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Integrating Peer Support Workers into Mental Health Programs

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See table of contents

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Article abstract

Objective: There is little known about the role of Peer Support Workers (PSWs) in mental health programming in Western Canada. To contribute to this body of knowledge, Canadian Mental Health Association – Calgary Region (CMHA Calgary) sought to clearly define and understand how PSWs could support mental health programming in a non-clinical way. Research Design and Methods: CMHA Calgary planned to integrate PSWs into all existing mental health programs. The integration of PSWs was piloted in the organization's group counselling program to collect information and gain learnings that could be used to spread the initiative to all programs. The project team developed a developmental evaluation framework as a guide to collect feedback and understand the impact of the initiative. Qualitative data was collected from PSWs, counsellors, and program management using formal one-on-one interviews, anonymous surveys, and consensus building in group settings. This information was analyzed using a collaborative thematic analysis approach. This involved two reviewersworking together to analyze and identify themes within the data. Results: This project provided CMHA Calgary with information on how to integrate PSWs into all programs. The project further allowed for the development of program materials for future application. Conclusions: The results of this project contribute to the overall knowledge of PSWs in Western Canada and can be used by other organizations looking to integrate PSWs into mental health programming.

INTEGRATING PEER SUPPORT WORKERS INTO MENTAL HEALTH PROGRAMS

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Keywords: peer support workers, group counselling, Canadian Mental Health Association

ABSTRACT:

Objective: There is little known about the role of Peer Support Workers (PSWs) in mental health programming in Western Canada. To contribute to this body of knowledge, Canadian Mental Health Association – Calgary Region (CMHA Calgary) sought to clearly define and understand how PSWs could support mental health programming in a non-clinical way. **Research Design and Methods:** CMHA Calgary planned to integrate PSWs into all existing mental health programs. The integration of PSWs was piloted in the organization's group counselling program to collect information and gain learnings that could be used to spread the initiative to all programs. The project team developed a developmental evaluation framework as a guide to collect feedback and understand the impact of the initiative. Qualitative data was collected from PSWs, counsellors, and program management using formal one-on-one interviews, anonymous surveys, and consensus building in group settings. This information was analyzed using a collaborative thematic analysis approach. This involved two reviewers working together to analyze and identify themes within the data. **Results:** This project provided CMHA Calgary with information on how to integrate PSWs into all programs. The project further allowed for the development of program materials for future application. **Conclusions:** The results of this project contribute to the overall knowledge of PSWs in Western Canada and can be used by other organizations looking to integrate PSWs into mental health programming.

Introduction:

Peer support (PS) in mental health is widely defined in the literature and can be generally described as a relational approach to recovery.[1] Peer Support Workers (PSWs) are trained individuals who use their lived experience to support others on their journey to wellness.[2] A growing body of literature suggests a range of benefits associated with PS. For example, PSWs are an approachable resource outside of the clinical team, create unique relationships with clients, and are living examples of success in recovery.[3] [4] [5] The inclusion of PSWs in clinical programs is further associated with reduced emergency healthcare utilization, improved health outcomes, improved participant experience, and increased wellness and empowerment.[6] [7] [8] [9] The literature demonstrates that PS not only benefits recipients of services, but also the PSWs themselves.[10] [11] [12] [13]

The concept of PS has been highly regarded in Canada for some time. In 2012, the Mental Health Commission of Canada (MHCC) released Canada's first formal Mental Health Strategy. This document stated that PS should be foundational to the mental health system as a whole.[14] In 2019, the MHCC updated their messaging regarding PS in Canada, stating that it remained undervalued and underfunded despite evidence in favour of its impact.[15]

Canadian Mental Health Association - Calgary Region (CMHA Calgary) works to reduce the impact of mental illness and addiction in the community. This is actioned through mental health programming focused on education, prevention, and early intervention. The organization values the inclusion of the lived experience of PSWs in mental health programming. Since 2016, the organization has run a School of Peer Support which offers course-based and practicum training for those who are interested in becoming PSWs. Upon graduation, the PSWs are employed throughout Calgary and beyond, often directly at CMHA Calgary. For many years, CMHA Calgary has informally included PSWs in some of their community mental health programs. The literature demonstrates that the benefits associated with the integration of peers vary widely depending on the context or setting. This speaks to a need to be intentional and thoughtful when including PSWs in mental health programming, as there is not a "one size fits all" approach to PS.[16] As a result of this knowledge, the organization's five-year strategic plan highlighted a goal to formally integrate PSWs into all established programs with thought and intention.

This paper will highlight the learnings from CMHA Calgary's developmental evaluation of the integration of PSWs into the pilot program.

Research Design and Methods:

There is little known about the role of PSWs in mental health programming in Western Canada. To contribute to this body of knowledge, CMHA Calgary sought to clearly define and understand how PSWs could support mental health programming in a non-clinical way.

The organization planned to integrate PSWs into all existing mental health programs. It was decided that integrating peers first into a pilot program would allow the organization to collect information and gain learnings that could be used to spread the initiative to all programs. At the inception of the project, there were multiple programs at CMHA Calgary that would have been a good fit for the integration of PSWs. However, CMHA Calgary's group counselling program was selected as the pilot project. This program was selected as staff had both the capacity and willingness to support the work required for the pilot. This program did not include PSWs prior to this initiative, making it possible to study and understand the integration from the beginning. Furthermore, there were only three counsellors involved in the program, which reduced the change management required. This also made the collection of feedback and other data easier to facilitate.

The pilot was designed to bring PSWs into group counselling sessions. PSWs worked alongside the counsellors to supplement psychoeducation with examples of lived experience. The goal was to provide group counselling participants with a relatable and non-clinical relationship within a typical clinical team. The group counselling sessions that included PSWs were focused on grief, suicide bereavement, and supporting families of individuals with mental health and substance use concerns.

CMHA Calgary collaborated with staff, PSWs, and program management to understand how to best integrate PS into programs. This was an important component of the project, as the organization places high value on the concept of co-creation. In practice, this included a great deal of stakeholder interaction at each stage of the project. In the pilot program of counselling, this involved the PSWs working alongside the staff to finalize the program content and to determine the best flow for the group counselling sessions. Collaboration at this stage was important to ensure that the skillset of the PSW would be utilized properly, by highlighting their strengths and allowing them to complement the service offered by the counsellors from a non-clinical perspective. The collaborative design phase was intended to be iterative. This allowed for the counsellors and the PSW to debrief after each group counselling session to understand what worked well, and what needed improvement.

The project team compiled a developmental evaluation framework to guide the collection of feedback. In the context of program evaluation, a developmental approach can be defined as "supporting innovation by collecting and analyzing real-time data in ways that lead to informed and ongoing decision-making as part of the design, development and implementation phase" of a project.[17] Qualitative data was collected from PSWs, counsellors, and program management using formal one-on-one interviews, anonymous surveys, and consensus building in group settings. This information was analyzed using a collaborative thematic analysis approach. This involved two reviewers who worked together to analyze and identify themes within the data. This approach was selected to improve the rigour and validity of the results.

Results:

Findings from the evaluation of the pilot project provided CMHA Calgary with information on how to integrate PSWs into all of their programs. The developmental nature of the evaluation allowed for real-time data collection and results dissemination. This led to rapid action to improve the integration before it was spread to other programs. The project further allowed for the development of program materials for future application.

Overall, the approach provided learnings that helped to solidify CMHA Calgary's understanding of the integration of PSWs into mental health programs. Some of the learnings are described below:

1. Peers provide a service that is complementary to, but distinctly different than, services provided by clinicians and other program staff. This was an important finding that helped the project team set program staff and clinicians up for success. A previous attempt to integrate PSWs into programming lacked the communication that was needed. This led to uncertainty regarding the PSW model. It also resulted in a misconception that the PSW service could replace the existing services offered by program staff. To mitigate potential resistance to the integration of PSWs this time around, all levels of leadership communicated the details of the PSW service model and highlighted how this role provides a distinct service that is meant to be offered alongside the services offered by counsellors and other program staff.

The distinction between PSWs and program staff further assisted the project team by allowing them to clearly define the roles and responsibilities of PSWs. Formal job descriptions were then established for future PSW roles. With this documentation in place, PSWs were better equipped to perform the roles that they would be assigned moving forward. Program staff were also able to view these job descriptions to understand the skills and expertise that the PSWs would provide. This laid the groundwork for collaboration between PSWs and other program service staff.

2. The pilot group was cohesive, communicated well, and saw each other as equal counterparts bringing differing skillsets. The pilot group verbalized respect for one another and saw value in what each role brought to the table. They had multiple points of communication throughout the operation of the program, including formal planning and debrief discussions, as well as informal chats as required. The pilot group stated that their working relationship was a safe space to discuss boundaries and triggers. This was important, as each PSW is at a different place in their own recovery journey, and it is important to ensure that the work is not negatively impacting those involved. The frequency with which the group communicated was considered sufficient by all involved in the pilot.

3. Peers added value to the pilot program in multiple ways. Both program staff and the PSWs themselves identified similar benefits of the PSW role. For example, it was noted that PSWs were in a position to create a deeper relationship with the participants

of the program than the counsellors were able to, given their professional and licensing boundaries. In this case, the counsellors in the pilot program were not able to divulge personal details about themselves, whereas the PSWs were able to highlight their own experiences. The participants resonated with the experiences of the PSWs, which created a safe space for them to share their own journeys. PSWs complemented the psychoeducation provided by the counsellors in simple language that participants could understand. They filled in learning gaps by providing real life examples to illustrate how the content could apply to the recovery journeys of the participants.

4. The approach to integrating peers will not be the same for each program. When looking to integrate PSWs into a new program, it was important to engage the program's stakeholders from the beginning. Getting their feedback regarding logistics was crucial for success, as each program operates differently. It was identified that what worked well in one program may not be suitable for another program. The program staff had the most knowledge of their own programs and were able to provide the context that the program team did not have. Through this early stakeholder engagement, it was also found that not every PSW would be a good fit for every role in every program. To successfully integrate PSWs into new programs, consideration was paid to an individual's characteristics, strengths, experience, and where they were in their personal recovery journey. Role descriptions, ideal candidate profiles, and other formal documentation were developed for each program to help select the right PSW for the job moving forward.

5. There are risks associated with the integration of peers into programs which need to be considered and mitigated. Each PSW had different strengths as well as areas requiring growth. Not all PSWs would have the same level of professionalism, awareness of confidentiality, and ability to set boundaries. Some PSWs may require further training in these areas prior to entering a role. It should also be noted that not all PSWs will be far enough along in their own recovery journey to participate in some programs in an emotionally safe way. For example, exposure to certain content or settings could be triggering for those who are not ready to be exposed to these elements. It is important to have open and honest conversations with PSWs prior to entering a program, as well as at checkpoints along the way. This was done in consultation with an experienced leader of PSWs, who was able to shed light on preferred methods of communication.

Conclusion:

The results of this project contribute to the overall knowledge of PSWs in Western Canada. The learnings can be used by other organizations looking to integrate PSWs into mental health programming.

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Conflicts of Interest: None to declare.

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