very important (e.g. suicide prevention). Learning language around how to help others is important; encouraging empowerment and solution focused approach. It is important to address what the training would entail as peer support is not a new concept with many practicing for years, therefore formalizing for certification could be a barrier.

   To create a larger community practice it is essential to bring facilitators and peer mentors together. Integration of peer support at the beginning phase of support (e.g. impatient services) is needed and then aftercare programs such as group peer support should be provided.

5. **How do we link peer support in addiction and mental health services?**

   All training to be combined within addictions and mental health sector; encouraging integration and standardized language. Link could be in the training offered to peers; education for peers on similarities and links between addictions and mental health, including the relationship between trauma and addictions. The same skills and strategies are used in both addiction and mental health, there is not a lot of differentiation between the two.

   Create a transitional peer support group from hospital to community, where patients follow-up with a physician and a peer worker. Peer support should be utilised in transition processes where high levels of stress are experienced from transitions without supports. There are currently cracks in the system where people are coming out of institutions and need help and coaching through the system.

   Provide an integrated service delivery model; mental health and addiction are both incredibly stigmatized, and very often go hand in hand. Peer support offers a personalised approach, treating people as individuals through a holistic approach which could better link mental health and addictions. Ability to offer dual diagnosis programming, where the focus lies on hope and the road to recovery. Matching peers with different backgrounds (i.e. addiction vs mental health) should not matter as the focus should be on recovery; any type of recovery, as the processes are very similar. A greater importance should be placed on the ability to empathise versus understanding.

6. **What can government do to help implement peer support provincially?**

   Legitimize the role of peer workers through recognizing peer support as a best practice and committing to fund peer support programs and jobs (including pay equity). Additionally, add peer support training to be eligible for bursary educational grants, loans and scholarships. Funding frontline partnerships such as outreach with police, emergency rooms, and front line agency staff; promoting understanding through working side by side with people with lived experience.

   Creating a culture that continues to support collaboration and integration for peer support. Government can influence higher learning and health professionals to imbed an understanding of the value of peer support.

   Adding peer workers to a Provincial advisory council and Strategic Clinical Networks offering a collective voice to further promote peer support.
1. If expertise is experience, what is peer support training?
   - How to apply experiences
   - Fine tuning
   - Remaining a peer
   - Further education

2. How would your role/service be impacted by Peer Supporter Certification?
   - Agency
     - Standardization
     - Affect volunteer numbers
     - Improved services
     - Stronger teams
     - Able to fund ‘professional’ role
   - Overall
     - Legitimize vs systemize
     - Hierarchy of certified vs non certified
     - Empowers worker and agency
     - Maintain peer support integrity?
   - Peer
     - Advancement opportunities
     - Validation
     - Lends credibility
     - Clarity of role
     - Legitimizes expertise

3. If you had $1M to spend on peer support, where would you spend it?
   - Research and Evaluation
   - Communications and Awareness
   - Training and Employment
   - Continuum of Care and Prevention
   - Extend current care services in addictions and mental health
   - Community of practice and knowledge exchange

4. Weight the structure of your Peer Support Model;
   - a. Training
   - b. Mentorship
   - c. Community of Practice
   - d. Experience

5. How do we link peer support in addiction and mental health services?
   - Training
   - Transition support
   - Integrated service delivery/Recovery
   - Policy
   - Break down barriers to services

6. What can government do to help implement peer support provincially?
   - Funding for training, jobs and community of practice
   - Influence
   - Recognition and promotion of peer support
   - Peer support strategy
1. If expertise is experience, what is peer support training?
Learning to share the experience: providing the tools and skills to create a foundation and give focus to the role. Expertise comes from experience however, training in how to apply those experiences effectively and appropriately is key; teaching peers how to apply personal experiences in a way that is helpful to others, adding structure, clarity of roles, personal emotional safety, whilst ensuring consistent communication, boundaries and language is used to create a standard of practice.

The ability to network and share within the peer model was identified as crucial. Having support from fellow peers, sharing experiences, successes and challenges as well as a space to gain self-awareness, reflect and check in on one another.

2. How would your role/service be impacted by Peer Supporter Certification?
Add real value: certification sets boundaries to the role, gives peer-support credibility and legitimizes it. This can lead to healthier organizations; accommodating all people with or without differences and helps reduce stigma through recognition and legitimacy of accredited skills and experience.

Further skill development promotes peer worker confidence. Certification validates the role and this lends itself to greater awareness and credibility from both the sector and the wider community by emphasizing lived experience as tenable.

3. If you had $1M to spend on peer support, where would you spend it?
On a peer support agency that is peer centred and driven, helping peers to navigate systems and choosing their own recovery path. Ensuring that the agency is available in the community with equal access for all. Encompassed within this agency would be recreation services such as in/outdoor recreation as well as outreach services provided across the community e.g. hospitals, recreation centres, churches, schools, youth centres etc. enabling easier access and ensuring the program was part of the community rather than separate. This one-stop agency would also participate in public education to reduce stigma and support family members.

Additionally, a community centre allowing for a multidisciplinary mosaic of people to come together was offered as an idea alongside acquiring and staffing a few crisis vans.

Through education and awareness on the value of peer support, within the healthcare system and to the general public. Other ideas included family supports for those that are in treatment (including training and education for family), education and awareness on the value of peer support, within the healthcare system and to the general public.

The creation of an app for peer workers and those seeking support was raised. This could provide interactive support with navigation of services and help improve communication.

Lastly, the funds could be used to pay peer workers by providing funding to existing agencies and programs to incorporate peer workers and support for them and their clients to ensure peer support is part of their programs.
4. **Weight the Structure of your Peer Support Model**;
   - **Training**, **Mentorship**, **Community of Practice**, **Experience**

   Overall feedback weighted the structure of peer support as follows: 1. Experience, 2. Training, 3. Mentorship, 4. Community of practice

   Generally, the approach a person used and ability to connect was identified as more important than experience. However experience ranked first; it is more important that peer workers have lived experience as it makes it easier to emphasize with peers.

   In terms of training and mentorship, case planning training in facilitation and listening skills were identified as most important. Teaching boundaries and relationship building was assessed as being well placed under the mentorship role.

   To create a larger community practice it is essential to bring facilitators and peer mentors together to network and support information sharing.

5. **How do we link peer support in addiction and mental health services?**

   An integrated community of practice and service delivery; all training to be combined within addictions and mental health sector; encouraging integration and standardized language, job shadowing across the two fields. Link could be in the training offered to peers; education for peers on similarities and links between addictions and mental health with a focus on a holistic approach. Mental health and addiction are both incredibly stigmatized, and are often go hand in hand. The same skills and strategies are used in both practices, both focus on a wellness journey focusing on forming a community and healthy lifestyle choices. Have peer workers available at both addictions and mental health service areas.

   Peer support should be utilized in transition processes where high levels of stress are experienced from transitions without supports. Use peers to link and break down barriers to services.

   There is a role for peer workers in educating the general public about the link between addictions and mental health, workshops could be developed and delivered which could also act as a positive introduction of peers into the community.

   Lastly, joint recreation and social activities between the two sectors offering peer support, without defining it as such, can promote collaborations across the sectors as well as encourage natural peer support relationships to be built.

6. **What can government do to help implement peer support provincially?**

   Creating a peer support strategy that allows for peer workers acting as advocates on individuals' rights, having support from a peer when advocating and/or if unable to self-advocate. Ensuring that it is a right to ask for/provide peer support and allow for peer workers to be involved in a discharge and at all levels of healthcare.

   Legitimize the role of peer workers through recognizing peer support as a best practice and committing to fund peer support programs and jobs (including pay equity).

   Additionally creating a culture that continues to support collaboration and integration for peer support.
1. If expertise is experience, what is peer support training?
   - Further education
   - How to apply experiences
   - Networking ability

2. How would your role/service be impacted by Peer Supporter Certification?
   - Agency
     - Adding ‘real’ value
     - Healthier organizations
     - Improved services
     - Stronger teams
   - Overall
     - Legitimizes peer support
     - Increases community contact
     - Helps with de-stigmatization
     - Credential for employment
   - Peer
     - Opportunity to ‘pay it forward’
     - Confidence in peer support
     - Positive recognition of value
     - Legitimizes expertise

3. If you had $1M to spend on peer support, where would you spend it?
   - Peer centre/day program
   - Employment with equal pay
   - Family supports
   - Communications and awareness
   - Peer support agency/hub services

4. Weight the Structure of your Peer Support Model;
   a. Training
   b. Mentorship
   c. Community of Practice
   d. Experience

5. How do we link peer support in addiction and mental health services?
   - Education
   - Transition support
   - Integrated practice and service delivery
   - Recreation/social activities
   - Break down barriers to services

6. What can government do to help implement peer support provincially?
   - Peer workers as advocates
   - Peer support strategy
   - Recognition and promotion of peer support
1. If expertise is experience, what is peer support training?

   Peer support training: providing the skills and tools to create a foundation to the role. Expertise comes from experience however, the skills of peer workers can be fine-tuned; teaching peers how to apply personal experiences in a way that is helpful to others as well as knowing when to ask for help, adding structure whilst ensuring consistent communication, boundaries and language are used creating a standard of practice.

   Additionally, accreditation and providing credentials helps to legitimize the role and emphasize experience over expertise.

2. How would your role/service be impacted by Peer Supporter Certification?

   Certification improves consistency of service delivery, alongside legitimizing the role. The ability to offer peer training provides the ability for advancement in the field, allow for less supervision from staff and boost the levels of service provided by organizations.

   Once a defined purpose of peer support is offered, the benefits can be shared and generate greater awareness to the community. The compassionate and non-judgemental approach offered by peer workers will be seen as a valuable skill.

   In addition, certification can lead to greater confidence and improved self-esteem of peer workers allowing them to offer empowerment to others.

3. If you had $1M to spend on peer support, where would you spend it?

   Through education and awareness on the value of peer support, within the healthcare system and to the general public in an effort to raise awareness, garner public recognition and support and reduce stigma. Other ideas included spending the money on interagency collaborations such as partnership work, information sharing databases and better technology and tracking. Advocacy; using peer workers as advocates in the community.

   Extending current care services by providing funds at all levels of healthcare. Provide peer support workers in hospitals, doctors office, emergency rooms etc. to extend the current reach of peer support.

   Lastly, the funds could be used to develop a community of practice, providing recognition for peer support. A conference of peer workers could be created inviting a mixture of all stakeholders, providing a network that supports knowledge exchange among peer workers and creates one standard of practice.
4. **Weight the Structure of your Peer Support Model;**
   - a. **Training**
   - b. **Mentorship**
   - c. **Community of Practice**
   - d. **Experience**


   Generally, the ability to connect was identified as more important than experience. However, training ranked first; it is more important that peer workers are trained in how to offer support to others.

   In terms of experience, this was identified as very important (e.g. first aid, suicide prevention). Learning language around how to help others is important; encouraging empowerment.

   Mentorship was identified as crucial for providing support, structure and personal growth, learning from mentors and being able to excel.

   To create a larger community practice it is essential to bring facilitators and peer mentors together to share experiences and brainstorm.

5. **How do we link peer support in addiction and mental health services?**

   All training to be combined within addictions and mental health sector; encouraging integration and standardized language. Education for peers on the similarities and links between addictions and mental health. Have peers from both sectors share their stories as part of the training.

   Create transitional peer support from hospital to community, where physicians actively refer patients to peer-a-peer worker. Peer support should be utilised in transition processes where high levels of stress are experienced from transitions without supports.

   Provide an integrated service delivery model; mental health and addiction are both incredibly stigmatized, and very often go hand in hand. Peer support offers a personalised approach, treating people as individuals through a holistic approach which could better link mental health and addictions.

   Build peer outreach teams comprising of mental health and addictions backgrounds, enabling a greater reach as well as a holistic approach. Peer support could be offered on weekends and evenings when often most other non-clinical supports are not available.

6. **What can government do to help implement peer support provincially?**

   Legitimize the role of peer workers through recognizing peer support and committing to fund peer support programs and jobs (including pay equity). Funding after hours supports offered by peer support. Help raise awareness of peer support and create a culture that continues to support collaboration and integration for peer support.

   Recognize peer support by funding standardized training and the creation of national standards.
1. If expertise is experience, what is peer support training?
   - Legitimizing the role
   - Fine tuning
   - Further education

2. How would your role/service be impacted by Peer Supporter Certification?
   - Agency
     - Standardization
     - Less supervision needed
     - Improved services
     - Stronger teams
   - Overall
     - Legitimize
     - Recognition of expertise
     - Defined peer support purpose
   - Peer
     - Expert knowledge gained
     - Validation
     - Increases self-esteem
     - Clarity of role
     - Potential for better pay

3. If you had $1M to spend on peer support, where would you spend it?
   - Education and awareness
   - Interagency Collaborations
   - Advocacy
     - Extend current care services in addictions and mental health

4. Weight the Structure of your Peer Support Model;
   a. Training
   b. Mentorship
   c. Community of Practice
   d. Experience

5. How do we link peer support in addiction and mental health services?
   - Transition support
   - Education
   - Community outreach
     - Integrated service delivery/Recovery

6. What can government do to help implement peer support provincially?
   - Funding for training, jobs and after hours support
   - National standards for peer support
     - Recognition and promotion of peer support
1. If experience is expertise, what is peer support training?

Peer supporters are made effective when expertise (informed by structured training) follows lived experience. Feedback stressed the value of peers for their personal experience in addiction, mental illness, recovery, and overcoming the stigma attached to accessing services both within their respective communities and the greater Canadian society. The peer support model would be particularly impactful in ethnocultural and Aboriginal communities, where formal mental health services are difficult to access.

An effective training program is critical for peers to translate this lived experience into a thoughtful approach for supporting others. Feedback identified several important skills to develop over the course of peer support training: how to tell personal stories in a constructive way; listening skills; self-awareness of own area of knowledge and how to stay within those boundaries; self-care and awareness of personal limitations; cultural competency; awareness of mental health resources.

2. How would your role/service be impacted by Peer Supporter Certification?

Feedback suggested that Peer Supporter Certification would ultimately be useful to build bridges between community members and other mental health services, bringing more clients forward for professional help by first establishing a sense of trust with a peer.

Certification would also build capacity within communities on a grassroots level by giving community members the power to better support each other with mental health concerns when appropriate.

Highlighted was the additional need for agency certification for peer support—were programs/agencies themselves would require training to home peer support workers on their staff.

3. If you had $1M to spend on peer support, where would you spend it?

Improve awareness of peer support and other services among hard-to-reach populations such as youth and those living and working in remote areas. Important avenues for funding include peer support training in schools and mental health youth education. Feedback stressed the potential of youth peer support as a way of promoting early intervention. Digital communication could provide a means of providing peer support to youth.

It was also suggested that involvement from the business community should be incentivized to promote peer support training in workplaces. Increasing accessibility is also necessary and often requires additional funding. It was expressed that in-person meeting are the best way to deliver peer support but specifically rural and isolated communities could benefit from communication infrastructure.
4. **Weight the Structure of your Peer Support Model:**
   *a. Training*  
   *b. Mentorship*  
   *c. Community of Practice*  
   *d. Experience*

   For the peer support model, experience was weighted as the highest priority. The ability to have the knowledge can enhance a person’s ability to understand the challenges experienced by patients. The lowest priorities were divided amongst community of service, mentorship and training, highlighting the crucial element that training and experience play into the peer support model.

   It was reported a transition in priority as the peer support model progresses. In the early stages, training and mentorship were reported as the highest and lowest priority, respectively. During the later stages, mentorship and training were reported as the highest and lowest priority, respectively. Together, the reversal of priority recognizes the importance of expertise during the initial stages in order to build a strong foundation for support while the later stages emphasizes the role of mentorship as a potential model for support.

5. **How do we link peer support in addiction and mental health services?**
   Utilize the health promotion model for providing universal support for all, leading to selecting patients for support and targeting approaches to match each client’s needs. Education, and awareness were emphasized as the building blocks for peer support. However, experience and knowledge may suffice for essential support but professional support and those with lived experiences should be collaborated with. Support should be stratification based on types and the level of investment in order to assist the different needs of each client and improve the adaptability of the program.

   Link the peer support to the employee assistance programs and include referrals for the peer support. Expand support to schools as a preventative approach and for facilitating a dialogue for understanding within the community. Categorize the support program to address treatments for addictions as separate to treatment for mental illness in order to target the support.

6. **What can government do to help implement peer support provincially?**
   Feedback called for sustainable and accessible funding, with faster rates of approval for new programs. Respondents also call on government to destigmatize workplace mental health by creating standards for mental health benefits and introducing peer support to work contexts.
1. If expertise is experience, what is peer support training?
   - Boundaries
   - Knowledge
   - Self-care and awareness
   - Cultural competency

2. How would your role/service be impacted by Peer Supporter Certification?
   - Agency
     - Standardization
     - Streamline with other agencies
     - Improved services
   - Overall
     - Agency certification
     - Greater access for clients
     - Empowers the agency
     - Empowers communities
   - Peer
     - Advancement opportunities
     - Validation
     - Gives additional support
     - Clarity of role
     - Legitimizes expertise

3. If you had $1M to spend on peer support, where would you spend it?
   - Communications
   - Accessibility
     - Youth peer training and school mental health education
   - Workplace peer strategy
   - Continuum of care
   - Training and employment

4. Weight the Structure of your Peer Support Model;
   a. Training  b. Mentorship  c. Community of Practice  d. Experience

5. How do we link peer support in addiction and mental health services?
   - Training
   - Transition support
   - Integrated service delivery
   - Prevention and Health Promotion

6. What can government do to help implement peer support provincially?
   - Funding for training, jobs and community of practice
   - Workplace peer support strategy
1. If expertise is experience, what is peer support training?

Peer support training must aim to help peers develop the concrete tools necessary to effectively balance sharing their own story and lived experience, and supporting another individual in their unique recovery. Feedback suggested that a continuum of peer support options should exist; there should be options between formal and informal supports, and peer support should be offered both separate from and integrated into the health care system. Appropriate training would need to be required for each context.

Several common themes were identified that should be critical to a peer support training program: practicing self-care and knowledge of the peer’s own mental illness and recovery journey; being able to respond to conflict; communicating effectively, including knowledge of empowering language; objectivity and neutrality; and understanding of boundaries in terms of disclosing their own experiences and effective listening skills.

2. How would your role/service be impacted by Peer Supporter Certification?

It was expressed that a certification requirement may pose a frustrating initial barrier to taking part as a peer in support programs, both in terms of monetary cost and time. Feedback also noted that certification would ultimately likely lead to a safer environment for peers, clarification of their roles, and clearer boundaries in providing support to clients, shared language and values and overall greater structure. Greater value on peer support may also be placed on peer support workers and their role in service delivery. Healthcare providers would have a better and clearer understanding of the role of a peer support worker and the different services peers can offer and the greater benefits of peer support.

Certification would give greater visibility to the peer support model and existing programs using this model thereby increasing the recognition of peer support among other service providers and legitimizing the role. Having peer support training/certification developed by peers was identified as a key requirement to ensuring legitimacy.

3. If you had $1M to spend on peer support, where would you spend it?

Funding could strengthen existing peer support programs by compensating peers, and covering the costs associated with transportation and program activities. Feedback stressed the need to bolster existing peer support programs and harness the model to address gaps in the current continuum of services, from workplaces to hospitals. Funding could also be used to offer flexible hours within the current system, utilizing peer support during evening and weekends and also provide peer workers with flexible working hours and conditions.

There was also a call to re-evaluate and reopen former peer support programs that were terminated due to funding concerns. Feedback also suggested embedding peer support further into the healthcare/hospital setting.
4. **Weight the Structure of your Peer Support Model;**
   - **Experience**
   - **Training**
   - **Mentorship**
   - **Community of Practice**

For the peer support model, experience was ranked as the top priority. The ability to have knowledge and understanding through experience is believed to enhance a person’s capacity to connect and engage a client.

Training was identified as crucial for a successful peer support model. Training supports standardization of peer service delivery and is a vehicle of peers to connect and come together to talk about practice. Therefore, training was ranked as a close second.

For mentorship, it was reported that the ability to identify with a role model establishes a fostering relationship that is constructive/necessary in the peer-support model. The ability to tap into community resources for targeted support may be valued into the later stages of the support model.

5. **How do we link peer support in addiction and mental health services?**

Training for addictions and mental health peer support staff, with emphasis on knowledge in order to standardize the program. Communication should be adapted so that sharing a common language between support staff and clients will enhance the dialogue and potentially improve outcomes. Connect clients with others who are in the recovery stage or people who have successfully been living independently. Compatible staff may provide a refined education for clients so that knowledge may improve understanding and awareness of challenges.

Provide one-on-one counseling to enhance relationships as well as peer support, which is part of the 12-step recovery model. The ability to connect with role models will function to improve the effectiveness of support. Direct education to agencies on the how to deliver and work with peer supporters.

Increase the collaboration with agencies so that professional support can be sought and integrated as part of the peer support model. This will engage community services and improve how resources are engaged in helping clients. Streamline the process from the hospitals and treatment centers to support systems in the community.

6. **What can government do to help implement peer support provincially?**

Government can provide flexible and sustainable funding for peer support certification as well as individual peer support programs. It was noted that certification should be very accessible, and should not discriminate based on personal criminal or medical history or financial barriers.

Government may also be a possible source of a standardized training framework, and this should be created in consultation with community and government service providers, and in-line with best practices. On a greater level, government may be able to lead an integration of peer support services within the AHS and in the community, establishing a network of peer supporters across the province.

Overall, feedback stressed that peer support programming should not be overregulated, as such limitations often impede on good service provision.
Provincial Peer Support Consultation Day Feedback (Key Themes)

1. If expertise is experience, what is peer support training?
   - How to use experience
   - Self-knowledge & boundaries
   - Appropriate for context
   - Communication

2. How would your role/service be impacted by Peer Supporter Certification?
   - Agency
     - Increase value
     - Internal recognition
     - Promotion of services
     - Improve perception
   - Overall
     - Recognition of model
     - Streamlined services
   - Peer
     - Power imbalance
     - Improved outcomes
     - Recovery is empowerment
     - Clarity of role
     - Legitimizes expertise

3. If you had $1M to spend on peer support, where would you spend it?
   - Peer compensation
   - Communications and awareness
   - Training and employment
   - Re-evaluate former programs
   - Provide flexible hours support
   - Strengthen existing programs
   - Continuum of care and prevention

4. Weight the structure of your Peer Support Model;
   a. Experience
   b. Training
   c. Mentorship
   d. Community of Practice

5. How do we link peer support in addiction and mental health services?
   - Training
   - Transition support
   - Integrated service delivery/Recovery
   - Policy
   - Collaboration between services

6. What can government do to help implement peer support provincially?
   - Funding for training, jobs and community of practice
   - Influence
   - Peer support strategy and training curriculum
   - Avoid overregulation

Provincial Peer Support Report - A Report back to Albertans
Canadian Mental Health Association – Calgary Region
Provincial Peer Support Report: A Report back to Albertans

Canadian Mental Health Association – Calgary Region