Module Slides

One-to-one peer support by and for people with lived experience

WHO QualityRights guidance module

World Health Organization

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Accompanying course guide is available here https://www.who.int/publications-detail/who-qualityrights-guidance-and-training-tools

WHO QualityRights: Goals and objectives

GOAL: Improve access to good quality mental health and social services and to promote the human rights of people with mental health conditions, psychosocial, intellectual or cognitive disabilities

- Build capacity to combat stigma and discrimination and promote human rights and recovery

- Improve the quality and human rights conditions in mental health and social services

- Create community-based services and recovery-oriented services that respect and promote human rights

- Support the development of a civil society movement to conduct advocacy and influence policy-making

- Reform national policies and legislation in line with the CRPD and other international human rights standards

A few words about terminology – 1

- Language and terminology are used differently by different people in different contexts.

- "Psychosocial disability" includes people who have received a mental health-related diagnosis or who self-identify with this term.

- "Cognitive disability" and "intellectual disability" refer to people who have received a diagnosis related to their cognitive or intellectual function, including dementia and autism.

- The term "disability" highlights the barriers that hinder the full participation in society of people with actual or perceived impairments and the fact that they are protected under the CRPD.

  - The use of "disability" in this context does not imply that people have an impairment or a disorder.

A few words about terminology – 2

- "People who are using" or "who have previously used" mental health and social services refer to people who do not necessarily identify as having a disability but who have a variety of experiences applicable to this training.

- The term "mental health and social services" refers to a wide range of services provided by countries within the public, private and nongovernmental sectors.

- Terminology has been chosen for inclusiveness.

  - It is a personal choice to self-identify with certain expressions or concepts, but human rights apply to everyone everywhere.

  - A diagnosis or disability should never define a person.

  - We are all individuals, with a unique social context, personality, goals, aspirations and relationships with others.

Topics covered in this module

- What is individualized peer support?

- Individualized peer support values

- Benefits of individualized peer support

- Misconceptions about peer support

- From ethics to practice

- Language

- Competencies for peer supporters

- Job descriptions

- Interviewing and hiring peer supporters

- Conditions of work

- Peer supporters in mental health and social services

1. Introduction

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 or cognitive disabilities.

- It focuses on the provision of one-to-one "in person" support.

- Individualized peer support is more established in the mental health field than it is for persons with intellectual or cognitive disabilities.

- But individualized peer support is equally valuable for persons with intellectual or cognitive disabilities.

1. Introduction

- Peer support can be provided by different organizations.

- Using independent peer-run organizations to deliver services can be valuable as they can help people to connect to others.

- People have the possibility to form natural relationships with persons of their choice in their own environment.

2. What is individualized peer support?

2. What is individualized peer support?

- One-to-one support provided by a peer with personal experience of issues and challenges similar to those of another person.

- It can be provided by:

  - people hired by services

  - people working in an independent peer support role

  - people engaged in non-hierarchical and unpaid peer support.

- The aim is to support people on the issues they consider important.

- The peer supporter becomes an empathetic listener, coach, advocate and partner.

- Peer supporters, who are experts by experience, are able to relate to, connect with and support individuals going through challenges.

2. What is individualized peer support?

- Peer support can be provided in a variety of settings.

- Ideally, mental health or social services should contract independent organizations to arrange for peer supporters to work in the service.

- The service can facilitate access to individualized peer support.

- Peer support can be provided by volunteers or paid supporters.

- Peer supporters are also known as peer specialists, peer leaders or recovery coaches.

2. What is individualized peer support?

"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 and 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…".

"[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. What is individualized peer support?

- Recent research examined responses to the question "What constitutes a peer?"

    - Peer needs to have more in common than a shared experience of mental distress.

    - Also needs a shared view of recovery, diagnosis and particular treatments.

    - Importance of shared characteristics not directly related to mental health.

2. What is individualized peer support?

- Peer support is central to the recovery approach.

- Through sharing experiences, listening emphatically and providing encouragement peer supporters can support people to find their own meaning of recovery.

- Recovery is different for each person – for many it means regaining control of life, having hope, living a life that has meaning for them.

2. What is individualized peer support?

- Examples of peer support actions and practices include:

  - Sharing experiences, strategies and stories of hope.

  - Encouraging people to take responsibility for their life and recovery.

  - Encouraging people without doing things for them.

  - Providing people with relevant information.

  - Helping people to build social networks.

  - Supporting people to ensure that their human rights are respected.

3. Individualized peer support values

3. Individualized peer support values
Mutuality and equality

As peer support becomes more widespread, its development must remain anchored in an intrinsic set of values.

Mutuality and equality:

- Peer support acknowledges that both parties can learn from each other.

- Power differentials are minimized and power is shared as equally as possible.

- Peer supporters should not be in a position of reporting back to service providers.

3. Individualized peer support values
Self-determination and empowerment

Self-determination and empowerment:

- Peer support is based on the principles of individual choice and autonomy.

- Empowerment is a process in which individuals gain confidence in their own capacity to make decisions.

- Efforts are taken to avoid the development of a relationship of dependency between the peer supporter and the person being supported.

3. Individualized peer support values
Empathy and recovery

Empathy:

- The ability to relate to another person through understanding their experience from their perspective is central.

Recovery:

- Recovery is a unique and individual experience.

- A key value of individualized peer support is helping the person determine what is best for their own life.

- Peer support offers people an opportunity to explore multiple paths of recovery.

3. Individualized peer support values

"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".

"Considering the situation of M... I always have put myself in his place, because he lived (in his home) generally without light, right? In the dark. And there was no running water. I have lived in a home like this, you know? It had no light, no running water. So ... once I was on the train, and I saw a guy selling a flashlight to put on the head, and I bought it from him... I brought the flashlight to M..., for him to put at his head and at least have light inside his house, right?".

3. Individualized peer support values

- Some models of peer support put a greater emphasis on mutuality, partnership and co-creation of knowledge.

- Other models function more as a service provision from one person to another.

4. Benefits of individualized peer support

4. Benefits of individualized peer support

- The structural barriers and discrimination in society and services can marginalize and frustrate those who seek help.

- Individualized peer support can provide a safe and inclusive social environment.

- Peer support benefits both the people experiencing distress and the peer supporters themselves.

- Key benefits include:

  - improved engagement with services/relationships with providers

  - increased empowerment

  - personal growth

  - hope for recovery

  - reduction in inpatient admissions.

- Peer supporters benefit by improving their self-esteem, increasing their well-being and enhancing their social inclusion, interpersonal skills and work capacity.

4. Benefits of individualized peer support

- A decreased number of hospitalizations and a reduced length of stay has the supplementary benefit of decreasing costs.

- The inclusion of people with lived experience in the delivery of mental health services is equally, if not more, effective than standard care.

- It is an important element in achieving recovery-oriented services, and has been observed by people using services, peer support workers and services as feasible, acceptable & beneficial.

4. Benefits of individualized peer support

Raising awareness of the reality of living with dementia in the United Kingdom
Three peer support workers with cognitive disabilities share their experience and point out key benefits of peer support. To listen to their stories, access the following video: https://youtu.be/yuZF1uiKTUA (4:22).

4. Benefits of individualized peer support

Shery Mead - Intentional peer support: a personal retrospective

"...When I was interning for school at a domestic violence programme, 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 programme. 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. Instead we consider that it is perhaps the events that happened to us that were wrong."

4. Benefits of individualized peer support

Individualized peer support initiated by a former service user at Instituto Centta specialized clinic in Madrid, Spain

When Belen arrived at 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 life but she could not believe that this was possible. After this last successful attempt, Belen recovered and started to transform her life 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 that if only 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. The unit has been supporting the treatment process of many persons with eating disorders (some of whom have joined the unit as supporters once recovered). Many have found in their individual chats with the supporters a time of trust and comfort. The families can also benefit, for instance by explaining why some parts of the treatment are more difficult for them and discussing how they can better support their family member.

4. Benefits of individualized peer support

- Attending to diversity can also be beneficial to individualized peer support.

- Peer support groups that reflect the needs of particular populations facing barriers have shown success in promoting recovery, addressing stigma and discrimination, and improving access to mental health supports
  - Benefits for both peer supporters and those in peer support relationships.

4. Benefits of individualized peer support

Attention to diversity: Black and minority ethnic (BME) communities in the United Kingdom

(Key points from an interview with Jayasree Kalathil, a peer researcher in the United Kingdom responding to the question Why is it essential to think critically about race and diversity in peer involvement efforts?)

Background:

- Mental health services are failing to meet the needs of people from BME communities.
- Many people from these communities are more likely to be "diagnosed with schizophrenia, involuntarily committed, sectioned under the Mental Health Act, put in seclusion, over-medicated, and given a Community Treatment Order, when compared to white British communities".
- Discrimination, high rates of coercion, and stereotypes about black people can undermine how mental health services respond to their needs and can make families and service users less likely to approach or remain in the services.

4. Benefits of individualized peer support

Attention to diversity: Black and minority ethnic (BME) communities in the United Kingdom (cont'd)

Peer involvement-specific barriers:

- Frameworks for peer involvement can assume that "collaborative work between those with personal experiences of using services and those who provide them will take place without challenges".

- However, BME peers are often marginalized from or within peer involvement forums, thus limiting their input relating to service change and how services can become more equity-oriented.

- Studies have shown that many people from BME backgrounds feel that shared social positions and experiences with peers beyond mental health was important to them.

4. Benefits of individualized peer support

- The T.D.M: Transitional Discharge Model (10:20) https://youtu.be/OAwcyAZeIfE.

- Living it Forward (20:47) https://youtu.be/Rg1PdLJzx5k

5. Misconceptions about peer support

5. Misconceptions about peer support

- When a person thinks about the provision of peer support there may be misunderstandings about the role of peer supporters.

- Common misconceptions about peer work are summarized in the following chart.

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5. Misconceptions about peer support

Misconception	Why this is a misconception
Peer support is vocational rehabilitation for persons working on their 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 those receiving support and should not be the primary purpose of providing peer support.
Peer supporters are fragile and may relapse because of work stress and responsibilities.	• Peer supporters show resilience, stability and a strong commitment to their own recovery. • Peer supporters should be provided with the same benefits and discretion as other employees in managing their 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.	• Effective peer supporters are skilled in using their experiences intentionally in support of others. • Past experience of mental health or social services may be beneficial but not essential; interest in connecting with people, empathy, sharing one's story and encouraging others to take responsibility are more important components.

5. Misconceptions about peer support

Misconception	Why this is a misconception (continued)
Peer supporters should never discuss topics such as suicide or medications	• Peer-to-peer conversations should not be limited only to light topics. • Because of their own experiences, peer supporters are in an ideal position to discuss more complex and distressing aspects of experiencing distress, the benefits or negative effects of medication and other related issues. • A peer supporter may be the only person that someone wants to share these thoughts with.
Peer supporters will tell people to stop taking their medications or to ignore what their treatment providers want them to do as they often hold "anti-psychiatry" views and beliefs	• People in peer roles have diverse backgrounds, views, beliefs and experiences about mental health or social services – some positive, others negative. • Regardless of one's own experience, peer support is about listening and supporting someone in the process of self-determination and not about imposing one's own viewpoints or beliefs.
In the mental health service context, peer supporters have the same role as staff	• Peer supporters' primary role is to promote hope and belief in the possibility of recovery, empowerment, increased self-esteem, self-efficacy, self-management of difficulties, social inclusion and increased social networks. • As such, they act as advocates for the person and should not have to work within traditional practice boundaries. For example, they should not diagnose people using services or prescribe/provide medication.

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5. Misconceptions about peer support

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

"Nothing is a greater incentive for being a part of our organization than to support people who are in distress and to provide care for peers through the Patient Experts Programme. 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

6. From ethics to practice

- Peer support is based on unique human relationships.

- It provide support and advocacy, promotes self-help and empowerment, and facilitates positive change.

- Primary responsibility of peer supporters is the person they are supporting.

- Key objectives for peer supporters:
  - Sharing experiences and knowledge without giving unsolicited advice.
  - Advocating and supporting people to make their own decisions about recovery.
  - Treating people with empathy.
  - Valuing the peer role as a nonclinical position.
  - Supporting and staying connected to others in peer roles.
  - Acting as change agents by sharing new ideas.
  - Acknowledging the power and privilege in peer roles.

6. From ethics to practice

- The following table presents some adapted ethical and practice guidance for carrying out peer support based on a survey and focus groups.

- The guidance sets high standards for what needs to be practised.

6. From ethics to practice

ETHICAL GUIDANCE	PRACTICE GUIDANCE
Peer support is voluntary • The most basic value of peer support is that people freely choose to give or receive support. • Nobody should be forced into a peer role or forced to receive peer support. • The voluntary nature of peer support makes it easier to build trust and connections with others.	**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 peer support services or to change their 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 approach or lack of expertise could interfere with the ability to provide effective support to these persons. 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 social 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 them.	**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 act as ambassadors of recovery in all aspects of their work. 3. Peer supporters help others reframe life's challenges as opportunities for personal growth.

6. From ethics to practice

ETHICAL GUIDANCE	PRACTICE GUIDANCE
Peer supporters are open-minded and non-judgemental • 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 very different from their own. • Being non-judgemental 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 judgement about others** 1. Peer supporters value diversity and the differences among people they are supporting as potential learning opportunities. 2. Peer supporters respect an individual's right to choose the pathways to recovery that they believe will work best for them. 3. Peer supporters accept others as they are. 4. Peer supporters do not evaluate, judge 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.	**Practice: Listen with emotional sensitivity** 1. Peer supporters practise effective listening skills that are non-judgemental. 2. Peer supporters understand that, even though others may share similar life experiences, the range of responses may vary considerably. 3. Peer supporters ask thoughtful questions and listen with sensitivity to be able to respond emotionally or spiritually to what the other person is feeling.

6. From ethics to practice

ETHICAL GUIDANCE	PRACTICE GUIDANCE
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 (e.g. diverse social positions and ideas) as a means of personal growth for those they support and for 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 practise patience, kindness, warmth and dignity with everyone they interact with in their work. 4. Peer supporters see all people as worthy of all basic human rights. 5. Peer supporters embrace the full range of experiences, strengths and approaches to recovery for those they support and for themselves.

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6. From ethics to practice

ETHICAL GUIDANCE	PRACTICE GUIDANCE
Peer supporters facilitate change • Some of the worst human rights violations are experienced by people with psychosocial, intellectual or cognitive disabilities. • They are frequently seen as "objects of treatment" rather than human beings with the same fundamental rights to life, liberty and security as everyone else. • People may be survivors of violence (including physical, sexual, emotional, spiritual and mental abuse or neglect). • Those who are perceived as different by others may find themselves stereotyped, stigmatized and excluded 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 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 to explore areas in need of change for themselves and for others. 6. Peer supporters recognize injustices that peers face in all contexts and act as advocates and facilitate change where appropriate. 7. Peer supporters educate others about their rights and the tools they have, such as advance directives and recovery plans.

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6. From ethics to practice

ETHICAL GUIDANCE	PRACTICE GUIDANCE
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 enables people to move beyond the fear of creating conflictual situations or of hurting someone's feelings to the ability to work together respectfully 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 open 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 and do not misrepresent themselves, others or circumstances. 5. Peer supporters strive to build peer relationships based on integrity, openness, respect and trust.

6. From ethics to practice

ETHICAL GUIDANCE	PRACTICE GUIDANCE
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 programmes, 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 who are 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; they 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 (e.g. control what they do, make decisions for them, etc.). 4. Peer supporters do not diagnose or offer medical services; they offer a complementary or alternative service.

6. From ethics to practice

ETHICAL GUIDANCE	PRACTICE GUIDANCE
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 strengths. • 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.	**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 strengths-based perspective and acknowledge the strengths, choices and decisions of peers as a foundation for recovery. 6. Peer supporters don't fix or do for others what they can do for themselves.

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6. From ethics to practice

ETHICAL GUIDANCE	PRACTICE GUIDANCE
Peer support is transparent • Peer support is the process of giving and receiving nonmedical assistance to achieve long-term recovery from mental distress. • Peer supporters are experientially qualified to assist others in this process. • Transparency refers to setting expectations with each person about what can or cannot be offered in a peer support relationship, and clarifying issues related to privacy and confidentiality. • Peer supporters communicate with people in plain language so everyone can readily understand; 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 judgement-free. 3. Peer supporters use language that is supportive and respectful. 4. Peer supporter roles are distinct from the roles of other health practitioners. 5. Peer supporters make only promises they believe they can keep and use accurate statements.

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6. From ethics to practice

ETHICAL GUIDANCE	PRACTICE GUIDANCE
Peer support is person-driven • All people have a fundamental right to make decisions about all aspects of 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 move towards 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 help people they support to think through different options. 3. Peer supporters encourage people they support 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 judgement.

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6. From ethics to practice
What Shery Mead learned from her experience as a peer supporter

"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……"

6. From ethics to practice
What Shery Mead learned from her experience as a peer supporter (cont'd)

"…..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……"

6. From ethics to practice
What Shery Mead learned from her experience as a peer supporter (cont'd)

"….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 the individual, and on to 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

7. Language

- How people in peer roles speak to others and about them can make a difference to how people feel about themselves.

- Often, language used in services reinforces power differentials and makes people feel as if their identity is tied to the mental health system.

- Terms such as "service user", "consumer" and "client" can be experienced as dehumanizing.

7. Language

- Language can imply that a person has a permanent condition or disability, which can also be disempowering and undermine recovery.

- Verbal and written language can be equally harmful.

- Programmes that require evidence of a <u>permanent</u> condition or impairment to obtain disability benefits (implying that the person will <u>always</u> have a condition/impairment) can be stigmatizing and a major barrier to engagement.

- There is no agreed list of "good" and "bad" words or terms.

- Important to understand the values behind why certain words and phrases are chosen and to question language.

Language
Open and closed language

- Is the language used open or closed?

- Closed language can force a viewpoint on a person that they may not agree with.

- Open language leaves room for a person to put their own meaning on their experiences and more accurately describes the person.

7. Language

- Examples of closed versus open language:

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

- Closed language is stigmatizing and disempowering because it defines Jeannie as her diagnosis and does not leave space for Jeannie to put her own meaning on her experiences.

- 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.

7. Language

Closed		Open
George is noncompliant with his prescribed medications	*VERSUS*	*George doesn't want to take his prescribed medication.*

- "Noncompliant" implies that George needs to be taking his medications and is doing something wrong, deviant or rebellious 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.

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7. Language

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

- 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.
- Open language does not interpret the voices as either bad or good but states only that Luis is hearing them.
  - This allows room for Luis to interpret his own reaction to his experience.

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8. Competencies for peer supporters

8. Competencies for peer supporters

Role 1: Peer supporters engage peers in collaborative and caring relationships

- Ability to initiate and develop relationships.
    - interpersonal skills - reaching out/engaging peers
    - knowledge about recovery and attitudes consistent with recovery approach.

Role 2: Peer supporters provide support.

- validating peers' experiences and feelings
- conveying hope about recovery
- making people aware of a range of ways of understanding difficulties
- providing assistance to support peers in accomplishing tasks.

8. Competencies for peer supporters

Role 3: Peer supporters share lived experiences of recovery

- telling recovery stories and using lived experiences as a way of inspiring and supporting people.

Role 4: Peer supporters personalize peer support

- Ability to tailor support to others

- Recognize the uniqueness of each peer's process of recovery

- respect unique social positions – cultural/spiritual beliefs & practices.

8. Competencies for peer supporters

Role 5: Peer supporters support recovery planning

- Support others to take charge of their lives.

- Assist people to set and accomplish goals related to home, work, community and health.

Role 6: Peer supporters link others to resources, services and supports

- Knowledge of resources available

- Skills to help other peers acquire the resources, services and supports.

8. Competencies for peer supporters

Role 7: Peer supporters provide information about skills related to health, wellness and recovery

- Knowledge, skills and experience to promote learning, wellness and growth.

Role 8: Peer supporters help peers to manage crises

- manage situations of intense distress and ensure the safety of themselves and others.
- Ability to create a safe space and provide reassurance

8. Competencies for peer supporters

Role 9: Peer supporters value communication

- Ability to use person-centred, recovery-oriented language and active listening skills.

- Enhance mutual understanding and creates a shared language.

Role 10: Peer supporters value collaboration and teamwork

- organizational skills to engage providers and services to meet the needs of peers.

- engaging peers' family members and other supports.

8. Competencies for peer supporters

Role 11: Peer supporters promote leadership and advocacy

- Actions to provide leadership within services to
    - advance recovery-oriented approach.
    - advocate for the human rights of other peers.

Role 12: Peer supporters promote growth and development

- Skills to increase peer supporters' success and satisfaction in their current roles.
- Create peer support structure and provide supervision

9. Job descriptions

9. Job descriptions

- Should accurately convey tasks and functions

- This is not only for their own information but also to communicate what peer roles are.

- Without a clear job description, others may not take peer supporters seriously.

- Should include core responsibilities and duties as well as preferred qualifications.

- **See handout 1 for an example job description for peer supporters (39)**

10. Interviewing and hiring peer supporters

10. Interviewing and hiring peer supporters

- Determine how well person describes relevance of their lived experience to supporting others.

- Interview is not about a persons diagnosis, treatment history or distress.

- Inquiry about a disability may be illegal; follow country law

- Candidates should have experience of mental health services and/or mental and emotional distress and have worked through their recovery journey.

- There may be few people with qualifications and experience, so look for potential

- Involve a peer, or a committee of peers, in interview process.

- Interview questions can invite candidates to explain how their experience, skills and/or knowledge can assist others.

10. Interviewing and hiring peer supporters

- Sample interview questions:

  - What inspired you to apply for the peer supporter role?

  - Can you tell me some ways in which 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?

  - How might your experience and skills support non-discrimination and equality in your work?

  - Why do you think the support of peers is beneficial for people with psychosocial, intellectual or cognitive disabilities?

  - If one of your peers feels resigned to their situation and without hope, how would you support them?

  - Do you have any previous experience of something similar to peer support?

10. Interviewing and hiring peer supporters

- Lack of applicants may tempt to move a staff to a peer role, to hire an applicant who is not a good fit, or to lower the hiring standards.

- Identify peer supporters who are right for the role and uphold values of respect, equality, mutuality, empathy and recovery.

- Training and ongoing support should be prerequisite for newly-recruited ones.
  - Does not mean that new peer supporters will be less helpful or less successful than people with prior experience.
  - Means that there will be different considerations for the interview, selection process and training requirements.

- When introducing peer supporters for first time, try to hire more than one.

- Will help avoid peer drift phenomenon and isolation of the person working in a peer role.

10. Interviewing and hiring peer supporters

Inclusion Europe: Project TOPSIDE – Training opportunities for peer supporters with intellectual disabilities in Europe

TOPSIDE is an Inclusion Europe project aiming to develop peer support and peer training as new components in informal adult education for people with intellectual disabilities. Since access to formal or informal adult education and training can be limited for persons with intellectual disabilities, peer training and support focuses on helping to develop important skills in the areas of decision-making so that individuals can take control over their lives and perform their roles as active citizens

Through the training curriculum, peer supporters learn how to improve their communication, how to support someone appropriately and how to empathize with others. Peer supporters learn to relate their own life experiences to peer support and use these examples and their own learning to support other persons. 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 designed in such a way that all skills outlined in the curriculum are anchored in reality and based on real-life situations. Skills that 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 inclusion, person-centred thinking, valued social roles and being a citizen in a community.
- Pragmatic skills covering experiences from different areas of life and the quality of life in relation to inclusion (e.g. home, rights, work, social life).

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11. Conditions of work

11. Conditions of work
Pay rates

- Peer roles may be paid or unpaid:

  - It can be difficult to change pay rates once established – so important to think through what the pay rate will be.

  - Available pool of people - who are open to discussing their experience, want to do peer work and are good at it - may be small.

  - The pay rate should reflect that this is a specialized position.

  - Setting a low pay rate can convey a negative message.

11. Conditions of work
Pay rates

- In some countries, paying peer supporters may jeopardize benefits that they may be receiving.

- Make sure that pay rates are sufficient and do not lead to a loss of income.

  - Law-makers and policy-makers should also be mindful of this.

- Keep in mind whether payment might introduce a power imbalance in a one-to-one peer relationship.

- If one person receives payment and the other does not, it may be difficult to view the relationship as equal.

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11. Conditions of work
Mentoring and supervision

- Mentoring and supervision are key components in sustaining peer support.

- Support of supervisor who believes in peer support and recovery-oriented care is important.

- Ideally, supervisors are people who have worked in peer roles before and trained or experienced in recovery-oriented practices.

- Reach out to local, regional or national peer-to-peer organizations for supplementary training or supervision.

- Telephone or video calls can be used to provide support

- Effective supervisors should be able to provide both task-oriented and process-oriented supervision.

11. Conditions of work
Mentoring and supervision

Mr Chinmay Shah, Peer Support Volunteer, on being supported to move forward

As part of the QualityRights project in Gujarat, India, peer support volunteers have been recruited and trained in each of the services. The role of the peer support volunteers is to provide support and advice to other people using services. This may involve, for instance, 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 in 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 people using the service 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 brainstorming and discussing issues with our mentor and we are aware that our suggestions are not only heard but are also implemented."

11. Conditions of work
Performance reviews

- Peer supporters should be expected to fulfil their job requirements.

- Allow flexibility in taking leave of absence as peers can experience challenges with their mental health and well-being.

- Regular performance reviews provide an opportunity to discuss the job, any areas of concern, and what is going well.

- 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 social services

12. Peer supporters in mental health and social services

- It may be difficult to convince staff in services that peer support is essential.

- To be successfully integrated peer support needs to be viewed as enriching service provision.

- Peer supporters are there to support people using the service

  - Includes "being there" and listening, supporting people to make their own decisions, or advocating for them.

- Disagreements may arise when the wishes and preferences of people using the service differ from those of the service itself.

- This does not mean that peer supporters and staff members are at odds with each other.

12. Peer supporters in mental health and social services

- Many ways of contracting peer supporters in a service.

- Optimal way is to contract an independent peer-run organization.

- Maintains independence of peer supporters from the service.

12. Peer supporters in mental health and social services

Quote: Kevin Huckshorn, Director, Division of Substance and Mental Health, Delaware Health and Social Services (USA), on the power of peer support

"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, compliant with the American Disability Act and is a system in which people with serious mental illness can find hope, courage and the energy to recover their lives in a way that works for them."

12. Peer supporters in mental health and social services
Creating a culture for peer support

- The introduction of peer supporters in 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".

12. Peer supporters in mental health and social services
Creating a culture for peer support (cont'd)

- Take time to introduce recovery-oriented care before integrating peer support roles.

- Peer supporters aim to support other peers to understand what recovery means to them.

  - A service that does not adhere to recovery-oriented care will undermine the work of peer supporters.

12. Peer supporters in mental health and social services
Creating a culture for peer support (cont'd)

- Creating a culture for peer support is an ongoing process of putting recovery principles into practice.

- Leadership buy-in, official recognition, staff training, effective mentoring and supervision are all important.

- Peer supporters need to feel safe and empowered.

- Do not assume that introducing peer supporters will make magical changes to the system.

- A fundamental change in the power structure is necessary to adopt a truly recovery-oriented approach.

12. Peer supporters in mental health and social services
Creating a culture for peer support (cont'd)

- Identify management and other staff who are peer support champions and who will take leadership roles in the transition.

- These staff can advocate for the inclusion of peer supporters.

- Peer support champions can also help to ensure that peer support remains priority.

- Good working conditions in the service diminish the risk of burn-out and turnover.

12. Peer supporters in mental health and social services
Inform all staff and include them in discussions

- Staff should be prepared to overcome resistance to hiring peer supporters.

- They may have concerns about whether peer supporters can handle the demands of the job.

- Staff may question competencies of peer supporters.

- Staff may be concerned that peer supporters can replace part or all of their work.

12. Peer supporters in mental health and social services
Inform all staff and include them in discussions (cont'd)

- Create environment in which existing staff are comfortable expressing opinions.

- Take time to listen to staff concerns and address them adequately.

- Prepare staff by explaining the benefits of peer roles, confidentiality and ethics, and how peer supporters will be integrated into the service.

- Keep the lines of communication open through regular meetings.

- Encourage openness and a participatory approach to problem-solving in order to alleviate any concerns and anxieties.

12. Peer supporters in mental health and social services
Policy awareness and training

- Have written policies, vision or value statements of the service that align with the vision of recovery.

- Engage all staff in the process of drafting these policies and statements.

  - This enables people to take ownership and to commit to the new direction.

- Complement policy changes with training on human rights and recovery.

- Ideally, offer staff the opportunity to visit services with a recovery-oriented approach.

- Speakers and events that discuss recovery-oriented care can be informative for staff and can reinforce the commitment to recovery approach.

12. Peer supporters in mental health and social services
Supporting peer supporters' role in services

1. Team meetings:

- Peer supporters should participate in meetings with other staff members.

- Just as the invitation to attend team meetings is important, so is the need to respect the values of peer support.

- Peer supporters should not be pressured to reveal private details that a peer has shared with them.

- It is important to protect the unique role of the peer supporter.

12. Peer supporters in mental health & social services
Supporting peer supporters' role in services (cont'd)

2. Working hours:

- Peer supporters may work full-time or part-time depending on their situation.

- Supporting people who are going through difficult experiences, working in an environment where peer support is new and constantly having to justify the peer roles can be emotionally and physically draining.

- Having a team of peer supporters can help.

12. Peer supporters in mental health &social services
Supporting peer supporters' role in services (cont'd)

3. Specialized training:

- Peer supporters can benefit from specialized training.

- E.g. needs of particular populations, advanced topics or helpful exercises will help them to better support their peers.

4. Continuing education:

- Opportunities for continuing education should be made available

- Opportunities may be online peer specialist courses or meetings and/or coursework with other peer supporters in the area.

- As role develops it is useful to think of offering professional development opportunities.

12. Peer supporters in mental health and social services
Good use and misuse of peer supporters

- Peer supporters should be flexible as their day-to-day work can vary.

Traps to avoid:

1. **Busy work**: Peer supporter has a unique set of skills and experiences and should not be used to complete tasks that no one else wants to do.

2. **Mixed loyalties**: Peer supporter's commitment is foremost to person being supported.

3. **Power imbalance**: Peer supporter should not be asked to do something that increases the power imbalance.

12. Peer supporters in mental health and social services
Good use and misuse of peer supporters (cont'd)

Topic	Consistent with peer role	Not consistent with peer role
Medications	Supporting a peer to communicate concerns or views about medications; supporting a peer to gather information on medications.	Administering medications; reporting to staff members if peers are taking their medications or not; promoting adherence to treatment if the person has expressed reservations or concerns.
Treatment plans	Supporting a person to have their voice 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 because a staff member has told the peer supporter 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 telephone because no other staff member wants to; having to assess level of crises over the telephone and transfer to other staff.

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12. Peer supporters in mental health and social services
Disagreements

- Disagreements may occur when the roles of the peer supporter clash with the rules, regulations or practice of the service.

- Even in this situation, the peer supporter should be able to continue to advocate for the individual without fear of repercussions.

12. Peer supporters in mental health and social services
Peer drift

- Peer support is a unique role in a mental health or social service.

- Over time, peer supporters may display a shift towards a more clinical approach.

- This is inconsistent with the role of peer supporter.

- **This phenomenon is called "peer drift".**

- The drift may be gradual, which is why a supervisor and team committed to recovery and peer support can help.

- Peer drift can include a peer supporter telling peers what they should do instead of listening.

- It is important to connect with other peer supporters and have peer support champions to talk with.

12. Peer supporters in mental health and social services
Mentoring, supervision and peer support structures

- Can minimize peer drift.

- Create a peer support structure in which informal peer support meetings can be facilitated.

- Allows peer supporters from different services and the community to come together to debrief, share experiences, discuss improvements and provide emotional support to each other.

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12. Peer supporters in mental health and social services
Mentoring, supervision and peer support structures (cont'd)

- In a safe and confidential space, peer supporters can discuss how to deal with challenges.

- These challenges may differ from those faced by other staff.

- Issues related to boundaries may arise since peer supporters may be viewed more as friends than other staff are.

- Other challenges include power imbalances between peer supporters and other staff, stress, and maintaining the role of peer support.

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12. Peer supporters in mental health and social services
Mentoring, supervision and peer support structures (cont'd)

- Promote a level of "**structural competence**" among staff.

- Structural competence is recognized as improving mental health and health equity.

- Involves taking account of ways in which structural & institutional factors intersect to affect the risk for certain conditions & influence pathways to care.

- Structural competence helps de-emphasize individuals' perceived problems or deficits.

- Building capacity in this area helps bring attention to which groups are not engaging as peer supporters or peer support receivers – often groups that face barriers to community inclusion.

12. Peer supporters in mental health and social services
Mentoring, supervision and peer support structures (cont'd)

Seven components of meaningful peer involvement – Self-assessment questions

1. TIMING
- Have attempts been made to include peers *as early as possible* in planning a new initiative or programme?

   a. If not, how does the group plan to deal with potential power dynamics or tensions stemming from uneven or unequal involvement in early decisions that may have already significantly shaped a programme or initiative?

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12. Peer supporters in mental health and social services
Mentoring, supervision and peer support structures (cont'd)

2. POWER

- Do peers have the power to make decisions and shape programmes, or are they limited to advisory roles?
- If some staff members have the power to make concrete decisions about policy or programmes and others can only make comments or suggestions, how will any resulting power dynamics be addressed? What steps can be taken to ensure that peers feel they can make a meaningful contribution?
- In a project involving committees or working groups, are peers in a position similar to that of non-peers? Are there peer chairs or co-chairs, or are peers limited to non-leadership roles?

12. Peer supporters in mental health and social services
Mentoring, supervision and peer support structures (cont'd)

3. COMPENSATION

Are peers financially compensated in a manner equal to non-peers?

a. If some non-peers are compensated, but peer members are not, what steps can be taken to address the hierarchies that such a division might create?

b. Have programme leaders fully thought through the implications of compensating non-peers but not peers?

12. Peer supporters in mental health and social services
Mentoring, supervision and peer support structures (cont'd)

4. NUMBERS

Is there a *critical mass* (or sufficient number) of peers involved to make a difference?

    a. If there is only one (or very few) peers involved in a majority non-peer group, can steps be taken to make those peers feel more supported?

    b. Have all possible steps been taken to ensure that peers (often, though not always, with less seniority than other non-peer group or project members) feel comfortable speaking out when in a minority?

12. Peer supporters in mental health and social services
Mentoring, supervision and peer support structures (cont'd)

5. WELLNESS

Have steps been taken to ensure that *peer wellness* is prioritized?

a. In addition to more formal supports, has peer wellness been raised more informally (but explicitly) at the outset of a project or the start of new position? Have staff or other group members acknowledged potential stressors (micro-aggressions, or problems with other staff or members who might not be supportive of peer involvement) and affirmed the toll this can take? Is there a plan for addressing burn-out or frustration on the part of (minority) peers?

b. If peers are expected to "advocate" within the project or group (often, though not always, from a minority position, or with less seniority), are the potential impacts of advocacy recognized? Are there concrete support plans? For example, what happens if a peer is put in a position in which she/he feels forced to "challenge" a more senior member or leader?

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12. Peer supporters in mental health and social services
Mentoring, supervision and peer support structures (cont'd)

6. INVESTMENT

Has the programme or organization *invested in peer capacity-building* – e.g. paying peers to attend conferences and workshops and/or to learn new skills?

a. If peers are involved in a project or committee in which they lack equivalent expertise to other members (e.g. a peer without evaluation experience on an evaluation committee), are efforts made to provide the peer with more background or additional training?

12. Peer supporters in mental health and social services

Mentoring, supervision and peer support structures (cont'd)

7. ORGANIZATIONAL OR PROJECT CULTURE

Have programme leaders or administrators taken explicit steps to ensure that peer perspectives are valued, and that resistance to peer involvement is systematically addressed?

a. If a peer comes to another programme or project member or leader with concerns (about stigma, negative or dismissive attitudes or lack of investment), are these members or staff prepared to take steps to support the peer and/or challenge dismissive attitudes?

b. Is there a process or protocol for expressing concerns or grievances? Have peers been assured that they will not be retaliated against or "punished" for raising concerns about other members or staff?

c. If feasible, has programme or project-wide or in-house training on diversity or peer involvement been considered?

Handout 1
Peer job description example

Acknowledgements (1)

Acknowledgements (2)

Acknowledgements (3)

Acknowledgements (4)

Acknowledgements (5)

Acknowledgements (6)

Acknowledgements (7)