QualityRights

Providing individualized peer support in mental health and related areas

WHO QualityRights training to act, unite and empower for mental health

(PILOT VERSION)

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What is the WHO QualityRights initiative?

WHO QualityRights is an initiative which aims to improve the quality of care in mental health and related services and to promote the human rights of people with psychosocial, intellectual and cognitive disabilities, throughout the world. QualityRights uses a participatory approach to achieve the following objectives:

1. Build capacity to understand and promote human rights, recovery and independent living in the community.
2. Create community based and recovery oriented services that respect and promote human rights.
3. Improve the quality of care and human rights conditions in inpatient, outpatient and community based mental health and related services.
4. Develop a civil society movement to conduct advocacy and influence policy-making to promote human rights.
5. Reform national policies and legislation in line with best practice, the CRPD and other international human rights standards.

For more information: http://www.who.int/mental_health/policy/quality_rights/en/

WHO QualityRights - Guidance and training tools

The following guidance and training tools are available as part of the WHO QualityRights initiative:

Service assessment and improvement tools

- **The WHO QualityRights Assessment Tool Kit**
- **Implementing improvement plans for service change**

Training tools

Core modules

- **Understanding human rights**
- **Promoting human rights in mental health**
- **Improving mental health and related service environments and promoting community inclusion**
- **Realising recovery and the right to health in mental health and related services**
- **Protecting the right to legal capacity in mental health and related services**
- **Creating mental health and related services free from coercion, violence and abuse**

Advanced modules

- **Realising supported decision making and advance planning**
- **Strategies to end the use of seclusion, restraint and other coercive practices**
- **Promoting recovery in mental health and related services**
- **Promoting recovery in mental health and related services: handbook for personal use and teaching**

Guidance tools

- **Providing individualized peer support in mental health and related areas**
- **Creating peer support groups in mental health and related areas**
- **Setting up and operating a civil society organization in mental health and related areas**
- **Advocacy actions to promote human rights in mental health and related areas**
- **Putting in place policy and procedures for mental health and related services (in preparation)**
- **Developing national and state-level policy and legislation in mental health and related areas (in preparation)**
- **Guidance on CRPD compliant community-based services and supports in mental health and related areas (in preparation)**

About this guidance

This document has been developed to support countries develop and strengthen individualized peer support services in mental health and related areas. It addresses the provision of individualized peer support in the context of health services and the wider community.

Who is this guidance for?

- **People with psychosocial disabilities**
- **People with intellectual disabilities**
- **People with cognitive disabilities, including dementia**
- **People who are using or who have previously used mental health and related services**
- **Managers of general health, mental health and related services**
- **Mental health and other practitioners** (e.g. doctors, nurses, psychiatrists, psychiatric nurses, neurologists, geriatricians, psychologists, occupational therapists, social workers, peers supporters and volunteers)
- **Other staff working in or delivering mental health and related services** (e.g. attendants, cleaning, cooking, maintenance staff)
- **Non-Governmental Organizations (NGOs), associations and faith-based organizations working in the area of mental health, human rights or other relevant areas** (e.g. Organizations of Persons with Disabilities (DPOs); Organization of users/survivors of psychiatry, Advocacy Organizations)
- **Families, care partners and others support people**
- **Ministry of Health policymakers**
- **Other government institutions and services** (e.g. the police, the judiciary, prison staff, law reform commissions, disability councils and national human rights institutions)
- **Other relevant organizations and stakeholders** (e.g. advocates, lawyers and legal aid organizations)

Preliminary note on language

We acknowledge that language and terminology reflects the evolving conceptualisation of disability and that different terms will be used by different people across contexts over time. People must be able to decide on the words that others use to describe them. It is an individual choice to self-identify or not, but human rights still apply to everyone, everywhere.

Above all, a diagnosis or disability should never define a person because we are all individuals, with a unique personality, autonomy, dreams, goals and aspirations and relationships to others.

The choice of terminology adopted in this document has been selected for the sake of inclusiveness.

The term psychosocial disability includes people who have received a mental health related diagnosis or who self-identify with this term. The terms cognitive disability and intellectual disability are designed to cover people who have received a diagnosis specifically related to their cognitive or intellectual function including but not limited to dementia and autism.

The use of the term disability is important in this context because it highlights the significant barriers that hinder people's full and effective participation in society.

We use the terms "people who are using" or "who have previously used" mental health and related services to also cover people who do not necessarily identify as having a disability but who have a variety of experiences applicable to this guidance.

In relation to mental health, some people prefer using expressions such as "people with a psychiatric diagnosis", "people with mental disorders" or "mental illnesses", "people with mental health conditions", "consumers", "service users" or "psychiatric survivors". Others find some or all these terms stigmatising.

In addition, the use of the term "mental health and related services" in these modules refers to a wide range of services including for example, community mental health centres, primary care clinics, outpatient care provided by general hospitals, psychiatric hospitals, psychiatric wards in general hospitals, rehabilitation centres, day care centres, orphanages, homes for older people, memory clinics, homes for children and other 'group' homes, as well as home-based services and supports provided by a wide range of health and social care providers within public, private and non-governmental sectors.

1 Introduction

The purpose of this module is to give guidance on how to provide and strengthen individualized peer support for people with psychosocial, intellectual and cognitive disabilities. It focuses on the provision of one-to-one 'in person' support rather than other forms through social media and online peer-to-peer support.

Peer support services can be provided by different organisations. However, the value of using independent peer run organisations to deliver services should be emphasized in terms of using their unique capacity to create a space for people to connect outside structured one-to-one or group interactions. Through a community organizing approach, people can form natural relationships with people of their choice in their environments, independent of any formal structures or settings. This module should be used in conjunction with all other QualityRights training and guidance modules related to recovery and human rights.

2 What is individualized peer support?

Individualized peer support in the context of this module is one-to-one support provided by a peer with a psychosocial, intellectual or cognitive disability and experience in the recovery process to another peer who would like to benefit from this experience and support. The aim is to support people on the issues they see as important for their own recovery, in a way that is free from assumptions and judgment, and in doing so serve as a compassionate listener, educator, coach, advocate, and partner. Peer supporters, who are experts by experience, are able to relate to, connect and support individuals going through challenges in a unique way because of their experience.

Peer support can be provided in a variety of settings, for example, in people's homes and in the full range of mental health and related services. Peer support can also be provided by volunteer or paid supporters. Depending on the organization or group, peer supporters may be referred to as peer specialists, peer leaders, or recovery coaches, among other titles.

> *"The term 'peer' does not simply refer to someone who has had a particular experience. Peer-to-peer support is primarily about how people connect to interact with one another in a mutual relationship."…. "Based on wisdom gained from personal experience, people in peer roles advocate for growth and facilitate learning…" (1)*
>
> *"*[Peer support] *may be social, emotional or practical support (or all of these) but importantly this support is mutually offered and reciprocal, allowing peers to benefit from the support whether they are giving or receiving it." (2)*

Peer support is central to the recovery approach. Through sharing experiences, listening emphatically, and providing encouragement, peer supporters can support people with psychosocial, intellectual and cognitive disabilities to find their own meaning of recovery in order to live fulfilling and satisfying lives. (3),(4)

The meaning of recovery can be different for each person. For many people recovery is about regaining control of their identity and life, having hope for their life and living a life that has meaning for them whether that be through work, relationships, community engagement or some or all of these. See QualityRights training modules *Realizing recovery and the right to health in mental health and related services* and *Promoting recovery in mental health and related services*.

Examples of peer support actions and practices include:

- Sharing experiences and stories of hope and recovery
- Encouraging people to take responsibility for their own life and recovery
- Encouraging people without doing things for them
- Providing people with relevant information
- Helping people to build social networks in the community
- Respecting rights, dignity, privacy and confidentiality

3 Individualized peer support values

Individualized peer support is built upon a set of values, which include:(5),(6)

Mutuality and equality: Peer support acknowledges that both parties can learn from each other within an equal, accepting and respectful relationship. With mutual peer support, power differentials are minimized and power is shared as equally as possible within the peer relationship.

Self-determination and empowerment: Peer support is based on the principles of individual choice and autonomy, and peer supporters should create an environment where the individual can take greater control of their own life. Empowerment is a process in which individuals gain confidence in their own capacity to make decisions and which can lead to enhanced personal strength and efficacy. Since the focus is on empowering people to make their own decisions, efforts are taken to avoid the development of a dependent relationship between the peer supporter and person being supported.

Empathy: The ability to relate with another person through understanding their experience from their perspective is central to individualized peer support and leads to greater empathy, trust and respect in peer-to-peer relationships.

Recovery: Recovery is a unique and individual experience, and a key value of individualized peer support is to help the person determine what is best for their own wellbeing. Peer support strives to be holistic, and offers people an opportunity to explore multiple paths of recovery in order to select the one(s) that is right for them.

> *"Shortly after being discharged from hospital I was introduced to a… peer support worker. This peer worker was probably the single most important factor in my recovery. Working with him over many months I was able to slowly get some perspective on my life as well as design what might be my future. It was inspiring to hear his story of recovery and I felt that I could trust him more than any other mental health worker because of his own experience of mental illness." (7)*

4 Benefits of individualized peer support

The barriers and discrimination in society that people face can leave people feeling helpless and frustrated. Individualized peer support can counter these feelings and provide a safe and secure environment resulting from a peer supporter "just being there" for the individual. Individualized peer support is empowering, which leads to greater sense of self-direction and control. In sharing their unique stories, peers can reduce isolation and contribute to recovery via connectedness, hope and optimism. Through this peer relationship, individuals may "find their own voice", become more empowered to achieve their goals, to engage in activities of their liking and to live life as they want.(1)

Scenario: Shery Mead - Intentional Peer Support: A personal retrospective (8)

"…When I am interning for school at a domestic violence program. A woman comes to see me. She has been told that she is a courageous survivor by other workers but she probably should get into counselling. She gets sent to a community mental health program. The next day she comes to see me and says that she has a serious mental illness. She no longer sees herself as a survivor but as sick.

What happened here? Why the sudden shift in explanation? Yesterday we were talking about what happened to her. We both knew the problem was abuse in the world. Today she is talking about what's wrong with her.

This troubles me. Over the next months, as we talk I gradually get the courage to bring it up. How did she go from talking about what had happened to her to talking about what is wrong with her?

Together we ponder this question. Our shared stories spark a modicum of self-reflection.
We talk about what our lives have looked like since we were diagnosed and slowly we start to make some decisions about whether we want to stay there or not. We both acknowledge some comfort – feelings of safety, perhaps relief – from the fact of our diagnoses. Yet, somehow, our experiences begin to mean something different to us. Increasingly, we begin to challenge the idea that something is "wrong" with us, and consider instead that it is perhaps the events that happened to us that were wrong."

Scenario: Individualized peer support initiated by former patient at Instituto Centta Specialized Clinic in Madrid, Spain (9)

When Belen arrived to the clinic for treatment it was, in the words of her husband, "the last chance". After 25 years of fighting with eating disorders, their marriage was severely affected and they didn't know what to do any more. She wanted to live a better live but she could not believe that this was possible. After this last successful attempt, Belen recovered and started to transform her live at all levels. Something that happens with having an eating disorder is that those who suffer them can't really see a possibility of recovery, they do not believe that another life is possible.

Belen was very aware of this, so much that she knew only if somebody who had gone through that terrible experience and recovered told others "I've been there, I know how it feels" they would be more willing to try. Belen talked to the clinic and she received their commitment to start the peer support unit, which has been supporting the treatment process of many persons with eating disorders (some of whom has joined as supporters once recovered) who have found in their individual chats with the supporters a place of trust and comfort. The families can also benefit, for example, by explaining why some parts of the treatments are more difficult for them and how they can support better.

5 Misconceptions about peer support

When a person thinks about the provision of peer support by and for people with psychosocial, intellectual and cognitive disabilities, there may be misunderstandings about the role of peer supporters. Common misconceptions about peer work, followed by explanations of why these are misconceptions, are summarized in the chart below.(5)

Misconception	Why this is a misconception
Peer support is vocational rehabilitation for individuals working on his or her recovery.	Choosing people to do peer support because the role will help them in their own recovery is a common mistake. This does not serve the individual or those receiving peer support.
Peer supporters are fragile and may relapse.(10)	Peer supporters have shown resilience, stability, and a strong commitment to their recovery. Peer supporters should be provided the same benefits and discretion as other employees in managing health issues. There is no evidence that work leads to relapses.
An effective peer supporter is anyone who has received mental health or related services.	An effective peer supporter is skilled in using their experiences intentionally in support of others. Having had experience of receiving mental health or related services may be beneficial: Interest in connecting with people, empathy, sharing one's story and encouraging others to take responsibility are more important components.

Peer supporters should never discuss topics like suicide or medications.	Peer-to-peer conversations should not be limited to only light topics. The peer supporter is in an ideal position to discuss more complex and distressing aspects of experiencing mental distress and or related issues because of their own experiences. A peer supporter may also be the only person that someone wants to share these thoughts with, and so he or she should be supported to develop their skill level to have serious conversations as they arise.
Peer supporters will tell individuals with psychosocial disabilities to stop taking their medications or ignore what their treatment providers want them to do as anti-psychiatry is a common belief.	People in peer roles have a mix of beliefs and experiences about mental health or related services – some good and some bad. Regardless of one's own experience, peer support is about listening and supporting someone in the process of self-determination and not imposing one's own viewpoints.
There is no difference between peer supporters and other staff in terms of the service they deliver	Peer supporters can promote hope and belief in the possibility of recovery; empowerment and increased self-esteem, self-efficacy and self-management of difficulties, social inclusion and increased social networks more successfully than other staff (11). However, barriers to the effectiveness of peer support need to be addressed. These can include lack of understanding of the peer supporter role and undermining of peer identity by for instance training peer supporters to work within traditional clinical practice boundaries. Also power issues between peer supporters and other staff, stress related to the peer role, and confusion about the boundaries between peer supporters and people being supported need to be addressed.(11),(12)

Scenario: National Organization of Users and Survivors of Psychiatry (NOUSPR), Rwanda – The valuable role of peer supporters (13)

"Nothing is a greater incentive for being a part of our organization than to support people who are in distress and providing care for peers through the Patient Experts Program. Many NOUSPR members are content and proud of being a part of the organization to gather their "family".

Patient experts' main duty is to be themselves and to provide a living example to their peers and their families that the future is bright. They have themselves experienced violence, trauma, and neglect, but have recovered and are now self-reliant and supporting their peers to follow the same path. One of the ways of approaching peers is to tell their own personal stories of recovery: ''Look at me, I like this person, was shackled, beaten, electrocuted. But now I am here, I have come to support you…''

6 From ethics to practice guidelines

Peer support can look very diverse on a daily basis because it is based on unique human relationships. Generally, peer supporters will provide support and advocacy, promote self-help and empowerment, and facilitate positive change through goal setting, skill building, and identification of strengths.(10) However, the primary responsibility of peer supporters is to the person they are supporting. With this relationship being central, there are key objectives that peer supporters should aim to achieve in their daily work, including (14):

1. Sharing experiences and knowledge without giving unsolicited advice.
2. Advocating and supporting people to make their own decisions about recovery.
3. Treating people with compassion, but not as fragile.
4. Valuing the peer role as a non-clinical position and as such, avoid pathologizing language.
5. Supporting and staying connected to others in peer roles.
6. Acting as change agents by sharing new ideas and helping others to be well informed.
7. Acknowledging and being transparent about the power and privilege in peer roles and examining that on an ongoing basis.

A survey and small focus groups with 1,000 peer supporters identified the following ethical and practice guidelines for carrying out peer support. These guidelines set very high standards for what needs to be practiced and should be something that all countries strive to achieve but recognize will take time: (15)

ETHICAL GUIDELINES	PRACTICE GUIDELINES
Peer support is voluntary Recovery is a personal choice. The most basic value of peer support is that people freely choose to give or receive support. Being coerced, forced or pressured is against the nature of genuine peer support. The voluntary nature of peer support makes it easier to build trust and connections with another.	**Practice: Support choice** 1) Peer supporters do not force or coerce others to participate in peer support services or any other service. 2) Peer supporters respect the rights of those they support to choose or cease support services or use the peer support services from a different peer supporter. For example, a woman may prefer to connect with a female peer supporter because of her personal experience. 3) Peer supporters also have the right to choose not to work with individuals with a particular background if the peer supporter's personal issues or lack of expertise could interfere with the ability to provide effective support to these individuals. In these situations, the peer supporter would refer the individuals to other peer supporters or other service providers. 4) Peer supporters advocate for choice when they observe coercion in any mental health or related service setting.
Peer supporters are hopeful Belief that recovery is possible brings hope to those feeling hopeless. Hope is the catalyst of recovery for many people. Peer supporters demonstrate that recovery is real—they are the evidence that people can and do overcome the internal and external challenges that confront people. As role models, most peer supporters make a commitment to continue to grow and thrive in their own pathway of recovery. By authentically living recovery, peer supporters instil optimism and hope that recovery is possible for others. This hope and optimism can also be helpful for the family and care partners of the person being supported.	**Practice: Share hope** 1) Peer supporters tell stories of their personal recovery in relation to current struggles faced by those who are being supported. 2) Peer supporters model recovery behaviours and act as ambassadors of recovery in all aspects of their work. 3) Peer supporters help others reframe life challenges as opportunities for personal growth.

Peer supporters are open minded and non-judgmental Being judged can be emotionally distressing and harmful. Peer supporters "meet people where they are at" in their recovery experience even when the other person's beliefs, attitudes or ways of approaching recovery are far different from their own. Being nonjudgemental means holding others in unconditional positive regard, with an open mind, a compassionate heart and full acceptance of each person as a unique individual. In relation to this, peer supporters acknowledge the importance of spiritual beliefs that people may have as part of their recovery.	**Practice: Withhold judgment about others** 1) Peer supporters embrace differences of those they support as potential learning opportunities. 2) Peer supporters respect an individual's right to choose the pathways to recovery individuals believe will work best for them. 3) Peer supporters connect with others where and as they are. 4) Peer supporters do not evaluate or assess others.
Peer supporters are empathetic Empathy is an emotional connection that is created by "putting yourself in the other person's shoes." Peer supporters do not assume they know exactly what the other person is feeling even if they have experienced similar challenges. They ask thoughtful questions and listen with sensitivity to be able to respond emotionally or spiritually to what the other person is feeling.	**Practice: Listen with emotional sensitivity** 1) Peer supporters practice effective listening skills that are non-judgmental. 2) Peer supporters understand that even though others may share similar life experiences, the range of responses may vary considerably.
Peer supporters are respectful Each person is valued and seen as having something important and unique to contribute to the world. Peer supporters treat people with kindness, warmth and dignity. Peer supporters accept and are open to differences, encouraging people to share the gifts, knowledge and strengths that come from human diversity. Peer supporters honour and make room for everyone's ideas and opinions and believe every person is equally capable of contributing to the whole.	**Practice: Be curious and embrace diversity** 1) Peer supporters embrace diversity of culture and thought as a means of personal growth for those they support and themselves. 2) Peer supporters encourage others to explore how differences can contribute to their lives and the lives of those around them. 3) Peer supporters practice patience, kindness, warmth and dignity with everyone they interact with in their work. 4) Peer supporters treat each person they encounter with dignity and see them as worthy of all basic human rights. 5) Peer supporters embrace the full range of cultural experiences, strengths and approaches to recovery for those they support and

	themselves.
Peer supporters facilitate change Some of the worst human rights violations are experienced by people with psychosocial, intellectual and cognitive disabilities. They are frequently seen as "objects of treatment" rather than human beings with the same fundamental rights to life, liberty and the pursuit of happiness as everyone else. People may be survivors of violence (including physical, emotional, spiritual and mental abuse or neglect). Those with certain behaviours that make others uncomfortable may find themselves stereotyped, stigmatized and outcast by society. Internalized oppression is common among people who have been rejected by society. Peer supporters treat people as human beings and remain alert to any practice (including the way people treat themselves) that is dehumanizing, demoralizing or degrading and will use their personal story and/or advocacy to be an agent for positive change.	**Practice: Educate and advocate** 1) Peer supporters recognize and find appropriate ways to call attention to injustices. 2) Peer supporters strive to understand how injustices may affect people. 3) Peer supporters encourage, coach and inspire those they support to challenge and overcome injustices. 4) Peer supporters use language that is supportive, encouraging, inspiring, motivating and respectful. 5) Peer supporters help those they support explore areas in need of change for themselves and others 6) Peer supporters recognize injustices peers face in all contexts and act as advocates and facilitate change where appropriate
Peer supporters are honest and direct Clear and thoughtful communication is fundamental to effective peer support. Difficult issues are addressed with those who are directly involved. Privacy and confidentiality build trust. Honest communication moves beyond the fear of conflict or hurting other people to the ability to respectfully work together to resolve challenging issues with caring and compassion, including issues related to stigma, abuse, oppression, crisis or safety.	**Practice: Address difficult issues with caring and compassion** 1) Peer supporters respect privacy and confidentiality. 2) Peer supporters engage, when desired by those they support, in candid, honest discussions about stigma, abuse, oppression, crisis or safety. 3) Peer supporters exercise compassion and caring in peer support relationships. 4) Peer supporters do not make false promises, misrepresent themselves, others or circumstances. 5) Peer supporters strive to build peer relationships based on integrity, honesty, respect and trust.

Peer support is mutual and reciprocal In a peer support relationship each person gives and receives in a fluid, constantly changing manner. This is very different from what most people experience in treatment programs, where people are seen as needing help and staff are seen as providing that help. In peer support relationships, each person has things to teach and learn. This is true whether you are a paid or volunteer peer supporter.	**Practice: Encourage peers to give and receive** 1) Peer supporters learn from those they support and those supported learn from peer supporters. 2) Peer supporters encourage peers to fulfil a fundamental human need -- to be able to give as well as receive. 3) Peer supporters facilitate respect, and honour a relationship with peers that evokes power-sharing and mutuality, wherever possible.
Peer support is equally shared power By definition, peers are equal. Sharing power in a peer support relationship means equal opportunity for each person to express ideas and opinions, offer choices and contribute. Each person speaks and listens to what is said. Abuse of power is avoided when peer support is a true collaboration.	**Practice: Embody equality** 1) Peer supporters use language that reflects a mutual relationship with those they support. 2) Peer supporters behave in ways that reflect respect and mutuality with those they support. 3) Peer supporters do not express or exercise power over those they support. 4) Peer supporters do not diagnose or offer medical services, but do offer a complementary service.
Peer recovery support is strengths-focused Each person has skills, gifts and talents they can use to better their own life. Peer support focuses on what's strong, not what's wrong in another's life. Peer supporters share their own experiences to encourage people to see the "silver lining" or the positive things they have gained through adversity. Through peer support, people get in touch with their strengths (the things they have going for them). They rediscover childhood dreams and long-lost passions that can be used to fuel recovery.	**Practice: See what's strong not what's wrong** 1) Peer supporters encourage others to identify their strengths and use them to improve their lives. 2) Peer supporters focus on the strengths of those they support. 3) Peer supporters use their own experiences to demonstrate the use of one's strengths, and to encourage and inspire those they support. 4) Peer supporters encourage others to explore dreams and goals meaningful to those they support. 5) Peer supporters operate from a strength-based perspective and acknowledge the strengths, informed choices and decisions of

	peers as a foundation of recovery. 6) Peer supporters don't fix or do for others what they can do for themselves.
Peer support is transparent Peer support is the process of giving and receiving non-clinical assistance to achieve long term recovery from mental distress. Peer supporters are experientially credentialed to assist others in this process. Transparency refers to setting expectations with each person about what can and cannot be offered in a peer support relationship, clarifying issues related to privacy and confidentiality. Peer supporters communicate with everyone in plain language so people can readily understand and they "put a face on recovery" by sharing personal recovery experiences to inspire hope and the belief that recovery is real**.**	**Practice: Set clear expectations and use plain language** 1) Peer supporters clearly explain what can or cannot be expected of the peer support relationship. 2) Peer supporters use language that is clear, understandable and value and judgment free. 3) Peer supporters use language that is supportive and respectful. 4) Peer supporters provide support in a professional yet humanistic manner. 5) Peer supporter roles are distinct from the roles of other behavioural health service professionals. 6) Peer supporters make only promises they can keep and use accurate statements. 7) Peer supporters do not diagnose nor do they prescribe or recommend medications or monitor their use.
Peer support is person-driven All people have a fundamental right to make decisions about things related to their lives. Peer supporters inform people about options, provide information about choices and respect their decisions. Peer supporters encourage people to move beyond their comfort zones, learn from their mistakes and grow from dependence on the system toward their chosen level of freedom and inclusion in the community of their choice.	**Practice: Focus on the person, not the problems** 1) Peer supporters encourage those they support to make their own decisions. 2) Peer supporters, when appropriate, offer options to those they serve. 3) Peer supporters encourage those they serve to try new things. 4) Peer supporters help others learn from mistakes. 5) Peer supporters encourage resilience. 6) Peer supporters encourage personal growth in others.

	7) Peer supporters encourage and coach those they support to decide what they want in life and how to achieve it without judgment.

Scenario: What Shery Mead learned from her experience as a peer supporter (8)

"The first thing you may notice is that you're dying to "help." Now, help is not necessarily a bad thing at all, but when you are out for your own satisfaction, help can turn into control… Help can become a double-edged sword if it's used to be coercive, controlling, is fear-based or is just done to make the helper feel better about having done something.

[For example]… Someone you know seems to be really self-destructive, is always doing things that seem to take her away from what she seems to want. This friend says she wants to "get better," to work on her recovery and so forth, but you see her doing things that get in the way, like having a second glass of wine, like not exercising, like sitting around reading all day when she could have been out looking for a job. [But]… we [could] take the time to learn a little more about our friend… What if that second glass of wine loosens her up enough to go to the interview she is dreading? What if not exercising but sitting around reading all day is exactly what she needs to do to get up the next day and go to the interview? And this is the lesson for us. Our assumptions about what others need is not always/if ever accurate. Our assumptions are based on our perspective, our "worldview." They are there because they belong to us and to our way of knowing, but try and impose them on someone else and you may find that you are not only not helpful, but losing a friend at the same time.

And so we talk about learning together versus helping… What's different about learning rather than helping? Learning implies a curiosity, an inquisitiveness about the other, their way of knowing, their way of making sense of the world, whereas helping often implies that you already have the answers, that you know better, that you can come in and tell someone what to do, and if they do it, everything will work out the way it did for you when you were in their shoes. Well maybe and maybe not, but one thing is for certain: helping based on what's worked for you can also be tremendously damaging.

The next principle to remember is to focus on the relationship rather than on the individual… When we pay attention to the relationship… we are paying attention to what is going on between us. In other words, we focus on the "space" between us, what is happening right here, right now that can either move us forward or back… When I pay attention to what's going on between us, it opens up a line of communication that supports honesty, safety, integrity, and ultimately changes the very direction I had wanted to go without you. In other words, when I pay attention to you and your changes, nothing I do factors into it, but when I put myself into the equation, I realize that yours and my interaction was just that, an interaction that might go anywhere. There is no predictability, just a seeming randomness. This randomness, this unpredictability is exactly what we are striving for in peer support, not the linear outcomes we've come to think of as success.

Finally, the third [principle]… is to not react out of fear but to try new ways of relating based on hope and possibility… When we're afraid, we often just want things to go back to the way they were before, to settle down, [and] to become more "stable." Yet "stability" may not be the goal here. Think of a time when things seemed really out of control for you, yet you had a sense of what you needed and wanted even if others around you said things as if they knew better. Chances are, things happened that were out of your control… This may have led you into dependence on someone else's experience of the "problem." In other words, you may have become reliant on someone else's interpretation of your experience. This happens simply when someone says to you, "That doesn't hurt, don't cry over spilt milk, etc." and you wonder why you're making a big deal out of something that others see as insignificant. Or the opposite, when what you're doing doesn't affect you at all and someone else is scared that you're going to get hurt. And they continuously say, "Be careful." Pretty soon you're terrified of something bad happening and you're reacting to their fear. This leads to complicated dynamics where one person's emotions drive the reaction of the other. This is too often what happens in mental health services when they tell us we are helpless. We have learned to be that way based on their fear.

*And so we go into doing peer support with a **focus on learning rather than helping**, with attention to the relationship rather than on the individual, and onto creating opportunities for hope and possibility rather than fear, power, and control…. it's… fun, rewarding, and simply about creating dynamics that promote health in all our relationships…"*

7 Language

How people in peer roles speak to and about others is important and can make a difference to how people feel about themselves and their recovery. Often, language commonly used in mental health and related services reinforces power differentials, is not trauma-sensitive, and makes people feel like their whole identity is tied to the mental health system. For example, terms like "service user", "consumer", "client" as well as other clinical terms to describe the person being supported can be experienced as dehumanizing and may make someone feel powerless and unable to envision life beyond the system or service (1).

Language can also imply that an individual has a permanent condition or disability, which can also be disempowering and undermine personal recovery. While this may be verbal, written language can be equally harmful. For example, programs that ask an individual to provide evidence of a permanent condition or disability, often required to obtain disability benefits, can not only be stigmatising but can act as a major barrier to engagement, as the individual does not identify with the language used by the program.(16)

Selecting appropriate language can be difficult and there is no agreed upon list of 'good' and 'bad' words or terms. What is important is to understand the values behind why certain words and phrases are chosen, and question from a critical perspective, the acceptance of certain language.

Open and closed language (17)

Another important aspect of language to reflect on is whether the language used is open or closed. Closed language can force a viewpoint on a person that he or she may not agree with, and have their experiences be told through someone else's interpretation and judgement. Open language leaves room for a person to make their own meaning of their experiences and more accurately describes the person and their real situation.

Examples of closed vs. open language:

Closed		Open
Jeannie is schizophrenic (or has schizophrenia)	*vs.*	*Jeannie has been given a diagnosis of schizophrenia.*

The closed language is stigmatizing and disempowering because it defines Jeannie as her diagnosis and does not leave space for Jeannie to make her own meaning of her experiences. The open language states the fact that Jeannie was diagnosed with a particular condition, but also allows room for different interpretations of what that means to Jeannie.

Closed		Open
George is non-compliant with his medications	*vs.*	*George doesn't want to take his medication.*

The use of "non-compliant" implies that George needs to be taking his medications and is doing something wrong or deviant by not taking them. The open language states a fact which does not cast judgement on George, and also allows room for George to explain why if he chooses.

Closed		Open
Luis is experiencing auditory hallucinations	*vs.*	*Luis is hearing voices.*

The closed language indicates that these voices are not real, but also that they are something bad that must be stopped. Luis may find nothing wrong with these voices, but the language paints them as something he should fear. The open language does not interpret the voices as either bad or good, just that Luis is hearing them. This allows room for Luis to interpret his own reaction to the experience.

8 Competencies for peer supporters

People in peer roles will have different backgrounds, levels of training, and skills. However, several core competencies for peer supporters have been identified. The list below summarizes some of these competencies (The complete list is provided in *Appendix 1 - Core competencies of peer supporters*) (18):

Category 1: Peer supporters engage peers in collaborative and caring relationships
This category of competencies emphasizes peer supporters' ability to initiate and develop on-going relationships with people going through recovery and/or care partners and family members. These competencies include interpersonal skills, such as reaching out and being able to engage peers with careful attention, and knowledge about recovery and attitudes consistent with a recovery orientation.

Category 2: Peer supporters provide support
The competencies in this category are critical for the peer supporter to be able to provide the mutual support that people may want. These competencies include validating peers' experiences and feelings, conveying hope to peers about their own recovery and providing assistance to support peers in accomplishing tasks and goals.

Category 3: Peer supporters share lived experiences of recovery
These competencies are unique to peer support, as most roles in mental health and related services do not emphasize the sharing of lived experiences. Peer supporters need to be skilful in telling their recovery stories and using their lived experiences as a way of inspiring and supporting a person going through recovery.

Category 4: Peer supporters personalize peer support
These competencies help peer supporters to tailor or individualize the support services provided to and with a peer. By personalizing peer support, the peer supporter operationalizes the notion that there are multiple pathways to recovery. This includes recognizing the uniqueness of each peer's process of recovery and respecting cultural and spiritual beliefs and practices of peers.

Category 5: Peer supporters support recovery planning
These competencies enable peer supporters to support other peers to take charge of their lives. Recovery often leads people to want to make changes in their lives. Recovery planning assists people to set and accomplish goals related to home, work, community and health.

Category 6: Peer supporters link to resources, services, and supports
These competencies assist peer supporters to help other peers acquire the resources, services, and supports they need to enhance their recovery. Peer supporters apply these competencies to assist other peers to link to resources or services both within mental health and related services and in the community. It is critical that peer supporters have knowledge of resources within their communities as well as on-line resources.

Category 7: Peer supporters provide information about skills related to health, wellness, and recovery
These competencies describe how peer supporters coach, model or provide information about skills that enhance recovery. These competencies recognize that peer supporters have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth. However, it is essential that the approaches match the preferences and needs of peers.

Category 8: Peer supporters help peers to manage crises
These competencies assist peer supporters to identify potential risks and to use procedures that reduce risks to peers and others. Peer supporters may have to manage situations, in which there is intense distress and work to ensure the safety and well-being of themselves and other peers. When meeting with peers, it is important to create a safe space and provide reassurance to peers in distress.

Category 9: Peer supporters value communication
These competencies provide guidance on how peer supporters interact verbally and in writing with colleagues and others. These competencies suggest language and processes used to communicate and reflect the value of respect. This includes using person-centred, recovery-oriented language and active listening skills. This will enhance mutual understanding and create a shared language.

Category 10: Peer supporters value collaboration and teamwork
These competencies provide direction on how peer supporters can develop and maintain effective relationships with colleagues and others to enhance the peer support provided. These competencies involve not only interpersonal skills but also organizational skills in terms of engaging providers and engaging efforts from mental health and related services in order to meet the needs of peers. If relevant, this also includes engaging peers' family members and other natural supports.

Category 11: Peer supporters promote leadership and advocacy
These competencies describe actions that peer supporters use to provide leadership within mental health and related services to advance a recovery-oriented approach.. They also guide peer supporters on how to advocate for the human rights of other peers.

Category 12: Peer supporters promote growth and development
These competencies describe how peer supporters become more reflective and competent in their practice. The competencies recommend specific actions that may serve to increase peer supporters' success and satisfaction in their current roles and contribute to career advancement. Creating a peer support structure and provision of supervision are important components of sustaining the peer role.

9 Job descriptions

A clear job description is needed to attract and hire peer supporters. A job description should accurately convey the expected tasks and functions that peer supporters are to undertake in their position. This is not only for their own knowledge, but also to effectively communicate what peer roles are (and are not), especially if it is a new role that is being introduced into the service. Without a clear description, other members of the service may not take peer supporters seriously, and they may be given tasks that are not consistent with peer roles and nor make good use of their skills. This can lead to an unproductive or adverse relationship between peer supporters and others

A peer supporter job description may include the core responsibilities and duties of the position, and the preferred qualifications and competencies of an ideal candidate.(19),(20) For additional information, please see *Appendix 2: Sample peer supporter job description.*

10 Interviewing and hiring peer supporters

An important goal of the interview is to determine how well the potential peer supporter is able to disclose and describe the relevance of their lived experience to support others. It is not an interview about the nature of the personal diagnosis they have received, treatment history and/or distress. In some countries, inquiries about a disability are illegal and so the law of the country should be followed during this process. The candidate may wish to share this information, but they should not feel as if they have to in order to be hired. However, it is crucial that potential candidates have been through a process of recovery that has helped them to lead a fulfilling life.(21)

As the peer support role can be a new role within a community or country, there may be very few people already with qualifications and experience. Therefore, the interviewer will need to identify people based on their potential rather than demonstrated experience.

It is also critical to involve a peer, or committee of peers, in the interview process. The interview questions can invite the peer support candidates to explain how their experiences, skills, and/or knowledge can assist peers in their recovery.

Sample interview questions may include:

- What inspired you to apply for the peer supporter role?
- Can you tell me some ways that you might use your strengths/skills and personal lived experience to support the people you would be working with?
- What have you learned through your own lived experience of mental distress and recovery that you think would be useful to your work here?
- Why do you think the support of peers is beneficial for people with psychosocial, intellectual and cognitive disabilities?
- If one of your peers feels resigned to his or her condition and without hope, how would you support him or her? (22)
- Do you have any previous experience doing something similar to peer support?

It may be tempting to shift someone who is already on staff to a peer role, hire an applicant who is not a good fit or lower hiring standards because for example, there are not a lot of applicants. Peer supporters have a very important role in supporting others and it is critical to identify peer supporters that will uphold the values of peer support such as equality, mutuality, empathy, and recovery.(22)

Training is extremely helpful for all peer supporters, and should be a pre-requisite for newly recruited peer supporters who have never worked in a peer role. This does not mean that peer supporters who are new to the role will be less helpful or successful than people with prior experience. It simply means that there will be different considerations for the interview and selection process and training requirements.

Scenario: Inclusion Europe: Project TOPSIDE - Training Opportunities for Peer Supporters with Intellectual Disabilities in Europe (23)

TOPSIDE is an Inclusion Europe project aiming to develop peer support and peer training as a new component in informal adult education for people with intellectual disabilities.

Through the training curriculum peer supporters learn how to improve their communication, how to support someone appropriately and how to empathise with others. The peer supporter learns to relate their own life experiences to peer support and use these examples and their own learning to support others. The training also looks at different values that the peer supporter could adopt: inclusion, person-centred thinking, good life, valued roles and citizenship in your own community.

Peers are able to support people who do not see these opportunities for themselves by opening their eyes to what is possible. The training has been shaped in such a way that all skills outlined in the curriculum are anchored and based in real life situation. Skills which are progressively acquired and strengthened fall into three categories:

- Peer to Peer Skills covering communication, reaction and empathy in a face to face or group exchange.
- Inclusive Values/Skills covering about inclusion, person centred thinking, valued social roles, being a citizen in a community.
- Pragmatic skills covering experiences from different areas of life and quality of life in relation to inclusion for example, home, rights, work and social life.

11 Conditions of work

Pay rates

Peer roles may be paid or unpaid. This can depend on the organizational structure and budget. For example, a non-profit that primarily depends on volunteers to operate may have unpaid peer supporters, whereas a mental health or related service or an established peer supporter organisation in the community looking to expand its support options may have paid peer supporters.

It can be hard to change pay rates once they are established, so spending the time to think through what the pay rate will be for peer supporters is important. The available pool of people with lived experience who are open and comfortable discussing their experiences with others, want to do peer work, and are good at it may be small. Having the pay rate reflect this specialized position is a good idea. Likewise, setting a low pay rate, especially in comparison to the rest of paid staff, can convey a negative message that peer roles are trivial and less important.(5)

It is also worth noting that in some countries, paying peer supporters can potentially jeopardize any benefits that they may also be receiving, so standards and laws of the country need to be an important consideration.

Mentoring and supervision (10),(5)

The provision of mentoring and supervision is one of the most important components in sustaining peer support roles. Peer roles may be met with resistance or confusion at first, and having the support of a supervisor who believes in peer support and in recovery oriented care is important. Ideally, a supervisor for a peer supporter is someone who has worked in peer roles before. This is because they will better understand the role of a peer supporter and the challenges that may arise when introducing peer roles, especially for the first time.

If this is not possible, another option is to reach out to local, regional, or national peer-to-peer organizations for supplemental training or supervision. This way, even if the peer supporter's direct supervisor has not worked in peer roles before, the peer supporter can still receive support from the peer community. Technology such as phone calls or skype can also provide support for peer supporters who are not geographically close to other peer groups. In cases where the supervisor has not worked in peer roles, additional training may be helpful.

Regardless of previous experience in peer roles, any effective supervisor should be able to provide both task-oriented supervision (such as giving guidance on day-to-day administrative tasks of the peer supporter) and process-oriented supervision (such as supporting the peer supporter in developing their skills and expertise or offering suggestions for improvement).

Scenario: Mr. Chinmay Shah, Peer Support Volunteer, on being supported to move forward (24)

As part of the QualityRights project in Gujarat, India, Peer Support Volunteers (PSV) have been recruited and trained in each of the services. The role of PSVs is to provide support and advice to other people using services. This may involve, for example, supporting people to develop and implement their recovery plans, informing them about their rights and ensuring that their rights are respected.

Mr. Chinmay Shah, who is working as a peer support volunteer, has received mentoring from Mr. Vinodh Macwana, who is a staff attendant at the Hospital For Mental Health, Ahmedabad. This has helped him grow and develop his role as a peer support volunteer. He explains:

"I feel a sense of support when I meet Vinodh Bhai. He encourages us to get involved with the users and motivates us to do things effectively without putting pressure on me. We meet him every morning before we start work and he always has a smile to share with us. He also encourages us to approach him whenever we feel the need. The mentoring process is helping us on a daily basis to develop our peer support skills. We improve our work by brain storming and discussing issues with our mentor and we are aware that not only our suggestions are heard but also implemented."

Performance reviews (5)

Once hired, peer supporters should also be expected to fulfil their job requirements. Regular performance reviews provide a good opportunity for both supervisors and peer supporters to discuss the job, areas of concern, and what is going well. However, performance reviews should not be used to make changes that go against the core values of peer support.

12 Peer supporters in mental health and related areas

There are additional considerations that need to be directly addressed when integrating peer supporters into mental health and related services. One important issue relates to the misconception that peer support advocates for people to discontinue medications or treatment plans. A second issue relates to perceptions that peer support is not an essential part of the service. Peer support needs to be viewed as a service that can enrich service provision through the direct participation of people who have lived experience.(25)

"Peer support services are a 'new role', not a 'special position.' Peer support is a role that complements the work of the system, not one that competes" (26)

Peer supporters are there for people using the service in order to support them however and whenever they wish to be supported. This may mean 'being there' and listening, supporting people to make their own decisions about what recovery is to them, or advocating on their behalf. There may be times when there are disagreements in approach when the wishes and preferences of the people using the service differ from those of the mental health or related service. However, this does not mean that peer supporters and staff members are, by the very nature of their roles, at odds with each other.

There are many ways of contracting peer supporters in various contexts. The most optimal way to provide peer support is by contracting an independent peer run organization which is external to the service, but can work in close collaboration with the service. In this way quality standards are best guaranteed in addition to avoiding conflicts of interest.(27),(28)

Quote: Kevin Huckshorn, PhD, RN, MSN, CADC, Director, Division of Substance and Mental Health, Delaware Health and Social Services, on the power of peer support (29)

"In my humble opinion, the power of Peer Support, in hospital and community mental health settings, is more significant and valuable than any other evidence-based practice I have ever seen. I started, with guidance from Gayle Bluebird, to integrate peers into mental health work settings back in 1991. In every work arena since, peer support staff were the 'magic makers.'

The innate skills of peer support workers are legendary in my personal experience. And at this point I strongly believe that at least 50% of the mental health provider system needs to be peer support workers if we are to get to a system of care that is truly recovery oriented, trauma informed, ADA compliant, and where people with serious mental illness can find hope, courage and the energy to recover their lives in a way that works for them."

Creating a culture for peer support

The introduction of peer supporters in mental health and related services may require time to allow transition.

> *"Peer Support works best when peer workers are based in settings that have a pre-existing commitment to the values and principles of recovery. Peer workers greatly enhance that commitment to recovery; however the role should not be used to introduce recovery to settings that do not already have a commitment to the values of recovery" (30)*

Taking the time to introduce recovery oriented care before integrating peer support roles into mental health and related services is crucial. Without a commitment to the principles of recovery, peer supporters are set up for failure. A key component of their work is to support other peers to understand what recovery means to them. If a mental health or related service does not adhere to recovery oriented care, it will undermine the work of peer supporters from the very beginning.

Creating a culture for peer support is not about providing a one-time training session, but rather it is about an ongoing process of putting recovery principles into practice. Leadership "buy in", official recognition (e.g. peer support explicitly mentioned in the values of the organization/service), staff training, and effective mentoring and supervision are all important factors.(26)

Identifying management and other service staff who are peer support champions and who will take a leadership role with the transition and implementation of peer providers will be particularly helpful. These staff members can advocate for the inclusion of peer supporters and address the concerns of other staff before, during and after the implementation process.(5) As time goes on, peer support champions can also help ensure that peer support remains a priority for the service.(10)

Inform all staff and include them in discussions

Existing staff need to be prepared in advance to welcome and overcome resistance from staff to hire peer supporters. Staff may have concerns about the potential risk for relapse for peer supporters, and whether they can handle the demands of the job. They may also question the competencies of peer supporters because some supporters may not have advanced degrees, and whether or not they should be involved in peer education and treatment. The addition of peer supporters may worry staff if they think peer supporters can eventually replace part or all of their work at a lower cost, or that peer supporters are unnecessary in limited resource settings.(10)

Therefore, it is extremely important to create an environment where staff feel comfortable expressing their opinions. Taking the time to listen to any concerns and adequately address and respond to them can help foster a more welcoming environment for peer supporters. By explaining the anticipated benefits of peer roles, confidentiality and ethics, and how peer supporters will be integrated into the service, staff can feel more prepared for this change.

Keeping the lines of communication open through regular meetings even after peer supporters are hired, can help address any sources of conflict or disagreement as they arise. Meetings should encourage openness and a participatory approach to problem solving in order to alleviate any concerns and anxieties that may come with hiring peer supporters and the respective roles between peer supporters and existing staff.(5)

Policy awareness and training

Complementing policy changes with recovery training will create a positive environment and facilitate the transition. Ideally, staff members should be offered the opportunity to visit recovery services in order to understand a recovery approach to care and the core values of peer support.

Speakers and events that discuss and focus on recovery oriented care can be informative for staff, and also reinforce that the service is committed to the recovery approach and peer support.

Another step, that should be taken to create a culture for peer support, is to have the written policies, vision or value statements of the service that align with the recovery vision.(5) Engaging all staff in the process of drafting these policies and statements will also be very useful in getting everyone to fully understand and value peer support. This enables people to take ownership and commit to the new directions being introduced (Read more about the process of implementing a service change in the QualityRights module *Implementing improvement plans for service change)*.

Supporting peer supporters' role in the mental health and related services (5),(10)

Establishing the role of peer supporters in the service is an important step to ensure that they are able to successfully do their jobs, and other staff members understand their role as well. While this may vary among different services, below are some points to consider:

- **Team meetings**: Peer supporters should be invited to meetings jointly with other staff members. Just as the invitation to attend team meetings is important, respecting the values of peer support also matters. For example, a peer support supporter should not be pressured to reveal private details that a peer shared with them, or to attend meetings where individuals are discussed without being present. It is important to protect the unique role of the peer supporter.

- **Working hours:** Peer supporters may work full-time or part time depending on their situation as is the case for all other staff. Supporting people going through difficult experiences, working in an environment where peer support is new and having to constantly justify peer roles, or being the only peer supporter working in the service can be emotionally and physically draining. Having a team of peer supporters, can help as well, because the peer supporters will be able to share and exchange knowledge and experiences.

- **Specialized training:** In addition to basic level peer support training, peer supporters can benefit from specialized training on human rights, policies and legislation. In addition, training on the needs of particular populations (e.g. the elderly), advanced topics (e.g. smoking cessation) or suggestions for helpful exercises (e.g. body and breathing exercises) will help them to better support their peers and advance their skills and knowledge.

- **Continuing education:** Opportunities for continuing education experiences should be made available to peer supporters. These educational opportunities may come in the form of online peer specialist courses, or meetings and/or coursework with other peer supporters in the area. As the role of peer supporter advances in countries, it is useful to think of offering professional development opportunities to advance their career for example as a peer support leader, peer support manager, peer support practitioner etc.

Good use and misuse of peer supporters (1)

The day to day work of peer supporters can vary and they should be flexible according to the different situations that may arise. But, there are common traps that should be avoided as they are not consistent with the values of peer roles including:

1. **Busy work:** A peer supporter has a set of specialized skills, and should not be used to complete routine tasks and busy work that no one else wants to do.
2. **Mixed loyalties:** A peer supporter's commitment is first and foremost to the person they are supporting. They should not have a particular agenda other than peer support, such as getting information to the rest of the team or completing treatment plans.
3. **Power imbalance**: A peer supporter strives to minimize the power differential to create an equal relationship. They should not be asked to do something that increases the power imbalance.

People may be unclear about the role of peers in certain situations. Below is a chart of some common topics that may arise while providing peer support and the differences in what makes it consistent or not consistent with peer roles.

Topic	Consistent with Peer Role	Not Consistent with Peer Role
Medications	Supporting a peer to communicate concerns or view on medications; Supporting a peer to gather information on medications.	Administering medications; reporting to staff members if peers are taking their medications.
Treatment plans	Supporting a person to have their voic heard during the treatment planning process; facilitating completion of an advance directive and advocating for goals that are consistent with promoting recovery.	Writing a treatment plan; writing progress reports on treatment goals for other staff members.
Housing search	Assisting a peer with housing if they have asked for help; sharing one's personal experience with a housing search.	Focusing only on housing search because it is in the treatment plan or a staff member has told the peer supporters to focus on the housing search with a peer.
Answering phones	Occasionally helping out around the office; answering a peer-to-peer support line.	Routinely answering the phone because no other staff member wants to; having to assess level of crises over the phone and transfer to other staff.

Crisis situations

Crisis situations are times when the role of the peer supporter is likely to clash with the rules and regulations of the service, for example when an individual has been admitted to a service involuntarily. However, even in this situation, the service should do their utmost to promote the recovery and human rights based approach and the person's autonomy. Peer supporters can be key members of the crisis team, and can help ensure that the individual is still driving decisions about their care and support and that their hopes and aspirations are listened to and respected.

Peer drift (10)

Peer support is a unique role in a mental health or related service, as it is rooted in shared experiences with other peers and peer supporters are part of the mental health team. Over time, peer supporters may demonstrate a shift in their attitude and actions towards a more clinical approach which is inconsistent with their role as a peer supporter. This may be due to either internal or external pressure which can be conscious or unconscious.

This phenomenon has been named 'peer drift' which includes "discomfort or defensiveness utilizing one's recovery story and drifting toward a more distant hierarchal approach to service provision".(31) This drift can be gradual and hard to personally recognize, which is why having a supervisor and team committed to recovery and peer support can help, as well as other peer supporters.

Peer drift can include a peer supporter telling peers what they should do instead of listening, focusing on people's diagnoses instead of their recovery, or being uncomfortable or ashamed of one's lived experience and recovery story. It is important to connect with other peer supporters and have peer support champions to talk with if peer supporters feel this way or others believe this may be happening.

Mentoring, supervision and peer support structures

When peer support is provided in the context of mentoring, supervision and peer support structures, the tendency towards peer drift can be addressed and minimized.

It can also be useful to create a peer support structure in which informal peer support meetings can be facilitated. This will give peer supporters from different services and the community an opportunity to come together to debrief, share knowledge and experiences, discuss improvements and provide emotional support.

In a safe and confidential space, peer supporters can have an opportunity to address and discuss how to counter potential challenging issues arising in their work. Some of these will be different from the challenges that arise for other staff members. In particular issues related to boundaries in the sense that peer supporters may be viewed more like friends than non-peer staff, since they disclose personal information and share intimate stories from their own lives. It is suggested that boundaries should be flexible and individually governed to avoid power imbalances.(32) Other challenges that may arise in relation to peer support include power imbalances between peer supporters and other staff, stress for peer supporters, and maintaining the role of peer supporters.(11)

Annexes

Annex 1: Core competencies of peer supporters (18)

Category 1: Peer supporters engage peers in collaborative and caring relationships
This category of competencies emphasizes peer supporters' ability to initiate and develop on-going relationships with people going through recovery and/or care partner and family members. These competencies include interpersonal skills, such as reaching out and being able to engage peers with careful attention, and knowledge about recovery and attitudes consistent with a recovery orientation.

- Initiates contact with peers
- Listens to peers with careful attention to the content and emotion being communicated
- Reaches out to engage peers across the whole continuum of the recovery process
- Demonstrates genuine acceptance and respect
- Demonstrates understanding of peers' experiences and feelings

Category 2: Peer supporters provide support
The competencies in this category are critical for the peer supporter to be able to provide the mutual support that people may want. These competencies include validating peers' experiences and feelings, conveying hope to peers about their own recovery and providing assistance to support peers in accomplishing tasks and goals.

- Validates peers' experiences and feelings
- Encourages the exploration and pursuit of community roles
- Conveys hope to peers about their own recovery
- Celebrates peers' efforts and accomplishments
- Provides concrete assistance to help peers accomplish tasks and goals

Category 3: Peer supporters share lived experiences of recovery
These competencies are unique to peer support, as most roles in mental health and related services do not emphasize the sharing of lived experiences. Peer supporters need to be skilful in telling their recovery stories and using their lived experiences as a way of inspiring and supporting a person going through recovery.

- Relates their own recovery stories, and with permission, the recovery stories of others' to inspire hope
- Discusses ongoing personal efforts to enhance health, wellness, and recovery
- Recognizes when to share experiences and when to listen
- Describes personal recovery practices and helps peers discover recovery practices that work for them

Category 4: Peer supporters personalize peer support
These competencies help peer supporters to tailor or individualize the support services provided to and with a peer. By personalizing peer support, the peer supporter operationalizes the notion that there are multiple pathways to recovery. This includes recognizing the uniqueness of each peer's process of recovery and respecting cultural and spiritual beliefs and practices of peers.

- Understands his/her own personal values and culture and how these may contribute to biases, judgments and beliefs

- Appreciates and respects the cultural and spiritual beliefs and practices of peers and their families
- Recognizes and responds to the complexities and uniqueness of each peer's process of recovery
- Tailors services and support to meet the preferences and unique needs of peers and their families

Category 5: Peer supporters support recovery planning
These competencies enable peer supporters to support other peers to take charge of their lives. Recovery often leads people to want to make changes in their lives. Recovery planning assists people to set and accomplish goals related to home, work, community and health.

- Assists and supports peers to set goals and to dream of future possibilities
- Proposes strategies to help a peer accomplish tasks or goals
- Supports peers to use decision-making strategies when choosing services and supports
- Helps peers to function as a member of their treatment/recovery support team
- Researches and identifies credible information and options from various resources

Category 6: Peer supporters link to resources, services, and supports
These competencies assist peer supporters to help other peers acquire the resources, services, and supports they need to enhance their recovery. Peer supporters apply these competencies to assist other peers to link to resources or services both within mental health and related services and in the community. It is critical that peer supporters have knowledge of resources within their communities as well as on-line resources.

- Develops and maintains up-to-date information about community resources and services
- Assists peers to investigate, select, and use needed and desired resources and services
- Helps peers to find and use health services and supports
- Accompanies peers to community activities and appointments when requested
- Participates in community activities with peers when requested

Category 7: Peer supporters provide information about skills related to health, wellness, and recovery
These competencies describe how peer supporters coach, model or provide information about skills that enhance recovery. These competencies recognize that peer supporters have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth. However, it is essential that the approaches match the preferences and needs of peers.

- Educates peers about health, wellness, recovery and recovery supports
- Participates with peers in discovery or co-learning to enhance recovery experiences
- Coaches peers about how to access treatment and services and navigate systems of care
- Coaches peers in desired skills and strategies
- Educates family members and other supportive individuals about recovery and recovery supports
- Uses approaches that match the preferences and needs of peers

Category 8: Peer supporters help peers to manage crises
These competencies assist peer supporters to identify potential risks and to use procedures that reduce risks to peers and others. Peer supporters may have to manage situations, in which there is intense distress and work to ensure the safety and well-being of themselves and other peers. When

meeting with peers, it is important to create a safe space and provide reassurance to peers in distress.

- Recognizes signs of distress and threats to safety among peers and in their environments
- Provides reassurance to peers in distress
- Strives to create safe spaces when meeting with peers
- Takes action to address distress or a crisis by using knowledge of local resources, treatment, services and support preferences of peers
- Assists peers in developing advance directives and other crisis prevention tools

Category 9: Peer supporters value communication
These competencies provide guidance on how peer supporters interact verbally and in writing with colleagues and others. These competencies suggest language and processes used to communicate and reflect the value of respect. This includes using person-centred, recovery-oriented language and active listening skills. This will enhance mutual understanding and create a shared language.

- Uses respectful, person-centered, recovery-oriented language in written and verbal interactions with peers, family members, community members, and others
- Uses active listening skills
- Clarifies their understanding of information when in doubt of the meaning
- Conveys their point of view when working with colleagues
- Documents information as required by program policies and procedures
- Follows laws and rules concerning confidentiality and respects others' rights for privacy

Category 10: Peer supporters value collaboration and teamwork
These competencies provide direction on how peer supporters can develop and maintain effective relationships with colleagues and others to enhance the peer support provided. These competencies involve not only interpersonal skills but also organizational skills in terms of engaging providers and engaging efforts from mental health and related services in order to meet the needs of peers. If relevant, this also includes engaging peers' family members and other natural supports.

- Works together with other colleagues to enhance the provision of services and supports
- Assertively engages providers from mental health or related services, addiction services, and physical medicine to meet the needs of peers
- Coordinates efforts with health care providers to enhance the health and wellness of peers
- Coordinates efforts with peers' family members and other natural supports
- Partners with community members and organizations to strengthen opportunities for peers
- Strives to resolve conflicts in relationships with peers and others in their support network

Category 11: Peer supporters promote leadership and advocacy
These competencies describe actions that peer supporters use to provide leadership within mental health and related services to advance a recovery-oriented approach.. They also guide peer supporters on how to advocate for the human rights of other peers.

- Uses knowledge of relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that peer's rights are respected
- Advocates for the needs and desires of peers in treatment team meetings, community services, living situations, and with family
- Uses knowledge of legal resources and advocacy organization to build an advocacy plan
- Participates in efforts to eliminate prejudice and discrimination of people who have behavioural health conditions and their families

- Educates colleagues about the process of recovery and the use of recovery support services
- Actively participates in efforts to improve the organization
- Maintains a positive reputation in peer/professional communities

Category 12: Peer supporters promote growth and development
These competencies describe how peer supporters become more reflective and competent in their practice. The competencies recommend specific actions that may serve to increase peer supporters' success and satisfaction in their current roles and contribute to career advancement. Creating a peer support structure and provision of supervision are important components of sustaining the peer role.

- Recognizes the limits of their knowledge and seeks assistance from others when needed
- Uses supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with the supervisor (mentor, peer)
- Reflects and examines own personal motivations, judgments, and feelings that may be activated by the peer work, recognizing signs of distress, and knowing when to seek support
- Seeks opportunities to increase knowledge and skills of peer support

Annex 2: Sample job descriptions for peer supporters (33)

JOB DESCRIPTION
Job title: Peer Supporter
Directorate: Adult Directorate – Mental Health Programme
Reports to: Peer Support Specialist
Accountable to: Assistant Director
Initial Base Location: Outpatient Center for Mental Health
Type of Contract: Permanent
Hours: 25 hours per week

Purpose of the job

The Peer Supporter is employed with the objective that, having used mental health or related services, they are able to draw upon these experiences and be an advocate for peoples' needs and rights by providing opportunities for people receiving services to direct their own recovery process. Main purposes include:

- Supporting people on a one-to-one basis by offering recovery training and outreach to individuals who use the Outpatient Center for Mental Health.
- Sharing personal recovery experiences and developing mutual peer-to-peer relationships.
- Offering instruction and support to help people develop the skills that will help them reach their own desires and goals.
- Supporting people to discover available service options, within and beyond the service.
- Supporting people in developing a personal network of friends in the community.

Main responsibilities

The Peer Supporter will:

- Assist in the orientation process for people using the service to inspire hope and create connection.
- Model personal responsibility, self-advocacy, and hopefulness through telling one's personal recovery story, and the tools and strategies that support one's recovery.
- Support people in emotional distress by listening and being there and exhibits a non-judgmental approach, active listening, good eye contact, and positive interactions.
- Support recovery education and wellness planning, and connect to self-help strategies with the goal of encouraging people to take an active self-directing role in their recovery process.
- Support people during transition periods to increase access to and utilization of community resources.
- Support people with connecting to others who may be important to the person, e.g. family and friends.
- Accompany people, when requested, to support access and utilization of community resources.
- Support the development of problem solving skills.
- Improve the team's understanding of lived experience and educate staff about the recovery process and the damaging role that certain traditional practices can play in that process.
- Improve communication between people using the service and practitioners.
- Provide education and advocacy within the community to reduce misconceptions, prejudice, and discrimination against people with psychiatric diagnoses.

Qualifications

The successful candidate must be in a state of recovery and a self-identified current or former user of mental health or related services who can relate to others who are now using those services. Also:

- At least 18 years of age
- Lived experience of mental distress and/or trauma
- High School Diploma or equivalent (not used in all settings, though often required for
- Peer Specialist Certification

- Ability to share lived experience in a way that supports, empowers and brings hope
- Ability to listen with empathy, and support people to discover their own solutions
- Ability to work independently
- Ability to model and mentor recovery process
- Ability to assist in the development of a culture of recovery
- Knowledge of community peer and alternative resources to support community integration

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