

Evidence Brief: Peer Support Workers

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Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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There may have been an update to this Evidence Brief - to check you are reading the most current version please see the links below:

- [Complete Evidence Brief list – link for Workforce, Training and Education staff](#)
- [Complete Evidence Brief list – link for External staff](#)

Key publications – the big picture

[Supported self-management: peer support guide](#)

Source: NHS England

Publication date: September 2023

Peer support is a [supported self-management intervention](#). It happens when people with similar long-term conditions, or health experiences, come together to support each other – either on a one-to-one or group basis. It is enabled through relationships that build mutual acceptance and understanding.

[NHS Long Term Workforce Plan](#)

Source: NHS England

Publication date: June 2023

The first comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

p. 98 Table 4: Personalised care roles potential expansion

[Peer Support Hub](#)

Source: National Voices

Publication date: 2020

The Peer Support Hub is no longer being updated with new resources, but remains as a valuable resource for those working in Peer Support. The last resources were published in 2020.

[Peer Support Workers' Benchmarking report](#)

Source: Health Education England

Publication date: September 2020

The National Workforce Stocktake and Benchmarking Study of Mental Health Peer Support Workers was undertaken between January and April 2020, with the objective of providing a comprehensive snapshot of the size and shape of the Peer

Support Worker profession's contribution to mental health services in England on 30th September 2019. It ran alongside a separate data collection on the prevalence of Social Workers within mental health services in England. The project was commissioned by Health Education England (HEE) and undertaken by the NHS Benchmarking Network. The workforce stocktake aimed to provide a detailed profile of Peer Support Workers employed within NHS mental health services and the associated delivery context including the following themes:

- Service provision and activity
- Workforce size
- Workforce demographics
- Workforce key performance indicators including sickness, vacancies and temporary staffing

[The role of Peer Support for families affected by someone else's comorbidity](#)

Source: Equal Vision funded by Health Education England

Publication date: April 2020

This report deals with the role of peer support workers for families affected by another person's comorbidity. For the purposes of this paper, comorbidity refers to the co-occurrence of a substance use disorder and a mental health disorder in the same individual.

[The NHS Long Term Plan](#)

Source: NHS England

Publication date: January 2019

See p. 90 The NHS Long Term Plan was developed in partnership with those who know the NHS best – frontline health and care staff, patients and their families and other experts. "Examples of specific requirement in the Workforce Implementation Plan" which highlights Peer Support Workers

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[NHS Mental Health Implementation Plan 2019/20 – 2023/24](#)

Source: NHS

Publication date: July 2019

At the beginning of the year, the NHS Long Term Plan renewed our commitment to pursue the most ambitious transformation of mental health care England has ever known. Today, the Mental Health Implementation Plan provides a new framework to ensure we deliver on this commitment at the local level. The Five Year Forward View for Mental Health, published in 2016, represented a major step, securing an additional £1 billion in funding for mental health, so that an additional 1 million people could access high quality services by 2020/21.

[Peer support roles in mental health services](#)

Source: Iriss

Publication date: May 2016

Key points: Peer support is not new and exists in many forms, from informal sharing of experiences, to formalised peer support roles (paid and unpaid) in services.

- Through the development of formalised peer support roles, people with lived experience of mental health problems are trained and employed to support others.
- An increasing number of organisations and services are developing peer support roles. There are now around 80 paid posts in mental health services and a far higher number of unpaid role

[Peer support in mental health care: is it good value for money?](#)

Source: Centre for Mental Health

Publication date: June 2013

Peer support workers - people with their own lived experience of mental illness - provide mutually supportive relationships in secondary mental health services. Increasing numbers are being employed, both in this country and elsewhere. But good quality

evidence on the effectiveness of this form of service delivery is in short supply and even less is known about its cost-effectiveness.

[Peer support workers: a practice guide to implementation](#)

Source: Centre for Mental Health

Publication date: October 2012

Our experience with the ImROC programme has led us to the conclusion that the widespread introduction of people with lived experience of mental health problems into the mental health workforce is probably the single most important factor contributing to changes towards more recovery-oriented services. In the first paper on this topic (Repper, 2013) we discussed the theoretical background, core principles and the range of potential benefits. In this paper we will discuss practical issues of implementation in more detail.

Case Studies

[Peer Support Workers use lived experience to support mental health service users' recovery in the community](#)

Source: NHS England

A small team of Peer Support Workers employed by Reach Out – one of the healthcare partnerships established under the New Care Models in Tertiary Mental Health programme – use their own experience of secure adult care services to support patients in the West Midlands who are moving towards discharge and supported recovery in the community.

[Case study: Working as a peer supporter](#)

Source: NHS Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Publication date: June 2021

Joanne Cowen works as a peer supporter in the Sunderland South Community Treatment Team, using her own experiences of mental health to help others on their recovery journey. Having struggled with her mental health since the age of five, Joanne wanted to be able to give something back.

[Regional Peer Support Workers Forum – embedding and developing the peer support worker role across the region](#)

Source: Healthcare Library Northern Ireland

Publication date: Spring 2018

The formation of the Regional Peer Support Workers Forum began in early 2016, alongside the introduction of peer support workers into the statutory mental health services. The implementation of this exciting new role formed part of the cultural shift within services to utilise the abilities, skills and perspectives of those of us with lived experience of recovery from mental ill health.

[Peer Support Case Study: Supporting people to support each other](#)

Source: National Voices

Publication date: January 2016

Earlier this year we launched the review Peer Support: What Is It and Does It Work? with Nesta, which found evidence that peer support can help people feel more knowledgeable, confident and happy, and less isolated and alone. Following up from this, we've been publishing a series of peer support case studies highlighting some of the ways in which charities are facilitating peer support, and the benefits peer support can offer for people living with long term health needs.

[Video: Peer Support](#)

Source: Henry Shepherd

Publication date: March 2016

Film about Peer Support workers in the NHS.

[Our recovery journey: two stories of changes within Norfolk and Suffolk NHS Foundation Trust](#) Abstract only*

Author(s): Skipper and Page

Source: Mental Health and Social Inclusion 19(1)

Publication date: March 2015

Purpose: The purpose of this paper is to describe Norfolk and Suffolk NHS Foundation Trust's journey of developing more recovery-focused services from two perspectives: that of the Trust project lead for recovery and that of a Recovery College Student and Peer Support Worker.

Design/methodology/approach: First person, narrative account from the Trust project lead for recovery and that of a Recovery College Student and Peer Support Worker. Findings: Reflective account describing process and progress made towards establishing a Recovery College and Peer Support Worker Posts in Clinical Teams.

The Star for workforce redesign

More resources and tools are available by searching "Peer Support Worker" in [the Star](#)

Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**”

National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Challenges/ benefits

[The Challenges of Inter-role Conflicts for Peer Support Workers](#)

Abstract only*

Author: Janouskova, Miroslava, Vlckova, Karolina, Harcuba, Vojtech, Kluckova, Tereza, Motlova, Julie and Bankovska Motlova, Lucie

Publication Date: 2022

Publication Details: Psychiatric services (Washington, D.C.), 73, (12) pp.1424-1427. , United States:

Abstract: The definitions of the roles of peer support workers (PSWs) are unclear, creating one of the main challenges to PSWs' successful involvement in mental health care. In this empirical qualitative study conducted in the Czech Republic, four common roles of PSWs (N=15) were identified: friend, professional, staff member, and expert-by-experience. Conflicts were observed between the roles of friend and professional and between staff member and expert-by-experience. These conflicts may have a detrimental effect on the PSWs' well-being. The authors therefore call on organizations to prioritize regular supervision, team education, clear definition of the PSW position within an organization, and the destigmatization of people with mental illness in mental health services.

[Challenges faced by peer support workers during the integration into hospital-based mental health-care teams: results from a qualitative interview study](#) Abstract only*

Author(s): Otte et al.

Source: The International Journal of Social Psychiatry 66(3)

Publication date: 2020

Background: Being aware of the challenges that may occur during the implementation of peer support work in psychiatry is

important to facilitate the integration of peer support workers (PSWs) into multidisciplinary mental health-care teams. Aim: The purpose of this study is to explore the challenges faced by PSWs during their integration into hospital-based mental health-care teams. Methods: Qualitative content analysis of nine open-ended, semi-structured interviews with PSWs is undertaken in five adult psychiatric hospitals in North Rhine-Westphalia, Germany. Results: The analysis of the data revealed three themes: (1) 'Pioneers and the pressure to succeed'; (2) 'a colleague, a rival or yet another patient?' and (3) 'sharing of information, boundaries and professionalism'. All three themes relate to several concrete challenges on different systemic levels and have the potential to impede the PSWs' integration process. Conclusion: Specific implementation strategies which address potential barriers on the different systemic levels should be developed and applied prior to the start of the integration of PSWs into multidisciplinary mental health-care teams.

[Peer specialists in Community Mental Health: Ongoing challenges of inclusion](#)

Author(s): Jones et al.

Source: Psychiatric Services 70(12)

Publication date: December 2019

Despite the tremendous growth of the peer specialist workforce in recent decades, significant ethical, political, and procedural challenges remain regarding recruitment and retention of peer staff. This column explores such challenges and potential pitfalls by examining the limits of current accommodation practices, the complexity of "shared identities," and the fraught interplay of disability, stigma, and employee misconduct. Implications for human resources, the importance of proactively addressing power dynamics between peer and nonpeer staff, and potential structural stigma in mental health settings are discussed.

[The stigma of identifying as having a lived experience runs before me: challenges for lived experience roles](#) Full text available with NHS OpenAthens account*

Author(s): Byrne et al.

Source: Journal of Mental Health 28(3)

Publication date: 2019

Background: Lived experience practitioners can contribute to improved outcomes for people with mental illness, supplementing traditional mental health services and reducing health care costs. However, lived experience practitioners frequently face stigma and discrimination within their work roles.

Aim: To understand the impact of stigma and discrimination on the effectiveness of lived experience roles from the perspective of lived experience practitioners. Method: In-depth interviews were conducted with 13 lived experience practitioners within a grounded theory study. Results: Issues of stigma and discrimination were identified as a core category of this study. Participants described stigma and discrimination so prevalent as to be considered a “normal” part of their working life.

Professional isolation and attitudinal barriers from colleagues were seen to inhibit the effectiveness of lived experience roles. Conclusions: Lived experience practitioners can provide a vital contribution to stigma reduction broadly, however, the stigma and discrimination they face within work roles must be addressed to allow this contribution to be effective.

'Walking the tightrope': The role of peer support workers in facilitating consumers' participation in decision-making Abstract only*

['Walking the tightrope': The role of peer support workers in facilitating consumers' participation in decision-making](#) Abstract only*

Author(s): Cleary et al.

Source: International Journal of Mental Health Nursing 27(4)

Publication date: August 2018

In adult mental health services, the participation of consumers is essential. The aim of this study was to explore the challenges faced by peer support workers when involving mental health

consumers in decision-making about their care and the strategies they employed to overcome these challenges so as to improve mental health consumers' participation in decision-making and recovery. Semi-structured individual interviews were conducted with six peer support workers currently employed in psychiatric hospitals and/or community mental health systems. Thematic analysis identified challenges related to role definition, power imbalance, doctor-centric medical approaches to care, and lack of resources. Strategies to overcome these challenges that were reported, included the following: facilitating meaningful involvement for service users, appropriate use of the lived experience, building relationships and communication, promoting rights and advocacy, and promoting professionalism of peer support workers (PSWs). Nursing staff need ongoing support and education to understand and value the varied roles of PSWs and thereby empower PSWs to engage in enhancing consumer decision-making. The roles of the PSWs should be viewed as complementary, and greater appreciation and understanding of roles would better support recovery-oriented care.

[Relationship of peer specialists to mental health outcomes in South Florida](#)

Author(s): Castellanos et al.

Source: International Journal of Mental Health Systems 12(59)

Publication date: 2018

Background: In recent years the use of peer specialists in the delivery of mental health of care across the US has increased. Although data on the benefits of using peer specialists is limited and/or equivocal, states are making policy and funding decisions to support the expansion of peer specialist services. This data is even more limited in the state of Florida where no studies were found to document the effect of peer specialists on mental health care outcomes. The purpose of this study was to assess whether local decisions to use peer specialists can be supported through the measurement of outcomes of service utilization and mental

health functioning when peer specialists are involved in the treatment of individuals living with serious mental illness. Methods: The study was conducted using service data collected by South Florida Behavioural Health Network (SFBHN). SFBHN is the Managing Entity for publicly funded mental health and substance abuse services in Miami-Dade and Monroe Counties in Florida. We compared mental health outcomes and service utilization between individuals who received peer specialist services (n=367) and a treatment as usual group (n=1468) matched on gender, age and severity of diagnosis in the period July 2013 and June 2015. Multilevel models were used to evaluate the functioning outcomes between the groups. Service utilization was assessed using negative binomial regression. Results: Individuals in the treatment group receiving peer specialist services utilized more ambulatory/lower levels of care services and had more frequent crisis stabilization unit admissions. Those in the treatment group also displayed more functional difficulties with a variety of practical activities, employment and housing and violent temper, hostility, threatening behaviours. Conclusions: The findings of the study further support existing evidence documenting the mixed benefits of using peer services compared to treatment as usual care. Policy makers and other stakeholders are encouraged to advance mental health recovery by examining outcomes more comprehensively. Future research should include examination of the subjective benefits of peer support for recipients, understanding the impact on service utilization and a better definition of the roles, supervision and expectations of peer support programs.

[Does stigma towards mental illness affect initial perceptions of peer providers?](#) Full text available with NHS OpenAthens account*

Author(s): Flanagan et al.

Source: The Psychiatry Quarterly 87 pp. 203-210

Publication date: 2016

Peers (i.e. people with lived experience of mental illness and/or addictions) are being hired in large numbers to offer support for people with serious mental illnesses, but little is known about how peer providers are viewed. The goal of this study was to measure reactions towards actors posed as peer providers. Half of study participants interacted with an actor portraying a psychiatrist and half interacted with an actor portraying a peer provider. Ratings such as liking, feeling comfortable, as well as time spent talking were measured. Participants did not report preferring actors in either condition and did not talk more or have less silence with actors in either condition. Participants also were equally willing to see actors portraying peer providers again in the future and recommend them to a family member. Among participants who had received mental health services, there was a trend towards viewing actors portraying peer providers as more friendly and effective. These positive initial perceptions suggest that stigma towards people with mental illness does not taint the initial perception of peer providers.

[So if we like the idea of peer workers, why aren't we seeing more?](#)

Author(s): Gordon and Bradsheet

Source: World Journal of Psychiatry 5(2)

Publication date: 2015

The employment of peer support workers is widely encouraged in recovery-oriented mental health systems and services, providing a tangible example of how to translate recovery values and principles into actions. In Scotland, despite a long-term policy commitment to recovery approaches, the creation of peer worker roles has been slow and patchy. This paper describes findings from a study on the levers and barriers to the development of peer worker roles in two Scottish health board areas. Findings suggest that new evidence on effective implementation and cost effectiveness should be prioritised to

support potentially complex role development in times of reduced resources. We argue that additional evidence on effectiveness is unlikely, by itself, to lead to country-wide employment of peer workers. We therefore suggest that a policy commitment to peer working would be reinforced by not only a strengthened evidence base but also strengthened accountability mechanisms. In the absence of such accountability, decision-makers and planners might reasonably continue to ask “why bother”?

[Peer workers roles and risk in mental health services: a qualitative comparative study](#) Full text available with NHS

OpenAthens account*

Author(s): Holley et al.

Source: Community Mental Health Journal 51(4)

Publication date: May 2015

New peer worker roles are being introduced into mental health services internationally. This paper addresses a lack of research exploring issues of risk in relation to the role. In-depth interviews were carried out with 91 peer workers, service users, staff and managers. A grounded analysis revealed protective practice in minimising risk to peer worker well-being that restricted the sharing of lived experience, and a lack of insight into how peer workers might be involved in formal risk management.

Alternatively, analysis revealed potential new understandings of risk management based on the distinctive, experiential knowledge that peer workers brought to the role.

[Effects of employment as a peer support worker on personal recovery: a review of qualitative evidence](#) Abstract only*

Author(s): Baille and Tickle

Source: Mental Health Review Journal 20(1)

Publication date: March 2015

Purpose: The purpose of this paper is to systematically identify, appraise and synthesise qualitative research into how working as a peer support worker (PSW) affects personal recovery.

Design/methodology/approach: Ten articles were identified through a systematic search of seven databases, grey literature, reference lists, citations and contact with authors in the field. Identified articles were critically appraised and their results synthesised using metaethnography. Findings: There is potential to significantly improve the quality of the research in this field. Four categories were constructed to synthesise the findings of the reviewed studies, which demonstrated that being a PSW has the potential to be both facilitative of and detrimental to personal recovery. Research limitations/implications: The quality of existing studies varies widely. Further, high-quality research is required to specifically investigate the effects of employment as a PSW on personal recovery. Practical implications: The findings are tentative in light of the quality of the studies, but should be considered in the employment, training and ongoing support of PSWs and the services they join. Originality/value: Through its systematic methodology and appraisal of the quality of the studies reviewed, this review adds value to the literature about the effect of working as a PSW on personal recovery. It offers an original synthesis and criteria for measuring the quality of research in this field.

[The contribution of experiential wisdom to the development of the Mental Health Professional Discourse](#)

Author(s): Joanna Fox

Source: Schizophrenia Bulletin 43(3)

Publication date: June 2015

Experiential wisdom, derived from expert knowledge of service users and carers, is of increasing importance in all aspects of UK mental health practice,^{1,2} research,³ and education.^{4,5} It occupies an important, historical role in user-led traditions in mental health as it is central to the development of the personal recovery approach.⁶ The UK government requires mental health services¹ to offer service users opportunities to influence service development because listening to the user voice has been

recognised to improve professionals' empathy with service recipients.^{4,5} This article explores the role of experiential wisdom in developing the mental health professional discourse. Foucault^{7,8} identified that knowledge is socially constructed to reflect the belief systems that dominate a society, epoch and social context—this he calls the discourse. To develop a new discourse, requires a change in the social context and in its power structures, which impact on the dominant normative framework. Acknowledging the value of experiential wisdom has the potential to construct the mental health professional discourse.

[Do stereotype threats affect peer providers?](#) Full text available with NHS OpenAthens account*

Author(s): Hans Oh

Source: Administration and Policy in Mental Health and Mental Health Services Research 41(5)

Publication date: September 2014

Mental health organizations are increasingly employing peers, but not without set-backs. This brief commentary explores the possible adverse impact of stereotype threats on the performance of peer providers. A review of social psychology literature would suggest that at least some of these set-backs emerge from the peer's apprehension about fulfilling some of the negative stereotypes that exist about people with mental illnesses. Additional training and supervision are indicated for both peer and non-peer staff members in order to reduce the salience of negative stereotypes in the workplace.

[Introducing peer worker roles into UK mental health service teams: a qualitative analysis of the organisational benefits and challenges](#)

Author(s): Gillard et al.

Source: BMC Health Services Research 13: 188

Publication date: 2013

Background: The provision of peer support as a component of mental health care, including the employment of Peer Workers (consumer-providers) by mental health service organisations, is increasingly common internationally. Peer support is strongly advocated as a strategy in a number of UK health and social care policies. Approaches to employing Peer Workers are proliferating. There is evidence to suggest that Peer Worker-based interventions reduce psychiatric inpatient admission and increase service user (consumer) empowerment. In this paper we seek to address a gap in the empirical literature in understanding the organisational challenges and benefits of introducing Peer Worker roles into mental health service teams. **Methods:** We report the secondary analysis of qualitative interview data from service users, Peer Workers, non-peer staff and managers of three innovative interventions in a study about mental health self-care. Relevant data was extracted from interviews with 41 participants and subjected to analysis using Grounded Theory techniques. Organisational research literature on role adoption framed the analysis. **Results:** Peer Workers were highly valued by mental health teams and service users. Non-peer team members and managers worked hard to introduce Peer Workers into teams. Our cases were projects in development and there was learning from the evolutionary process: in the absence of formal recruitment processes for Peer Workers, differences in expectations of the Peer Worker role can emerge at the selection stage; flexible working arrangements for Peer Workers can have the unintended effect of perpetuating hierarchies within teams; the maintenance of protective practice boundaries through supervision and training can militate against the emergence of a distinctive body of peer practice; lack of consensus around what constitutes peer practice can result in feelings for Peer Workers of inequality, disempowerment, uncertainty about identity and of being under-supported. **Conclusions:** This research is indicative of potential benefits for mental health service teams of introducing Peer Worker roles.

Analysis also suggests that if the emergence of a distinctive body of peer practice is not adequately considered and supported, as integral to the development of new Peer Worker roles, there is a risk that the potential impact of any emerging role will be constrained and diluted.

[Benefits of working as a certified peer specialist: results from a statewide survey](#) Full text available with NHS OpenAthens account*

Author(s): Salzer et al.

Source: Psychiatric Rehabilitation Journal 36(3)

Publication date: September 2013

Objective: Certified peer specialists (CPSs) are an emerging workforce across the United States and are a critical component of recovery-oriented mental health systems. This study examined possible benefits of working as a CPS. Method: A statewide survey of trained CPSs in Pennsylvania was conducted in Winter/Spring 2010. A total of 271 CPSs responded to the online survey. Data from 154 working CPSs were analyzed. Results: Forty-one respondents (28.7%) were not working prior to their CPS employment and 60% of all respondents reported a decrease in Social Security entitlements. Statistically significant reductions were reported in case management, crisis services, and inpatient hospitalizations. Finally, respondents overwhelmingly reported personal, recovery-oriented benefits, and felt that they have a positive impact on their agencies. Conclusion and Implications for Practice: CPS initiatives appear to benefit the individual CPS worker and may result in societal cost savings. These results further expand the potential value of peer-support services. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

[Challenges experienced by paid peer providers in mental health recovery: a qualitative study](#) Full text available with NHS

OpenAthens account*

Author(s): Moran et al.

Source: Community Mental Health Journal 49(3)

Publication date: June 2013

Peer providers are increasingly employed in mental health services. We explored challenges experienced by 31 peer providers in diverse settings and roles using in-depth interviews, as part of a larger study focusing on their recovery (Moran et al. in Qual Health Res, 2012). A grounded theory approach revealed three challenge domains: work environment, occupational path, and personal mental health. Challenges in the work environment differed between conventional mental health settings and consumer-run agencies. Occupational domain challenges included lack of clear job descriptions, lack of skills for using one's life story and lived experience, lack of helping skills, and negative aspects of carrying a peer provider label. Personal mental health challenges included overwork and symptom recurrence. Implications for all domains are discussed, with focus on training and skill development.

[Challenges faced by mental health peer support workers: peer support from the peer supporter's point of view](#) Full text available with NHS OpenAthens account*

Author(s): Kemp et al.

Source: Psychiatric Rehabilitation Journal 35(4)

Publication date: April-June 2012

Objective: This study aimed to identify the various challenges encountered by peer support workers in Western Australia in the course of their work and to identify possible solutions to those challenges. Method: We used the nominal group technique to collect and analyze the data. Results: The main challenge encountered by participants was a lack of understanding of the peer support worker role which caused them to experience a

sense of exclusion. The main solution focused on strategies to educate consumers, managers, and health professionals about the peer support worker role. Conclusion and Implications for Practice: Managers have a responsibility to be informed about the peer support worker role and communicate role related information to other team members to ensure that peer support workers are included as part of the health team. Implications for practice therefore center on training for managers and inclusion of the peer support worker role in orientation programs. Further, if these steps are not undertaken, a valuable resource could be lost to a health service to the detriment of persons with a mental illness. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

[Benefits and mechanisms of recovery among peer providers with psychiatric illnesses](#) Abstract only*

Author(s): Moran et al.

Source: Qualitative Health Research 22(3)

Publication date: September 2011

Providing peer support to individuals with psychiatric disabilities has emerged as a promising modality of mental health services. These services are delivered by individuals who experience mental illnesses themselves. The purpose of this study was to explore how working as a peer provider can enhance personal recovery. The study was conducted with 31 peer providers employed in a variety of mental health agencies. Data were collected through face-to-face semistructured interviews and analyzed using a grounded theory approach. Qualitative analysis revealed a wide range of recovery benefits for the peer providers. The benefits span across five wellness domains: foundational, emotional, spiritual, social, and occupational. In addition, analysis revealed five role-related and five work-environment-related mechanisms of beneficial impact. The role of sharing one's personal story is highlighted as contributing to positively reauthoring one's self-narrative. Implications for peer

training, job development, and workplace supports are discussed.

Competencies

[Mental health nurses and mental health peer workers: self-perceptions of role-related clinical competencies](#) Abstract only*

Author(s): Debyser et al.

Source: International Journal of Mental Health Nursing 27(3) pp. 987-1001

Publication date: December 2017

In a mental healthcare that embraces a recovery-oriented practice, the employment of mental health peer workers is encouraged. Although peer workers are increasingly working together with nurses, there is a lack of research that explores how nurses and peer workers perceive their role-related competences in clinical practice. The aim of this study was to clarify and understand these self-perceptions in order to identify the specificity and potential complementarity of both roles. This insight is needed to underpin a successful partnership between both vocations. A qualitative descriptive research design based on principles of critical incident methodology was used. Twelve nurses and eight peer workers from different mental healthcare organizations participated. A total of 132 reported cases were analysed. Rigour was achieved through thick description, audit trail, investigator triangulation and peer review. Nurses relate their role-related competences predominantly with being compliant with instructions, being a team player and ensuring security and control. Peer workers relate their role-related competences with being able to maintain themselves as a peer worker, building up a relationship that is supportive for both the patient and themselves, and to utilize their lived experience. Both nurses and peer workers assign a major role to the team in determining their satisfaction with their competences. Consequently, what is perceived as important for the team

appears to overshadow their self-assessment of competences. The findings highlighted the importance of paying more attention to identity construction, empowerment and role competence development of nurses and peer workers in their respective education and ongoing training.

[Professional competencies for promoting recovery in mental illness](#)

Author(s): Williams and Tufford

Source: Psychiatry: Interpersonal and Biological Processes 75(2)

Publication date: 2012

This study explored professional caregiving from the perspective of people diagnosed with schizophrenia to develop proposed professional competencies for promoting recovery. We conducted semi-structured qualitative interviews with 40 people diagnosed with schizophrenia to explore their experiences of caregiving. Interview segments related to professional caregiving were analyzed to derive categories and themes that described aspects of caregiving that clients believed contributed to their recovery. The proposed competencies derived from the interviews overlap with hypothesized competencies identified in the literature, but also suggest other areas of skill and attitude that relate to promoting recovery, including use of time, talk, and teamwork. The significance participants attach to time and talk suggests that services play an important role in recovery by creating the space for service users and service providers to engage in recovery-promoting practices.

[Recovery-promoting professionals competencies: perspectives of mental health consumers, consumer-providers and providers](#)

Full text available via OpenAthens account*

Author(s): Russinova et al.

Source: Psychiatric Rehabilitation Journal 34(3)

Publication date: 2011

Objectives: The purpose of this study was to empirically validate a set of conceptually derived recovery-promoting competencies from the perspectives of mental health consumers, consumer-providers and providers. Methods: A national sample of 603 consumers, 153 consumer-providers and 239 providers completed an anonymous survey via the Internet. The survey evaluated respondents' perceptions about a set of 37 competencies hypothesized to enhance clients' hope and empowerment and inquired about interactions with providers that enhanced clients' recovery process. We used descriptive statistics and ranking to establish the relevance of each competency and generalized linear models and post-hoc tests to examine differences in the consumers', consumer-providers' and providers' assessments of these competencies. Results: Analyses confirmed the recovery relevance of several competencies and their relative importance within each group of study participants. They also revealed that while most competencies tended to have universal significance, others depended more strongly on the client's preferences. Finally, differences in the perceptions of consumers, consumer-providers and providers about the recovery relevance of these competencies were established. Conclusions and Implications for Practice: The study highlighted the crucial role practitioners play in enhancing recovery from serious mental illnesses through specific strategies and attitudes that acknowledge clients' personhood and foster their hopefulness, empowerment and illness management. It informed the development of a new instrument measuring providers' recovery-promoting competence and provides guidelines for sharpening the recovery focus of a wide range of mental health and rehabilitation services. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

Covid-19

[A role for lived experience mental health leadership in the age of Covid-19](#)

Author(s): Byrne and Wykes

Source: Journal of Mental Health 29(3) pp. 243-246

Publication date: 2020

In 2020 an invisible assassin has swept across the world, creating chaos, confusion and uncertainty. Covid 19 has taken many people's health, some people's lives and the lives of loved ones. It has destroyed livelihoods and put the financial futures of billions at risk. We are helpless, there is nothing to fight back with. We are trapped, we have to stay in our homes. We are physically isolated, our usual freedoms and way of life suspended. As a result, our ability to enact fight or flight is inhibited, increasing the likelihood of lasting impacts on mental wellbeing (van der Kolk, 2014). Life as we know it, at least for a time, has changed so significantly we are reimagining our futures in a variety of ways, with no idea what's really in store for us. We are collectively holding our breath, fearing the worst and hoping for the best. Never has there been a greater opportunity to stop pathologising the emotional experiences of human beings and start connecting over commonality, sharing stories and strategies to collectively work our way forward. As a global community, we are all engaging with personal recovery on some level and trying to create a new life, with meaning and hope, beyond the effects of Covid 19. At a time when there is a global mental health crisis, the lived experience community has answers that are highly appropriate to the trauma-induced situation we're all facing.

Defining the role

[What do peer support workers do? A job description](#)

Author(s): Jacobson et al.

Source: BMC Health Services Research 12(205)

Publication date: 2012

Background: The extant literature suggests that poorly defined job roles make it difficult for peer support workers to be successful, and hinder their integration into multi-disciplinary workplace teams. This article uses data gathered as part of a participatory evaluation of a peer support program at a psychiatric tertiary care facility to specify the work that peers do. Methods: Data were gathered through interviews, focus groups, and activity logs and were analyzed using a modified grounded theory approach. Results: Peers engage in direct work with clients and in indirect work that supports their work with clients. The main types of direct work are advocacy, connecting to resources, experiential sharing, building community, relationship building, group facilitation, skill building/mentoring/goal setting, and socialization/self-esteem building. The main types of indirect work are group planning and development, administration, team communication, supervision/training, receiving support, education/awareness building, and information gathering and verification. In addition, peers also do work aimed at building relationships with staff and work aimed at legitimizing the peer role. Experience, approach, presence, role modeling, collaboration, challenge, and compromise can be seen as the tangible enactments of peers' philosophy of work. Conclusions: Candidates for positions as peer support workers require more than experience with mental health and/or addiction problems. The job description provided in this article may not be appropriate for all settings, but it will contribute to a better understanding of the peer support worker position, the skills required, and the types of expectations that could define successful fulfillment of the role.

Education and training

[Interprofessional education for mental health professions and peer support workers – to facilitate learning in teamwork](#) Abstract only*

Author(s): Viking and Repper

Source: Mental Health and Social Inclusion

Publication date: September 2023

Purpose: In mental health care the peer support workers (PSWs) are, by their experience based expertise, supporting the recovery of people using services and have also been shown to stimulate interprofessional learning (IPL) but which, due to hierarchical teams, is challenged. Therefore, to prepare the teams for IPL that includes PSWs, this study aims to suggest an interprofessional education (IPE) for mental health professions and PSWs. What would such an education look like?

Design/methodology/approach: The base, in the development of the IPE, is two earlier studies of teams' inclusion of PSWs and the IPL. Findings: The present study suggests Knowledge base 1 with three categories: different roles, expertise and perspectives, and Knowledge base 2 with two categories: teamwork and IPL. The conclusion is that such online IPE offers a readiness for mental health professions and PSWs, in teamwork, to exchange their different expertise to facilitate IPL.

This is important to improve the quality of mental health services. Research limitations/implications: One limitation is that the empirical study, this paper is based on, is a small-scaled study. Nevertheless, the main results from this study and the other were considered useful as a ground for the development of the IPE. Originality/value: By suggesting an IPE for mental health professions and PSWs, this paper adds to the literature on peer support as well as IPL.

[Peer support worker training: Results of the evaluation of the Experienced Involvement training programme in Switzerland and Germany](#)

Author: Hegedus, Anna, Burr, Christian, Pfluger, Viviane, Sieg, Daniel, Nienaber, Andre and Schulz, Michael

Publication Date: 2021

Publication Details: International journal of mental health nursing, 30, (2) pp.451-460. , Australia:

Abstract: The 'Experienced Involvement' (EX-IN) training programme prepares and certifies individuals who have experienced mental health problems to work as peer support workers and to support others challenged by similar conditions. We aimed to assess the impact of the EX-IN training on hope, self-efficacy, introspection, stigma resistance, personal recovery, health-related quality of life and employment in participants. Data was collected using standardized assessment instruments before the training started (t1) and upon course completion (t2). Data from 103 participants who participated in both measurement times were included into data analysis.

Participants significantly improved their recovery, stigma resistance and introspection during the EX-IN training. In addition, a significant higher proportion of participants were employed at t2. Participants whose last inpatient stay was 0-1 year before the start of the EX-IN training showed significantly lower levels of stigma resistance, and self-efficacy at t1 than participants with two or more years since the last inpatient stay. There were no significant changes in mean values over time, or in the mean values at t2 between the two groups. EX-IN training has a positive influence on the handling of stigma, on one's recovery path and introspection. This indicates that EX-IN training has a therapeutic effect on the participants. EX-IN training seems to meet the challenges of peer support work. Therefore, the training can be recommended as preparation for working as a peer support worker as well as an intervention to improve one's recovery process. Copyright © 2020 The Authors.

International Journal of Mental Health Nursing published by John Wiley & Sons Australia, Ltd on behalf of Australian College of Mental Health Nurses Inc.

[Peer support worker training: results of the evaluation of the Experienced Involvement training programme in Switzerland and Germany](#)

Author(s): Hegedus et al.

Source: International Journal of Mental Health Nursing 30 pp. 451-460

Publication date: 2021

The 'Experienced Involvement' (EX-IN) training programme prepares and certifies individuals who have experienced mental health problems to work as peer support workers and to support others challenged by similar conditions. We aimed to assess the impact of the EX-IN training on hope, self-efficacy, introspection, stigma resistance, personal recovery, health-related quality of life and employment in participants. Data was collected using standardized assessment instruments before the training started (t1) and upon course completion (t2). Data from 103 participants who participated in both measurement times were included into data analysis. Participants significantly improved their recovery, stigma resistance and introspection during the EX-IN training. In addition, a significant higher proportion of participants were employed at t2. Participants whose last inpatient stay was 0–1 year before the start of the EX-IN training showed significantly lower levels of stigma resistance, and self-efficacy at t1 than participants with two or more years since the last inpatient stay. There were no significant changes in mean values over time, or in the mean values at t2 between the two groups. EX-IN training has a positive influence on the handling of stigma, on one's recovery path and introspection. This indicates that EX-IN training has a therapeutic effect on the participants. EX-IN training seems to meet the challenges of peer support work. Therefore, the training can be recommended as preparation for

working as a peer support worker as well as an intervention to improve one's recovery process.

Health, wellbeing, and work-life balance

[Work-life boundary management of peer support workers when engaging in virtual mental health support during the COVID-19 pandemic: a qualitative case study](#)

Item Type: Journal Article

Authors: Mirbahaeddin, Elmira and Chreim, Samia

Publication Date: 2023

Journal: BMC Public Health 23(1), pp. 1-15

Background: Mental health care needs have increased since the COVID-19 pandemic was declared. Peer support workers (PSWs) and the organizations that employ them have strived to provide services to meet increasing needs. During pandemic lockdowns in Ontario, Canada, these services moved online and were provided by PSWs from their homes. There is paucity of research that examines how providing mental health support by employees working from home influences their work-life boundaries. This research closes the gap by examining experiences of work-life boundary challenges and boundary management strategies of PSWs. Methods: A qualitative case study approach was adopted. Interviews with PSWs who held formal, paid positions in a peer support organization were conducted. Data was analyzed thematically using both inductive and deductive approaches. Descriptive coding that closely utilized participants' words was followed by inferential coding that grouped related themes into conceptual categories informed by boundary theory. Member checking was conducted. Results: PSWs provided accounts of work-life boundary challenges that we grouped into three categories: temporal (work schedule encroachments, continuous online presence), physical (minimal workspace segregation, co-presence of household members and pets) and task-related (intersecting work-home activities).

Strategies used by PSWs to manage the boundaries consisted of segmenting the work-life domains by creating separate timescapes, spaces and tasks; and integrating domains by allowing some permeability between the areas of work and life. Conclusion: The findings from this study can help inform management, practices, future research and policy on health care workforce. The study highlights the need to attend to the consequences of greater work-life integration for mental health workers since their successful practice is largely dependent on maintaining self-care. Training regarding work-life boundary management is highlighted as one of the ways to approach situations where work from home is required.

[Predictors of worklife burnout among mental health certified peer specialists](#) Abstract only*

Author: Ostrow, Laysha, Cook, Judith, Salzer, Mark, Pelot, Morgan and Burke-Miller, Jane

Publication Date: 2022

Publication Details: The American Journal of Orthopsychiatry, 92, (6) pp.673-680. , United States:

Abstract: Certified peer specialists (CPSs) are a growing workforce that uses their lived experience of a behavioral health disorders plus skills learned in formal training to deliver support services. Despite their important role in the mental health care system and research on their working conditions, experiences of burnout have not been widely studied among CPSs. This study uses survey data from CPSs who were currently employed in any type of job, providing peer support services or not. Using the Maslach Burnout Inventory (MBI) and Areas of Worklife Survey (AWS), along with other measures of personal and job characteristics, relationships of predictors variables to burnout measures were described in unadjusted and adjusted linear regression models. Scores on each of the averaged burnout measures differed significantly between those employed in peer services jobs and those in other job types, with those in peer

services jobs reporting lower exhaustion, cynicism, and higher professional efficacy. Better workload and fairness were associated with significantly lower exhaustion, and better reward and community were both associated with significantly lower cynicism. Those employed in peer services jobs had fewer signs of burnout than those in other occupations, in keeping with prior research. (PsycInfo Database Record (c) 2022 APA, all rights reserved).

[Burnout and Turnover Intention Among Peer Providers and Other Providers of Mental Health Services in a Rural Two-County Area](#)

Author: Weikel, Kim and Fisher, Thomas

Publication Date: 2022

Publication Details: Journal of psychosocial rehabilitation and mental health, 9, (1) pp.33-43. , India:

Abstract: Peer providers in the mental health field, having their own lived experience with mental illness, use their personal experience to assist the consumers of their services. Given high burnout rates in the mental health field, there have been two prior investigations of burnout among peer providers. The present study extends those prior investigations to a sample of peer providers working in community mental health programs in a rural area of the United States. Consistent with the prior studies, there were no differences in burnout between peer providers and other providers employed by those programs, with particularly strong support for the null hypothesis regarding the emotional exhaustion component of burnout. There were also no differences in strength of turnover intentions. However, among the non-consumer providers emotional exhaustion was correlated with both types of turnover intention assessed in this study (intent to change job setting within the mental health field and intent to leave the mental health workforce), whereas among the peer providers emotional exhaustion was correlated only with intent to leave the mental health field. Workload dissatisfaction

was the workplace variable most strongly associated with emotional exhaustion among both types of providers. Other moderately strong inverse predictors of emotional exhaustion among peer providers were workplace community and workplace control, and the correlation between emotional exhaustion and workplace control was significantly stronger among the peer providers than among the other providers. Copyright © The Author(s), under exclusive licence to Springer Nature India Private Limited 2021.

History

[The mental health consumer movement and peer providers in Israel](#)

Author(s): Moran

Source: Epidemiology and Psychiatric Sciences 27 pp. 420-426

Publication date: 2018

Self-help peer-support groups in Israel emerged in the 1980s and, over time, dynamically interacted and co-developed with the statutory mental health (MH) system. In this editorial, I outline historical milestones of how the evolution of the Israeli mental health system was influenced by the consumer movement. A brief depiction of the consumer movement history. At first, consumers operated outside of the mainstream MH system. Gradually, consumer groups and institutional personnel joined efforts towards community integration and enhancement of quality of life, pushing forward a person-centered recovery orientation. In turn, some administrators and key stakeholders in rehabilitation community services grew to value the impact of knowledge-by-experience in contemporary mental health care. In this context, over the past decade, peer roles were developed in the mental health system, including consumer-providers in community services and peer specialists in inpatient psychiatric hospitals. The insertion of peer roles into the mainstream MH system is far-reaching, including the placement of a peer-project

coordinator within the ministry of health. I describe the unique contribution of peers, as experts-by-experience, to mainstream professional knowledge and practice. I also highlight the potential challenges involved when peer models of care are added to traditional medical models of care. The Israeli case demonstrates how the consumer movement can play an active role in MH systems and be acknowledged and recognised as a partner for changing policy, practice and reshaping formal institutions. In addition, they play a vital role in the development of peer-support services.

Impact/ Effect

[The impact of working as a peer worker in mental health services: a longitudinal mixed methods study](#)

Author(s): Gillard et al.

Source: BMC Psychiatry 22(373)

Publication date: 2022

Background: Peer workers are increasingly employed in mental health services to use their own experiences of mental distress in supporting others with similar experiences. While evidence is emerging of the benefits of peer support for people using services, the impact on peer workers is less clear. There is a lack of research that takes a longitudinal approach to exploring impact on both employment outcomes for peer workers, and their experiences of working in the peer worker role. Methods: In a longitudinal mixed methods study, 32 peer workers providing peer support for discharge from inpatient to community mental health care - as part of a randomised controlled trial - undertook in-depth qualitative interviews conducted by service user researchers, and completed measures of wellbeing, burnout, job satisfaction and multi-disciplinary team working after completing training, and four and 12 months into the role. Questionnaire data were summarised and compared to outcomes for relevant population norms, and changes in outcomes were analysed

using paired t-tests. Thematic analysis and interpretive workshops involving service user researchers were used to analysis interview transcripts. A critical interpretive synthesis approach was used to synthesise analyses of both datasets. Results: For the duration of the study, all questionnaire outcomes were comparable with population norms for health professionals or for the general population. There were small-to-medium decreases in wellbeing and aspects of job satisfaction, and increase in burnout after 4 months, but these changes were largely not maintained at 12 months. Peer workers felt valued, empowered and connected in the role, but could find it challenging to adjust to the demands of the job after initial optimism. Supervision and being part of a standalone peer worker team was supportive, although communication with clinical teams could be improved. Conclusions: Peer workers seem no more likely to experience negative impacts of working than other healthcare professionals but should be well supported as they settle into post, provided with in-work training and support around job insecurity. Research is needed to optimise working arrangements for peer workers alongside clinical teams.

[More 'milk' than 'psychology or tablets': Mental health professionals' perspectives on the value of peer support workers](#)

Author: Moore, Timothy and Zeeman, Laetitia

Publication Date: 2021

Publication Details: Health expectations : an international journal of public participation in health care and health policy, 24, (2) pp.234-242. , England:

Abstract: BACKGROUND: Though growing numbers of peer support workers are employed in the UK National Health Service (NHS), conflicts persist between core values of peer support and values which exert power within these services., OBJECTIVES: To explore what NHS mental health professionals value about the peer support worker role., DESIGN: Five professionals from different professions and mental health settings were interviewed

twice. The first interviews explored their experiences of working with peers. Transcripts were analysed using discourse analysis and psychosocial theory. Second interviews allowed participants to respond to the analysis and influence subsequent analysis., RESULTS: Mental health professionals valued peers for the deeply empathic, relational approach they brought, based in their subjective experience. Peer work was also valued for the affect-focused quality of this work, and the challenge peers pose to existing values in mental health services. The values of peer support troubled dominant ways of working based in forms of knowledge that favour objectivity and hence encountered challenges., CONCLUSIONS: Peers fulfil the role of amplifying the status of diverse forms of knowledge, values and related ways of working that have become marginalized in NHS mental health services. It is important that peers are not seen as an isolated solution to the marginalization of these forms of knowledge and values, but that their way of working becomes reflected in other roles whilst evoking change throughout these services., PATIENT OR PUBLIC CONTRIBUTION: Patient and Public Involvement groups were consulted both in the design and analysis stages of the study. Copyright © 2020 The Authors. Health Expectations published by John Wiley & Sons Ltd.

Implementation and evaluation

[Managing Peer Support Workers in Swedish Mental Health Services—A Leadership Perspective on Implementation and Sustainability](#)

Author(s): Grim et al.

Source: Journal of Psychosocial Rehabilitation and Mental Health 10 pp. 313-329

Publication date: 2023

Even though it has been demonstrated that peer support contributes to positive outcomes for service users, organizational implementation issues remain. The aim of the current study was

to examine an implementation of peer support from the perspective of managers in order to develop knowledge of factors influencing sustainability of this initiative. Eighteen managers were interviewed in connection with the introduction of peer support in sixteen mental health settings. Interviews were analyzed utilizing inductive and deductive approaches. The results suggested that managers were predominantly positive in their evaluation of peer support as a recovery-oriented addition to their services, but noted developmental issues regarding role, professional identity, supervision and financing in relation to other traditional personnel. The involvement of the user movement, especially with regard to training and supervision helped prepare staff and support peer workers, yet there was some apprehension attached to the critical scrutiny that this 'outsider' perspective might imply. The results confirm previously noted uncertainties regarding peer support as an integrated component of mental health systems and illuminate a number of culturally conditioned challenges that may hamper peer support from being implemented with the same approach as other interventions. In response, the present study suggests a number of focus areas that should be attended to in future implementation efforts, including issues related to staff roles, power dynamics, connection to the user movement and reconsideration of the value of experience-based knowledge. In the Swedish context, a government level commitment was identified as critical to ensure stable funding.

[Developing and evaluating mental health lived experience practitioner \(LXP\) roles in an NHS trust](#)

Author: Stirrup, Victoria, Jones, Fergal W., Dimond, Iain, Green, Debbie, Kaur, Japleen, Wattingham, Amy and MacInnes, Douglas

Publication Date: 2022

Publication Details: Journal of mental health (Abingdon, England), 31, (2) pp.255-262. , England:

Abstract: **BACKGROUND:** The value of establishing roles for people with lived experience of mental distress within mental health services is increasingly being recognised. However, there is limited information to guide the introduction of these roles into mental health services., **AIMS:** This study details the development and evaluation of a new mental health peer worker role, the Lived Experience Practitioner (LXP), within an NHS Trust., **METHODS:** A three-phase exploratory mixed-methods approach was used. Qualitative data were collected and analysed in the first phase. The qualitative findings were then translated into the formal procedures for introducing LXPs into the Trust, with the approach examined quantitatively in the third phase., **RESULTS:** The qualitative analysis identified five themes; role design, training, piloting, career pathways and communication. These formed the basis for working groups (workstreams) which developed policies and procedures for introducing the LXP role into the Trust. Twenty-eight applicants commenced a training programme with 10 successful completions. Seven LXPs were employed by the Trust and were still in their posts after 2 years., **CONCLUSION:** In this study, three areas were viewed as important when introducing LXP roles into mental health services; organisational support, the training programme and employment procedures.

[Peer specialists: Exploring the influence of program structure on their emerging role](#)

Author(s): McCarthy et al.

Source: Psychological Services 16(3) pp. 445-455

Publication date: 2019

Although peer specialists play an increasing role in mental health service delivery, little is known about the best program structures for maximizing effective service delivery. This study reports on qualitative data from a larger study on peer specialists working with veterans in a Veterans Affairs homelessness program who were dually diagnosed with substance abuse and mental health

concerns. Peer specialists were trained to deliver a recovery support program that is carried out weekly over 9 months and includes 20 structured sessions using a workbook and 20 unstructured, individually planned sessions. A sample of 20 veterans who were in the program were interviewed, along with 8 case managers and 3 peer specialists involved with the program. Interview transcripts were coded for 3 elements of program structure: time, content, and delivery. Results show that the program structure allowed flexibility for individual needs and that the workbook sessions were useful. Veterans ascribed value to the peer specialist delivering the content, compared to working alone on the material. Deliberate use of unstructured time with the peer specialist was seen as reducing isolation, increasing community integration, and encouraging recovery activities. The weekly, dependable nature of the program was seen as highly positive, whereas the 9-month duration was seen as too short. All groups interviewed expressed satisfaction with the program, although the case managers reported some reservations related to supervision and boundaries. Results suggest that, compared to completely structured or unstructured approaches that are common for peer specialist services, a middle level of structure for peer specialist programs could be a useful alternative. (APA PsycInfo Database Record (c) 2019 APA, all rights reserved)

[Welcoming peer workers in NHS settings: facilitating readiness with an Early Intervention in Psychosis team](#) Abstract only*

Author(s): Proctor et al.

Source: Mental Health and Social Inclusion 11

Publication date: February 2019

Purpose: A pilot project commissioned to assess feasibility and impact of peer support in an Early Intervention in Psychosis (EIP) service highlighted the importance of team readiness. The purpose of this paper is to reflect on the lessons learned in recognising and facilitating team readiness in an NHS setting.

Design/methodology/approach: The literature suggests that

mental health teams need to be ready to implement peer support, if this is to be done successfully. The authors describe the process of preparing for peer support, obstacles that arose and ways that the team found to address these. Findings: The team had actively sought to develop peer support for some time, and negotiated with Trust managers to agree these roles in principle. However, initially unspoken concerns about duty of care emerged as a key obstacle. An arguably paternalistic desire to protect potential peer worker colleagues from stress and distress could have resulted in unnecessary risk aversion and a narrowing of the role. Willingness and opportunity to reflect on the change in relationship from service user/professionals to colleagues enabled these concerns to be aired, and practical solutions agreed. Practical implications: Team enthusiasm is not the same as team readiness. The team's willingness to identify and reflect on implicit concerns facilitated an acceptance of the change in relationship with peer workers, which in turn enabled the development of standard operating procedures to ensure safe and effective peer support as "business as usual." Originality/value: This paper considers the process of welcoming peer workers in an EIP team and offers practical suggestions that may be of value to other teams seeking to implement peer support in similar adult mental health settings.

[What happens when peer support workers are introduced as members of community-based clinical mental health service delivery teams: a qualitative study](#) Full text available with NHS

OpenAthens account*

Author(s): Ehrlich et al.

Source: Journal of Interprofessional Care 34(1)

Publication date: 2020

The insights of people who have experienced mental health issues are at the core of recovery frameworks. The inclusion of peer support workers in clinical care teams is crucial to a recovery-supportive focus. Peer support workers facilitate

egalitarian spaces for non-peer staff and consumers to frankly discuss the lived experience of mental illness. This study was part of a larger evaluation study which aimed to explore the implementation of a newly formed community-based mental health team in South-East Queensland, Australia. The paper reports the role of peer support workers and answers two research questions: “How is peer support work constructed in an interprofessional clinical care team?” and (2) “How do interprofessional mental health clinical care teams respond to the inclusion of peer support workers as team members?” Three themes were identified: peer support worker’ ability to navigate a legitimate place within care teams, their value to the team once they established legitimacy and their ability to traverse the care landscape. Ultimately, successful integration in interprofessional teams was dependent upon the ability of clinical staff to focus on unique strengths that peer support workers bring, in addition to lived experience with mental illness as a carer or consumer.

[An exploration of factors that effect the implementation of peer support services in community mental health settings](#) Abstract only*

Author(s): Michael A. Mancini

Source: Community Mental Health journal 54 pp. 127-137

Publication date: May 2017

This study explored the integration of peer services into community mental health settings through qualitative interviews with peer-providers and non-peer mental health workers. Results show peer job satisfaction was contingent upon role clarity, autonomy, and acceptance by non-peer coworkers. Mental health workers reported the need for organizational support for peer services and guidance about how to utilize peers, negotiate their professional boundaries and accommodate their mental health needs. Effective peer integration requires organizational readiness, staff preparation and clear policies and procedures.

Consultation from consumer-based organizations, enhanced professional competencies, and professional development and career advancement opportunities for peers represent important resources.

[The implementation of a peer support scheme in an assertive rehabilitation ward in high secure forensic services](#) Abstract only*

Author(s): Wolfendale and Musaabi

Source: Mental Health and Social Inclusion 21(4) pp. 222-229

Publication date: 2017

Purpose: The purpose of this paper is to provide an overview of the implementation of a peer support volunteer scheme in a high secure setting and to explore the peer support volunteer’s experiences conducting this role, based predominantly on an assertive rehabilitation ward. Design/methodology/approach: This paper has outlined the implementation of the peer support volunteer scheme in a high secure setting and has explored the peer support volunteer’s experiences conducting this role and has explored the views of newly transferred patients who have accessed this scheme. The peer support scheme is based predominantly on an assertive rehabilitation ward. The data have been collected through the completion of detailed questionnaires that have been disseminated to participants through the clinical team. Findings: This paper has outlined the implementation of a peer support scheme on an assertive rehabilitation ward within a high secure forensic mental health setting. This paper has explored the role and experiences of a peer support volunteer on an assertive rehabilitation ward and has explored the experience from a service recipient’s perspective also through the completion of questionnaires. This paper has explored the overall benefits of peer support within mental health services to both the volunteer, staff members and to a patient newly admitted to the ward, and has identified the skills that the volunteer is able to develop following contribution in to the peer support scheme. Practical implications: This paper has

acknowledged that there have been challenges introducing this particular scheme into mental health service teams. Challenges have included establishing appropriate boundaries and dilution of the role due to power imbalances, both between the peer support volunteer and the service recipient, but also between the clinical team that supervises the overall peer support scheme (Christie, 2016). The clinical team within this particular ward have been mindful with regards to the approach that has been utilised and has therefore, included the service users within the overall development of the scheme to encompass the recovery principles, but have continued to review the progression as a team and have taken into consideration all aspects of relational security. Originality/value: The paper relating to the implementation of the peer support volunteer scheme in a high secure setting has not been published before and is not under consideration for publication with another journal.

[Introducing new peer worker roles into mental health services in England: Comparative case study research across a range of organisational contexts](#) Full text available with NHS OpenAthens account*

Author(s): Gillard et al.

Source: Administration and Policy in Mental Health and Mental Health Services Research 42(6)

Publication date: November 2015

A wide variety of peer worker roles is being introduced into mental health services internationally. Empirical insight into whether conditions supporting role introduction are common across organisational contexts is lacking. A qualitative, comparative case study compared the introduction of peer workers employed in the statutory sector, voluntary sector and in organisational partnerships. We found good practice across contexts in structural issues including recruitment and training, but differences in expectations of the peer worker role in different organisational cultures. Issues of professionalism and practice

boundaries were important everywhere but could be understood very differently, sometimes eroding the distinctiveness of the role.

[Implementation of consumer providers into mental health intensive case management teams](#)

Author(s): Hamilton et al.

Source: The Journal of Behavioural Health Services and Research 42(1)

Publication date: January 2015

In mental health care, consumer providers (CPs) are individuals with serious mental illness (SMI) who draw upon their lived experiences while providing services to others with SMI. Implementation of CPs has proven to be challenging in a variety of settings. The PEER project (Peers Enhancing Recovery) involved rolling out CPs using an implementation science model and evaluating implementation and impact in mental health treatment settings (three intervention, three control). In qualitative interviews, facilitators and challenges to implementation were described by the CPs, their team members, clients, and study researchers. Site preparation, external facilitation, and positive, reinforcing experiences with CPs facilitated implementation. Role definitions and deficiencies in CPs' technical knowledge posed challenges to implementation. Sustainability was not realized due to insufficient resources. However, implementation was positive overall, characterized by diffusion of innovation concepts of high relative advantage, strong trialability, compatibility with prevailing norms, compelling observability, and relatively low complexity. By preparing and working systematically with intervention sites to incorporate new services, implementation was strengthened and challenges were minimized.

[Developing a change model for peer worker interventions in mental health services: a qualitative research study](#)

Full text available with NHS OpenAthens account*

Author(s): Gillard et al.

Source: Epidemiology and Psychiatric Services 24(5)

Publication date: October 2015

Aims: A range of peer worker roles are being introduced into mental health services internationally. There is some evidence that attests to the benefits of peer workers for the people they support but formal trial evidence is inconclusive, in part because the change model underpinning peer support-based interventions is underdeveloped. Complex intervention evaluation guidance suggests that understandings of how an intervention is associated with change in outcomes should be modelled, theoretically and empirically, before the intervention can be robustly evaluated. This paper aims to model the change mechanisms underlying peer worker interventions. Methods: In a qualitative, comparative case study of ten peer worker initiatives in statutory and voluntary sector mental health services in England in-depth interviews were carried out with 71 peer workers, service users, staff and managers, exploring their experiences of peer working. Using a Grounded Theory approach we identified core processes within the peer worker role that were productive of change for service users supported by peer workers. Results: Key change mechanisms were: (i) building trusting relationships based on shared lived experience; (ii) role-modelling individual recovery and living well with mental health problems; (iii) engaging service users with mental health services and the community. Mechanisms could be further explained by theoretical literature on role-modelling and relationship in mental health services. We were able to model process and downstream outcomes potentially associated with peer worker interventions. Conclusions: An empirically and theoretically grounded change model can be articulated that

usefully informs the development, evaluation and planning of peer worker interventions.

[Developing peer support worker roles: reflecting on experiences in Scotland](#)

Abstract only*

Author(s): Bradstreet and Pratt

Source: Mental Health and Social Inclusion 18

Publication date: August 2010

This article describes the development of peer support roles and programmes in Scotland, and includes findings from an evaluation of a peer support worker pilot scheme. The evaluation assessed the impact of the pilot on service users, peer support workers and the wider service system, along with considering the issues involved in implementing peer support programmes.

Integration

[Integration of peer specialists working in mental health service settings](#)

Full text available with NHS OpenAthens account*

Author(s): Kuhn et al.

Source: Community Mental Health Journal 51(4)

Publication date: May 2015

Peer specialists are people in recovery employed to share their experiences to promote the recovery of others affected by mental illness. Examining workplace integration indicators that predict the job satisfaction of peer specialists employed in a variety of behavioral health settings is critical to ensure the retention and effectiveness of this viable workforce. A survey of Texas Certified Peer Specialists (n = 86) examined workplace integration indicators. Results suggest that supervisor's understanding of the peer specialist job role has a significant impact on job satisfaction. Better workforce integration may be achieved through targeted efforts to educate supervisors about peer specialist job roles.

[An examination of the integration of certified peer specialists into Community Mental Health Centers](#)

Full text available with NHS

OpenAthens account*

Author(s): Grant et al.

Source: Community Mental Health Journal 48(4)

Publication date: August 2012

The formal role of Certified Peer Specialist (CPS) is a recent addition to the mental health field. CPSs are people in recovery employed within the mental health system, mostly by community mental health centers, to provide support through sharing life experiences with those working toward recovery from mental illness. This brief report examines participant's experiences being a CPS, responsibilities and activities as a CPS, and integration into community mental health centers. Findings suggest that CPSs demonstrate high levels of communal orientation, job satisfaction, workplace integration and organizational support and are well received in mental health centers.

[Integration of a peer provider in a mental health clinic: perspectives from a peer provider and a clinic director](#)

Full text available with NHS OpenAthens account*

Author(s): Dragatsi et al.

Source: Psychiatric Rehabilitation Journal 35(5)

Publication date: September 2012

The purpose of this contribution is to provide a candid description from the perspectives of both a clinician and a peer provider regarding the unique process by which a peer provider became a member of a mental health service delivery team. Our hope is to convey and advance the recognition of peers as essential mental health care providers and to help guide other mental health clinics that may be considering hiring peer providers. (PsyInfo Database Record (c) 2022 APA, all rights reserved)

Job satisfaction

[Explaining Job Satisfaction Among Mental Health Peer Support Workers](#)

Abstract only*

Authors: Edwards, Jonathan P. and Solomon, Phyllis L.

Publication Date: 2023

Journal: Psychiatric Rehabilitation Journal 46(3), pp. 223-231

Abstract: Objective: Peer support practice has seen exponential growth during the past several decades. While there exists a body of research on job satisfaction among this emerging workforce, many studies had limited sample sizes and demographic diversity and focused on few facets of job satisfaction. The present study examines multiple factors associated with job satisfaction and compensates for limitations of previous smaller studies. Methods: A convenience/snowball sample of 645 peer support staff was recruited via National Association of Peer Supporters and Academy of Peer Services listservs. Eligible participants were at least 18 years of age, currently employed for a minimum of 6 months, and residing in one of the 50 states or one of U.S. territories. Global and multidimensional facets of job satisfaction were measured using the Indiana Job Satisfaction Survey. Results: Data from an anonymous online survey were analyzed using hierarchical linear regression. The main hypothesis was supported; coworker support, perceived organizational support, supervisor support, and job empowerment explained 71% of the variance in overall job satisfaction, $Adj R^2 = 0.71$, $F(9, 271) = 77.77$, $p < .01$, with age and status as a certified peer specialist significant contributors. Perceived organizational support and job empowerment explained most variance in overall job satisfaction. Conclusions and Implications for Practice: As this workforce continues to burgeon, it is crucial to promote peer support values, role clarity, certification, diversity, and optimal organizational and empowerment resources to sustain a satisfied

and effective peer support workforce. Impact and Implications: This study found when peer specialists feel empowered and valued by their organization they are satisfied in their job and therefore more likely to stay; this is consistent with previous studies on job satisfaction and demonstrates a relationship between job satisfaction and retention. This knowledge is crucial for organizations given their ability to implement resources and behaviors supporting job satisfaction, thereby cultivating sustainability of their workforce.

Management

[Managers as peer workers' allies: A qualitative study of managers' perceptions and actions to involve peer workers in Norwegian mental health and substance use services](#)

Author: Akerblom, Kristina Bakke, Mohn-Haugen, Torbjorn, Agdal, Rita and Ness, Ottar

Publication Date: 2023

Publication Details: International journal of mental health systems, 17, (1) pp.17. , England:

Abstract: BACKGROUND: Citizens with experience and knowledge about what it is like to use mental health and substance use services are increasingly employed within similar services as peer workers. Peer workers are portrayed as achieving societal obligations and help ensure that the outputs from service provision are more effective. Even though peer workers have worked in mental health and substance use services for a while, few studies have focused on exploring managers' experiences and perspectives about involving peer workers. This knowledge is needed because these managers can enable and hinder equitable involvement and collaboration with peer workers., METHODS: A qualitative explorative study was chosen to explore the following research question: How do managers in Norwegian mental health and substance use services experience, relate to, and embrace peer workers as

assets in these services? A researcher (Ph.D. student) and a coresearcher (peer worker) conducted four online focus groups with a strategic selection of 17 Norwegian mental health and substance use services managers who had some experience with the involvement of peer workers in their organizations., RESULTS: The results identified using systematic text condensation are as follows: 1] Peer workers boost the ongoing shift toward increased service user involvement. 2] Peer workers are highly valued in the service transformation process. 3] Managers involve peer workers as partners in co-creation. The results show that managers connect with peer workers and facilitate their involvement in collaborative activities across the service cycle. Peer workers' proximity to service users and bridging capacity is highlighted as the reasons for their involvement. Thus, peer workers are involved in co-defining challenges, co-designing potential solutions, co-delivering those service solutions, and, sometimes, co-assessing service solutions to rethink and improve services. As such, peer workers are considered partners in co-creation., CONCLUSION: As managers involve peer workers, they increasingly discover peer workers' value, and because peer workers are involved, they increase their skills and capacity for collaboration. This research strengthens the knowledge base of the perceived value of peer workers' roles, bringing in new perspectives from management about utilizing and evaluating peer worker roles. Copyright © 2023. The Author(s).

['You don't know what you don't know': The essential role of management exposure, understanding and commitment in peer workforce development](#) Abstract only*

Author(s): Byrne et al.

Source: International Journal of Mental Health Nursing 28(2) pp. 572-581

Publication date: January 2019

The peer workforce has increased significantly in recent years; however, structured development and support for the roles are lacking. This paper explores the role of executive and senior management understanding in the employment of peer roles. In-depth, semi-structured interviews and one focus group were conducted with 29 participants from a range of nongovernment and public mental health services within Queensland, Australia. Findings of this study suggest management exposure to and understanding of peer work are essential to the development of an effective peer workforce. Exposure and understanding of peer roles reportedly led to greater acceptance and commitment from management. This commitment inspired action in the form of; enhanced support including advocacy/championing, increased development of roles and influenced culture within the organization to be more accepting of peer work. There was a perception that developing an 'accepting' organizational culture supported the integrity and expansion of peer roles including designated 'peer management' positions. Development of peer management positions is suggested as an effective means of improving the impact of peer perspectives, advocating for peer work and providing ongoing and timely supervision. Recommendations include the need for training and information for management on the unique function, purpose and value of peer roles; and the development of networks, including mentoring opportunities, for organizations with limited experience to gain support and advice from those with greater experience developing peer roles.

[Taking a gamble for high rewards? Management perspectives on the value of mental health peer workers](#)

Author(s): Byrne et al.

Source: International Journal of Environmental Research and Public Health 15(746)

Publication date: 2018

Mental health peer work is attracting growing interest and provides a potentially impactful method of service user involvement in mental health design and delivery, contributing to mental health reform. The need to effectively support this emerging workforce is consequently increasing. This study aimed to better understand the views of management in relation to peer work and specifically explores the value of peer work from the perspective of management. This qualitative research employed grounded theory methods. There were 29 participants in total, employed in both peer designated and non-peer designated management roles, in not for profit and public health organisations in Queensland, Australia. The value of peer work as described by participants is found to be partially dependent on practical supports and strategies from the organisation. There were high benefits for all facets of the organisation when effective recruitment and ongoing support for peer workers was prioritised and a higher perception of limitations when they were not. Due to some parallels, it may be useful to explore the potential for peer work to be conceptually and/or practically considered as a form of diversity and inclusion employment.

Occupational identity

[Liminality in the occupational identity of mental health peer support workers: a qualitative study](#)

Author(s): Simpson et al.

Source: International Journal of Mental Health Nursing 27(2)

Publication date: May 2017

Peer support is increasingly provided as a component of mental health care, where people in recovery from mental health problems use their lived experiences to provide support to those experiencing similar difficulties. In the present study, we explored the evolution of peer support workers' (PSW) occupational identities. A qualitative study was undertaken alongside a pilot randomized, controlled trial of peer support for service users

discharged from a mental hospital in London, UK. Two focus groups were conducted with eight PSW. Semistructured interviews were conducted with 13 service users receiving peer support and on two occasions with a peer support coordinator. The data were analysed using theoretical thematic analysis, focussing on occupational identity formation. We discuss how the occupational identity of PSW evolved through the interplay between their lived experience, their training, and their engagement in the practice environment in such a way as to construct a liminal identity, with positive and negative outcomes. While the difficulties associated with the liminality of PSW could be eased through the formalization and professionalization of the PSW role, there are concerns that this could lead to an undermining of the value of PSW in providing a service by peers for peers that is separate from formal mental health care and relationships. Skilled support is essential in helping PSW negotiate the potential stressors and difficulties of a liminal PSW identity.

Online peer-to-peer support

[The future of mental health care: peer-to-peer support and social media](#)

Author(s): Naslund et al.

Source: *Epidemiology and Psychiatric Sciences* 25 pp. 113-122

Publication date: 2016

Aims: People with serious mental illness are increasingly turning to popular social media, including Facebook, Twitter or YouTube, to share their illness experiences or seek advice from others with similar health conditions. This emerging form of unsolicited communication among self-forming online communities of patients and individuals with diverse health concerns is referred to as peer-to-peer support. We offer a perspective on how online peer-to-peer connections among people with serious mental illness could advance efforts to promote mental and physical

wellbeing in this group. Methods: In this commentary, we take the perspective that when an individual with serious mental illness decides to connect with similar others online it represents a critical point in their illness experience. We propose a conceptual model to illustrate how online peer-to-peer connections may afford opportunities for individuals with serious mental illness to challenge stigma, increase consumer activation and access online interventions for mental and physical wellbeing. Results: People with serious mental illness report benefits from interacting with peers online from greater social connectedness, feelings of group belonging and by sharing personal stories and strategies for coping with day-to-day challenges of living with a mental illness. Within online communities, individuals with serious mental illness could challenge stigma through personal empowerment and providing hope. By learning from peers online, these individuals may gain insight about important health care decisions, which could promote mental health care seeking behaviours. These individuals could also access interventions for mental and physical wellbeing delivered through social media that could incorporate mutual support between peers, help promote treatment engagement and reach a wider demographic. Unforeseen risks may include exposure to misleading information, facing hostile or derogatory comments from others, or feeling more uncertain about one's health condition. However, given the evidence to date, the benefits of online peerto-peer support appear to outweigh the potential risks. Conclusion: Future research must explore these opportunities to support and empower people with serious mental illness through online peer networks while carefully considering potential risks that may arise from online peer-to-peer interactions. Efforts will also need to address methodological challenges in the form of evaluating interventions delivered through social media and collecting objective mental and physical health outcome measures online. A key challenge will be to determine whether skills learned from

peers in online networks translate into tangible and meaningful improvements in recovery, employment, or mental and physical wellbeing in the offline world.

[Global health partnership for student peer-to-peer psychiatry eLearning: Lessons learned](#)

Author(s): Roxanne C. Keynejad

Source: Globalisation and Health 12:82

Publication date: 2016

Background: Global 'twinning' relationships between healthcare organizations and institutions in low and high resource settings have created growing opportunities for e-health partnerships which capitalize upon expanding information technology resources worldwide. E-learning approaches to medical education are increasingly popular but remain under-investigated, whilst a new emphasis on global health teaching has coincided with university budget cuts in many high income countries. Results: King's Somaliland Partnership (KSP) is a paired institutional partnership health link, supported by Tropical Health and Education Trust (THET), which works to strengthen the healthcare system and improve access to care through mutual exchange of skills, knowledge and experience between Somaliland and King's Health Partners, UK. Aqoon, meaning knowledge in Somali, is a peer-to-peer global mental health e-learning partnership between medical students at King's College London (KCL) and Hargeisa and Amoud Universities, Somaliland. It aims to extend the benefits of KSP's cross-cultural and global mental health education work to medical students and has reported positive results, including improved attitudes towards psychiatry in Somaliland students. Conclusions: The process of devising, piloting, evaluating, refining, implementing, re-evaluating and again refining the Aqoon model has identified important barriers to successful partnership. This article describes lessons learned during this process, sharing principles and recommendations for readers wishing to expand their own

global health link beyond qualified clinicians, to the healthcare professionals of the future.

Place in integrated/ multidisciplinary teams

[What happens when peer support workers are introduced as members of community-based clinical mental health service delivery teams: a qualitative study](#) Abstract only*

Author(s): Ehrlich et al.

Source: Journal of Interprofessional Care 34(1) pp. 107-115

Publication date: January-February 2020

The insights of people who have experienced mental health issues are at the core of recovery frameworks. The inclusion of peer support workers in clinical care teams is crucial to a recovery-supportive focus. Peer support workers facilitate egalitarian spaces for non-peer staff and consumers to frankly discuss the lived experience of mental illness. This study was part of a larger evaluation study which aimed to explore the implementation of a newly formed community-based mental health team in South-East Queensland, Australia. The paper reports the role of peer support workers and answers two research questions: (1) "How is peer support work constructed in an interprofessional clinical care team?" and (2) "How do interprofessional mental health clinical care teams respond to the inclusion of peer support workers as team members?" Three themes were identified: peer support worker's ability to navigate a legitimate place within care teams, their value to the team once they established legitimacy and their ability to traverse the care landscape. Ultimately, successful integration in interprofessional teams was dependent upon the ability of clinical staff to focus on unique strengths that peer support workers bring, in addition to lived experience with mental illness as a carer or consumer.

[Knowledge and expertise in care practices: the role of the peer worker in mental health teams](#)

Author(s): Oborn et al.

Source: *Sociology of Health & Illness* 41(7) pp. 1305-1322

Publication date: April 2019

Our research examines how different forms of knowledge and expertise are increasingly important in caring for people experiencing mental illness. We build on theoretical developments regarding multiple ontologies of knowing about illness. We examine how experiential knowledge of mental health problems, learned by being subject to illness rather than through objective study, is enacted in mental healthcare teams. We focus on Peer Workers (PW), individuals who have lived experience of mental health problems, and who contribute knowledge and expertise to mental health care within multidisciplinary healthcare teams. Our longitudinal study was undertaken over 2 years by a multidisciplinary team who conducted 91 interviews with PW and other stakeholders to peer support within a comparative case study design. We show how workers with tacit, experiential knowledge of mental ill health engaged in care practice. First, we show how subjective knowing is underpinned by unique socialisation that enables the development of shared interactional spaces. Second, we point to how the situated nature of subjective knowing is uniquely embedded in time and space and allows for the alignment of embodied knowledge with trajectories of care. Third, we provide insight into how subjective forms of expertise might be incorporated into multidisciplinary care.

[Where do peer providers fit into newly integrated mental health and primary care teams? A mixed methods study](#)

Full text available with NHS OpenAthens account*

Author(s): Siantz et al.

Source: *Administration and Policy in Mental Health and Mental Health Services Research* 45(4)

Publication date: July 2018

Little is known about the involvement of peer providers in integrated behavioral health teams. This study asks where peer providers fit within integrated care teams in Los Angeles County. Social network analysis combined with qualitative fieldwork was used to understand the network positions of peer providers in 14 integrated pilot programs. Four programs' peer providers were highly central, while 3 programs' were on the network's periphery. Positional variation appeared to be related to the peers' mental health status. Targeted efforts are needed to support the implementation of peer providers on integrated teams at the program and system levels.

[From physical wellness to cultural brokering: unpacking the roles of peer providers in integrated health care settings](#)

Abstract only*

Author(s): Siantz et al.

Source: *Community Mental Health Journal* 54(8)

Publication date: November 2018

This qualitative study explored peer provider experiences working in newly integrated mental health and primary care pilot programs within a large public mental health system. Nineteen peer providers participated in semistructured interviews that focused on experiences delivering care within integrated teams. Interviews were analyzed using constant comparative methods informed by grounded theory. Findings were organized into three themes that speak to variation in the definition and function of peers; lack of clarity in the peer role; and relating to other providers. Integrated settings need ongoing support to ensure clarity in the peer role and an inclusive work environment.

[Building capacity in social service agencies to employ peer providers](#)

Full text available with NHS OpenAthens account*

Author(s): Gates et al.

Source: *Psychiatric Rehabilitation Journal* 34(2)

Publication date: October-December 2010

Objective: While there is evidence that peer providers are valuable to service delivery teams, the agencies where they work face difficulties in fulfilling the potential of including peers on staff effectively. The purpose of this article is to report findings of a pilot test of a workplace strategy that promoted inclusion of peer providers at social service agencies by building organizational capacity to support people with mental health conditions in peer provider roles. The strategy included training, goal setting and ongoing consultation. **Methods:** Seventy-one peer, non-peer and supervisory staff participated from 6 agencies over a one year period. Goal attainment scaling and data from in-depth interviews about perceptions of differences in the ways in which staff are supported, administered prior to and after the consultation period, were used to assess strategy impact. **Results:** Most frequently staff set goals to respond to role conflict or a lack of support. Staff that met or exceeded their goals utilized the formal structure of consultation to improve communication among themselves, had leadership that sanctioned changes and felt that their participation was of value to the organization and contributed to their individual development. Strategy participation promoted inclusion by initiating changes to policies and practices that devalued the peer provider role, increased skill sets, and formalized lines of communication for sharing information and understanding related to peer providers. **Conclusions:** Findings demonstrate that a strategy of training, goal setting and consultation can positively affect perceptions of inclusion, and promote implementation of practices associated with inclusive workplaces. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Practice examples

[Peer specialists in suicide prevention: possibilities and pitfalls](#)

Full text available with NHS OpenAthens account*

Author(s): Huisman et al.

Source: Psychological Services 16(3) pp. 372-380

Publication date: August 2019

The emergence of peer specialists with histories of suicidality in mental health care services is a recent but scarcely researched societal phenomenon. The current study aimed to explore how peer specialists who have experienced suicidality (either attempted suicide or suicidal ideation) use their experiences to contribute to suicide prevention in mental health care services. Qualitative interviews with 20 peer specialists who have personally dealt with suicidality in their past were conducted. Interviewees perceived their work to have unique value in terms of their approach to making contact with suicidal care consumers on an emotional level, which was perceived to lead to less reluctance on the part of suicidal care consumers to talk about suicidality, as well as affect feelings of being acknowledged and heard. However, the lack of professional distance was perceived to carry several risks, including burdening clients with the peer specialists' own suicidal experiences, perceived reluctance of coworkers to let peer specialists work with suicidal clients, and the burden of working with suicidal clients for the peer specialists. Specific conditions that were perceived to be needed in order to work with suicidal clients consisted of personal distance to own process of recovery and suicidality, establishing boundaries with the team or colleagues for the peer specialists' work concerning suicide risk assessment, safety, privacy, and sharing responsibility. Further discussion between mental health care clinicians and peer specialists regarding the role of the peer specialist in suicide prevention is needed to further clarify and optimize their role. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

[Strategic storytelling: an exploration of the professional practices of mental health peer providers](#) Abstract only*

Author(s): Mancini et al.

Source: Qualitative Health Research 29(9)

Publication date: January 2019

Peer providers of mental health services use their personal illness and recovery narratives to help other mental health service users. Despite a substantial body of evidence supporting the effectiveness of these providers, little is known about the underlying strategies they employ in their professional practice. In this study, I used in-depth interviews with 23 peers to explore the most important practices they used in their day-to-day work with others. Results indicated that peers engaged in a reflexive process to strategically use their personal illness and recovery stories to help others re-story their life narratives. Peers also used communication strategies from motivational and cognitive-behavioral treatment approaches to engage, inspire, and mentor other service users. Findings suggest the need for research that further explores the rhetorical strategies used by peers using narrative methods. The development and testing of professional development opportunities to assist peers in maximizing their therapeutic potential are also warranted.

[Emerging roles for peer providers in mental health and substance use disorders](#) Full text available with NHS

OpenAthens account*

Author(s): Chapman et al.

Source: American Journal of Preventative Medicine 54(6)

Supplement 3

Publication date: June 2018

Introduction: The purpose of this study was to identify and assess states with best practices in peer provider workforce development and employment. A growing body of research demonstrates that peer providers with lived experience

contribute positively to the [treatment](#) and recovery of individuals with behavioral health needs. Increased employment opportunities have led to policy concerns about training, certification, roles, and reimbursement for peer provider services. Methods: A case study approach included a national panel of subject matter experts who suggested best practice states. Researchers conducted 3- to 5-day site visits in four states: Arizona, Georgia, Texas, and Pennsylvania. Data collection included document review and interviews with state policymakers, directors of training and certification bodies, peer providers, and other staff in mental health and substance use treatment and recovery organizations. Data collection and analysis were performed in 2015. Results: Peer providers work in a variety of settings, including psychiatric hospitals, clinics, jails and prisons, and supportive housing. A favorable policy environment along with individual champions and consumer advocacy organizations were positively associated with robust programs. Medicaid billing for peer services was an essential source of revenue in both Medicaid expansion and non-expansion states. States' peer provider training and certification requirements varied. Issues of stigma remain. Peer providers are low-wage workers with limited opportunity for career growth and may require workplace accommodations to maintain their recovery. Conclusions: Peer providers are a rapidly growing workforce with considerable promise to help alleviate behavioral health workforce shortages by supporting consumers in attaining and maintaining long-term recovery. Supplement information: This article is part of a supplement entitled The Behavioral Health Workforce: Planning, Practice, and Preparation, which is sponsored by the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration of the U.S. Department of Health and Human Services.

[Military veteran engagement with mental health and well-being services: a qualitative study of the role of the peer support worker](#) Full text available with NHS OpenAthens account*

Author(s): Weir et al.

Source: Journal of Mental Health 28(6) pp. 647-653

Publication date: December 2019

Background: Many UK military veterans experiencing mental health and well-being difficulties do not engage with support services to get the help they need. Some mental health clinics employ Peer Support Workers (PSWs) to help veteran patients engage, however it is not known how the role influences UK veteran engagement. Aims: To gain insight into the role of peer support in UK veteran engagement with mental health and well-being services. Method: A qualitative study based on 18 semi-structured interviews with veterans, PSWs and mental health clinicians at a specialist veteran mental health and well-being clinic in Scotland. Results: Four themes of the PSW role as positive first impression, understanding professional friend, helpful and supportive connector, and an open door were identified across all participants. The PSWs' military connection, social and well-being support and role in providing veterans with an easily accessible route to dis-engage and re-engage with the service over multiple engagement attempts were particularly crucial. Conclusions: The Peer Support role enhanced veteran engagement in the majority of instances. Study findings mirrored existing peer support literature, provided new evidence in relation to engaging UK veterans, and made recommendations for future veteran research and service provision.

[A peer mentorship program for mental health professionals in veterans health administration home-based primary care](#)

Abstract only*

Author(s): Terry et al.

Source: Clinical Gerontologist 40(2)

Publication date: 2017

Objectives: Mental health professionals working in integrated, interdisciplinary primary or geriatric care settings may have limited training for this growing model of care. Peer mentorship is one avenue of professional development support. We describe the development and evaluation of a peer mentorship program for mental health professionals working within Veterans Health Administration (VHA) Home Based Primary Care (HBPC) programs. Methods: Electronic surveys were administered to 57 peer mentorship pairs matched for program participation. The survey examined program utilization characteristics, nature of peer contact, and benefits and challenges reported by participants. Results: Overall, mentor and mentee respondents (N = 58) cited numerous benefits of engaging in the program. Mentees reported their peer mentorship relationships provided acceptance, support, encouragement and positive role modeling. Conclusions: Findings suggest peer mentoring can be an important professional resource to offer mental health professionals new to working in integrated, geriatric care settings. Clinical Implications: Mental health professionals new to working in geriatric and/or integrated care settings may have limited training to meet specialized needs of patients, families, and interdisciplinary care teams. Peer mentorship following formal academic training may be an important option for professional development, supporting enhanced competence and, ultimately, improved patient care and team functioning.

[Using peer navigators to address the integrated health care needs of homeless African Americans with serious mental illness](#)

Author(s): Corrigan et al.

Source: Psychiatric Services 68(3) pp. 264-270

Publication date: March 2017

Objective: The study examined the impact of a peer navigator program (PNP) developed by a community-based participatory research team and used with a group of African Americans with serious mental illness who were homeless. Methods: Sixty-seven

research participants were randomly assigned to receive PNP or treatment as usual (control) for one year. Data on general health and mental health, recovery, and quality of life were collected at baseline and at four, eight, and 12 months. Results: Findings from group x trial analyses of variance of omnibus measures of the four constructs showed significant impact over the year for participants in PNP compared with those in the control group, with analyses showing small to moderate effect sizes: general health status ($\eta^2=.24$), psychological experience of physical health ($\eta^2=.42$), recovery ($\eta^2=.36$), and quality of life ($\eta^2=.14$). These differences emerged even though both groups showed significant reductions in homelessness and increases in insurance coverage. Conclusions: Implications for improving in-the-field health care for this population are discussed. Whether these results occurred because navigators were peers per se needs to be examined in future research.

[An innovative model of depression care delivery: peer mentors in collaboration with a mental health professional to relieve depression in older adults](#)

Author(s): Joo et al.

Source: The American Journal of Geriatric Psychiatry 24(5) pp. 407-416

Publication date: May 2016

Objectives: Traditional mental health services are not used by a majority of older adults with depression, suggesting a need for new methods of health service delivery. We conducted a pilot study using peer mentors to deliver depression care to older adults in collaboration with a mental health professional. We evaluated the acceptability of peer mentors to older adults and examined patient experiences of the intervention. Methods: Six peer mentors met 30 patients for 1 hour weekly for 8 weeks. A mental health professional provided an initial [clinical evaluation](#) as well as supervision and guidance to peer mentors concurrent with patient meetings. We measured depressive

symptoms at baseline and after study completion, and depressive symptoms and working alliance at weekly peer-patient meetings. We also interviewed participants and peer mentors to assess their experiences of the intervention. Results: Ninety-six percent of patients attended all eight meetings with the peer mentor and PHQ-9 scores decreased for 85% of patients. Patients formed strong, trusting relationships with peer mentors. Patients emphasized the importance of trust, of developing a strong relationship, and of the credibility and communication skills of the peer mentor. Participants described benefits such as feeling hopeful, and reported changes in attitude, behavior, and insight. Conclusions: Use of peer mentors working in collaboration with a mental health professional is promising as a model of depression care delivery for older adults. Testing of effectiveness is needed and processes of recruitment, role definition, and supervision should be further developed.

[Viewpoint: Peer support workers: an untapped resource in primary mental health care](#)

Author(s): Perez and Kidd

Source: Journal of Primary Health Care 7(1)

Publication date: March 2015

The treatment of moderate to severe mental illness in a primary health care setting is an area under development and can be contentious. The capacity, capability, resourcing and willingness of staff and organisations all feature in the discussions among specialist services and primary health care providers about the opportunities and barriers associated with primary mental health care. This paper presents the peer support worker as an untapped resource that has the potential to support the patient, primary health care staff, and general practitioner in the care of people who fall outside the current understanding of 'mild' mental health problems, but who would nonetheless benefit from receiving their care in a primary health care setting.

[Peer workers' role in smoking-cessation groups for people with mental illness](#) Abstract only*

Author(s): Ashton et al.

Source: Australasian Psychiatry 21(3) pp. 246-8

Publication date: June 2013

Objectives: The objective of this article is to evaluate the impact of peer workers' involvement as co-leaders in smoking-cessation programmes provided within mental health services.

Method: Group smoking-cessation programmes were provided for people living with mental illness. Peer workers were involved in the development and delivery of these programmes. Group participants and mental health workers were asked to respond to a questionnaire about their experience of the peer workers. The questionnaire included both Likert scales and qualitative responses. Results: Thirty-three mental health workers and 108 group participants completed the questionnaire. The majority of participants believed that the peer workers increased their confidence, helped them to learn about smoking cessation and promoted well-being. Mental health workers were also positive about the role of peer workers in the groups. Conclusions: This study supports the role of peer workers providing support and guidance within smoking-cessation programmes for people with mental illness. The results suggest that peer workers make a substantial contribution and that greater peer worker involvement in such programmes is likely to improve their acceptability and efficacy.

Practitioner lived experience

[Exploring the role of practitioner lived experience of mental health issues in counselling and psychotherapy](#)

Item Type: Journal Article

Authors: Cleary, Rua and Armour, Cherie

Publication Date: 2022

Journal: Counselling & Psychotherapy Research 22(4), pp. 1100-1111

Abstract: Insights gained from lived experience of mental health issues are increasingly utilised in the delivery of mental health services, reflecting a growing recognition of the value of experiential knowledge. Despite this recognition, there is a dearth of literature on the lived experience of counsellors and psychotherapists, and as such, insight into how counsellors and psychotherapists understand and experience their dual patient-therapist identity is limited. This study explores the role of practitioner-lived experience in counselling and psychotherapy. Semi-structured interviews were conducted with two counsellors and one psychotherapist, and transcripts were analysed using interpretative phenomenological analysis. Four themes were identified: (a) identity as a practitioner; (b) self-disclosure as enhancing therapeutic relationships; (c) importance of supervision; and (d) healing and recovery. This study adds to a growing body of research on the value of experiential knowledge in the production of mental health services, providing insight into how lived-experience practitioners experience their dual identity within their practice, and how they can be supported in exploring and valuing their experience.

Professionalisation

[Skin in the game: The professionalization of lived experience roles in mental health](#)

Author: Roennfeldt, Helena and Byrne, Louise

Publication Date: 2021

Publication Details: International journal of mental health nursing, 30 Suppl 1, pp.1445-1455. , Australia:

Abstract: The lived experience workforce has moved from being a grassroots support and activist movement to become the fastest growing workforce within mental health. As lived experience work becomes assimilated within mainstream mental

health service delivery, it faces mounting pressure to become more professionalized. Professionalization has evoked both optimism and fear, with diverging views within the lived experience workforce. In this paper, an assessment of the existing professionalization of the lived experience workforce is undertaken by drawing on theoretical positions and indices of what constitutes a profession. The arguments for and against professionalization are explored to identify the risks, benefits, and considerations for the lived experience workforce. The drive for professionalization has largely occurred due to the clinically focused mental health systems' valuing of professional identity. The argument in favour of professionalization is motivated by a need for credibility within the views of that system, as well as greater regulation of the workforce. However, tensions are acknowledged with concerns that professionalization to appeal to the clinically focused system may lead to erosion of the values and uniqueness of lived experience work and nullify its effectiveness as an alternative and complementary role. Given mental health nurses are increasingly colleagues and often line managers of lived experience workers, it is important at this stage of lived experience workforce development that mental health nurses understand and are able to advocate for lived experience roles as a distinct professional discipline to help avoid the risks of co-option to more dominant clinical practice. Copyright © 2021 John Wiley & Sons Australia, Ltd.

Research

[Establishing a research agenda for understanding the role and impact of mental health peer specialists](#)

Author(s): Chinman et al.

Source: Psychiatric Services 68(9) pp. 955-977

Publication date: September 2017

Mental health peer specialists are individuals with serious mental illnesses who receive training to use their lived experiences to

help others with serious mental illnesses in clinical settings. This Open Forum discusses the state of the research for mental health peer specialists and suggests a research agenda to advance the field. Studies have suggested that peer specialists vary widely in their roles, settings, and theoretical orientations. Theories of action have been proposed, but none have been tested. Outcome studies have shown benefits of peer specialists; however, many studies have methodological shortcomings. Qualitative descriptions of peer specialists are plentiful but lack grounding in implementation science frameworks. A research agenda advancing the field could include empirically testing theoretical mechanisms of peer specialists, developing a measure of peer specialist fidelity, conducting more rigorous outcomes studies, involving peer specialists in executing the research, and assessing various factors that influence implementing peer specialist services and testing strategies that could address those factors.

Rural areas

[The role of the peer support worker in increasing rural mental health help-seeking](#) Abstract only*

Author(s): Cheesmond et al.

Source: Australian Journal of Rural Health 28(2) pp. 203-208

Publication date: April 2020

Objective: Mental health peer support workers draw on lived experience to provide benefit to people experiencing mental distress. People living in rural areas are less likely than their urban counterparts to seek professional help for psychological distress. The aim of this study was to explore the perceived value of rural peer support workers as facilitators to rural mental health help-seeking. Design: Data were gathered through a cross-sectional survey distributed by a social media boosted post. Setting: A total of 349 "small" rural towns in New South Wales as defined by the Modified Monash Model classification

system as MMM5. Participants: A total of 765 adult, rural residents completed the survey. Main outcome measure(s): Participants were asked to select, from a list of potential facilitators, those which they felt would make mental health help-seeking easier or harder. Results: Study participants felt that a help provider with lived experience of mental illness or distress would make mental health help-seeking easier. Similarly, rural life experience in a help provider was thought to facilitate help-seeking. Participants also believed that flexible and informal meeting settings would make it easier to seek help for mental distress. Conclusions: Engaging rural mental health peer support workers in a flexible/informal setting, as a complement to conventional health service provision, may increase rural help-seeking for mental distress. Increased mental health help-seeking is likely to have a positive impact on instances of serious mental illness.

Self-disclosure

[The role of self-disclosure by peer mentors: using personal narratives in depression care](#)

Author(s): Truong et al.

Source: Patient Education and Counselling 102(7)

Publication date: July 2019

Objective: Self-disclosure is recognized as an important aspect of peer support, but little is known about its use by peers. This study aimed to qualitatively understand peer self-disclosure in the context of depression care delivery to older adults. Methods: 69 audio-recordings of peer-client meetings were coded for self-disclosure using the [Roter Interaction Analysis System](#) (RIAS). Peer self-disclosure was defined as a statement describing personal life experience with physical and/or emotional relevance for the client. A total of 3421 discrete statements were organized into 770 disclosure episodes. The episodes were qualitatively analyzed to identify themes related to the content

and function of self-disclosure within the peer-counseling context. Results: Peer self-disclosure was used to 1) counsel through reframing perspectives, modeling positive behaviors, offering coping skills, and sharing mental health resources and health information; 2) establish rapport by emphasizing similarities unrelated to depression; and 3) show empathy and understanding of personal struggles. In addition, self-disclosure rarely only focused on the peer experience without relevance for the client. Conclusions & practice implications: Peer self-disclosure can be purposively used in depression care delivery with older adults. Training and supervision in appropriate self-disclosure should be provided to peers to ensure purposive use.

Systematic reviews and literature reviews

[Peer Workers in Co-production and Co-creation in Mental Health and Substance Use Services: A Scoping Review](#)

Author: Akerblom, Kristina Bakke and Ness, Ottar

Publication Date: 2023

Publication Details: Administration and Policy in Mental Health, 50, (2) pp.296-316. , United States:

Abstract: People with lived experience of mental health challenges are extensively employed as peer workers within mental health and substance use services worldwide. Research shows that peer workers benefit individuals using such services and can have essential roles in developing recovery-oriented services. However, understanding how peer workers' contributions, by their role, functions, and input can be better used remains a critical challenge. Research on public sector innovation has focused on relevant actors collaborating to tackle complex demands. Co-production and co-creation are concepts used to describe this collaboration. Co-production refers to the collaboration between providers and users at the point of service delivery, whereas co-creation refers to collaboration starting in the early service cycle phases (e.g., in commissioning or

design), including solution implementation. We overviewed research literature describing peer workers' involvement in mental health and substance use services. The research question is as follows: How are peer workers involved in co-production and co-creation in mental health and substance use services, and what are the described outcomes? A literature search was performed in 10 different databases, and 13,178 articles were screened, of which 172 research articles describing peer workers' roles or activities were included. The findings show that peer workers are involved in co-production and function as providers of pre-determined services or, most often, as providers of peer support. However, they are rarely engaged as partners in co-creation. We conclude that the identified peer worker roles have different potential to generate input and affect service delivery and development. Copyright © 2022. The Author(s).

[Identifying key roles and responsibilities of peer workers in behavioral health services: A scoping review](#) Abstract only*

Author: Matthews, Elizabeth B., Rahman, Rahbel, Schiefelbein, Faith, Galis, Danielle, Clark, Carson and Patel, Rupal

Publication Date: 2023

Publication Details: Patient education and counseling, 114, pp.107858. , Ireland:

Abstract: OBJECTIVE: The roles and responsibilities of peer workers (PWs) are not well articulated. This scoping review aims to systematically identify and describe the roles of PWs in outpatient, community based mental health and substance use services, and compare their roles and responsibilities across these service settings METHODS: The scoping review was a priori developed and implemented according to the Joanna Briggs Institute methodology, which includes stating the review objectives, conducting a three-step search method, and charting the results., RESULTS: Forty-four peer reviewed manuscripts were included in the review. PWs were used more often in mental health (n = 27) than substance use (n = 10) programs.

Peers adopted a wide range of skills. Across program contexts, peers were frequently used as a source of informal support or mentorship and care coordination. Mental health programs often used peers to deliver manualized interventions, while substance use programs more frequently leveraged PWs to facilitate service linkage and engagement., CONCLUSION: Roles of peers differed between substance use and mental health programs, reflecting significant diversity in how peers are being integrated into the behavioral health workforce., PRACTICE IMPLICATIONS: Peer certification programs must balance consistency with the wide range of skills required of this workforce. Copyright © 2023 Elsevier B.V. All rights reserved.

[Peer support workers' role and expertise and interprofessional learning in mental health care: a scoping review](#)

Author: Viking, T., Wenzler, J., Hylin, U. and Nilsson, L.

Publication Date: 2022

Publication Details: Journal of interprofessional care, 36, (6) pp.828-838. , England:

Abstract: Interprofessional learning (IPL), which is learning arising from the interaction between representatives of two or more professions, has not been studied extensively in relation to peer support workers (PSWs) in mental health care teams. PSWs support others who face challenges with their own experience of similar challenges of mental health problems. The role of PSWs has been studied in mental health care interprofessional teams. However, researchers have not paid attention to IPL where the PSWs contribute their knowledge. This paper is a scoping review that aims to highlight existing knowledge of the PSW role and expertise in IPL in the context of mental health care. The findings show knowledge of (a) the key factors and challenges when interprofessional teams include the PSW role, (b) the legitimacy of the PSWs' role and expertise, and (c) the benefits of the PSW role. A knowledge gap was

identified of teams' use of PSWs' expertise and its implications for IPL.

[A Systematic Review of the Roles and Contributions of Peer Providers in the Behavioral Health Workforce](#) Abstract only*

Author: Gaiser, Maria G., Buche, Jessica L., Wayment, Caitlyn C., Schoebel, Victoria, Smith, Judith E., Chapman, Susan A. and Beck, Angela J.

Publication Date: 2021

Publication Details: American Journal of Preventive Medicine, 61, (4) pp.e203-e210. , Netherlands:

Abstract: CONTEXT: Peer providers with lived experiences of mental health and substance use are a growing component of the workforce responsible for the prevention and treatment of behavioral health disorders. This systematic literature review aims to better define the roles of peers and their unique contributions to behavioral health care., EVIDENCE ACQUISITION: Researchers searched MEDLINE, CINAHL Complete, PsycINFO, Cochrane Central, and Scopus databases for studies published between January 1, 2013 and April 3, 2020. Studies were included if they (1) were experimental or observational studies, (2) included an adult population of people with a behavioral health disorder, and (3) used paid peer providers in addition to traditional behavioral health services. Researchers extracted sample demographics, intervention characteristics, outcome data, and significant associations from studies that met inclusion criteria and assessed the trends in these data in May 2020., EVIDENCE SYNTHESIS: A total of 23 articles assessing peer-provided services were included. Peers were employed most frequently in mental healthcare roles in the Department of Veterans Affairs, hospital, and community health facilities. A total of 14 studies observed significant clinical improvements in participants' social functioning, quality of life, patient activation, and behavioral health. A majority of studies involved the supervision of peers and required peers to have

completed training in service delivery., CONCLUSIONS: Peers are effective providers of behavioral health treatment and relapse prevention services who encourage recovery through resilience building, empowerment, and self-advocacy. There remains a need for more evidence-based interventions on the efficacy of peers in substance use disorder treatment and the impact of formalized certification and training opportunities. Copyright © 2021 American Journal of Preventive Medicine. Published by Elsevier Inc. All rights reserved.

[Initial Training for Mental Health Peer Support Workers: Systematized Review and International Delphi Consultation](#)

Author: Charles, Ashleigh, Nixdorf, Rebecca, Ibrahim, Nashwa, Meir, Lion Gai, Mpango, Richard S., Ngakongwa, Fileuka, Nudds, Hannah, Pathare, Soumitra, Ryan, Grace, Repper, Julie, Wharrad, Heather, Wolf, Philip, Slade, Mike and Mahlke, Candelaria

Publication Date: 2021

Publication Details: JMIR mental health, 8, (5) pp.e25528. , Canada:

Abstract: BACKGROUND: Initial training is essential for the mental health peer support worker (PSW) role. Training needs to incorporate recent advances in digital peer support and the increase of peer support work roles internationally. There is a lack of evidence on training topics that are important for initial peer support work training and on which training topics can be provided on the internet., OBJECTIVE: The objective of this study is to establish consensus levels about the content of initial training for mental health PSWs and the extent to which each identified topic can be delivered over the internet., METHODS: A systematized review was conducted to identify a preliminary list of training topics from existing training manuals. Three rounds of Delphi consultation were then conducted to establish the importance and web-based deliverability of each topic. In round 1, participants were asked to rate the training topics for

importance, and the topic list was refined. In rounds 2 and 3, participants were asked to rate each topic for importance and the extent to which they could be delivered over the internet., RESULTS: The systematized review identified 32 training manuals from 14 countries: Argentina, Australia, Brazil, Canada, Chile, Germany, Ireland, the Netherlands, Norway, Scotland, Sweden, Uganda, the United Kingdom, and the United States. These were synthesized to develop a preliminary list of 18 topics. The Delphi consultation involved 110 participants (49 PSWs, 36 managers, and 25 researchers) from 21 countries (14 high-income, 5 middle-income, and 2 low-income countries). After the Delphi consultation (round 1: n=110; round 2: n=89; and round 3: n=82), 20 training topics (18 universal and 2 context-specific) were identified. There was a strong consensus about the importance of five topics: lived experience as an asset, ethics, PSW well-being, and PSW role focus on recovery and communication, with a moderate consensus for all other topics apart from the knowledge of mental health. There was no clear pattern of differences among PSW, manager, and researcher ratings of importance or between responses from participants in countries with different resource levels. All training topics were identified with a strong consensus as being deliverable through blended web-based and face-to-face training (rating 1) or fully deliverable on the internet with moderation (rating 2), with none identified as only deliverable through face-to-face teaching (rating 0) or deliverable fully on the web as a stand-alone course without moderation (rating 3)., CONCLUSIONS: The 20 training topics identified can be recommended for inclusion in the curriculum of initial training programs for PSWs. Further research on web-based delivery of initial training is needed to understand the role of web-based moderation and whether web-based training better prepares recipients to deliver web-based peer support. Copyright ©Ashleigh Charles, Rebecca Nixdorf, Nashwa Ibrahim, Lion Gai Meir, Richard S Mpango, Fileuka Ngakongwa, Hannah Nudds, Soumitra Pathare, Grace Ryan,

Julie Repper, Heather Wharrad, Philip Wolf, Mike Slade, Candelaria Mahlke. Originally published in JMIR Mental Health (<https://mental.jmir.org>), 27.05.2021.

[A systematic review of influences on implementation of peer support work for adults with mental health problems](#)

Author(s): Ibrahim et al.

Source: Social Psychiatry and Psychiatric Epidemiology 55: 285-293

Publication date: March 2020

Purpose The evidence base for peer support work in mental health is established, yet implementation remains a challenge. The aim of this systematic review was to identify influences which facilitate or are barriers to implementation of mental health peer support work. Methods Data sources comprised online databases (n=11), journal table of contents (n=2), conference proceedings (n=18), peer support websites (n=2), expert consultation (n=38) and forward and backward citation tracking. Publications were included if they reported on implementation facilitators or barriers for formal face-to-face peer support work with adults with a mental health problem, and were available in English, French, German, Hebrew, Luganda, Spanish or Swahili. Data were analysed using narrative synthesis. A six-site international survey [Germany (2 sites), India, Israel, Tanzania, Uganda] using a measure based on the strongest influences was conducted. The review protocol was pre-registered (Prospero: CRD42018094838). Results The search strategy identified 5813 publications, of which 53 were included. Fourteen implementation influences were identified, notably organisational culture (reported by 53% of papers), training (42%) and role definition (40%). Ratings on a measure using these influences demonstrated preliminary evidence for the convergent and discriminant validity of the identified influences. Conclusion The identified influences provide a guide to implementation of peer support. For services developing a peer support service,

organisational culture including role support (training, role clarity, resourcing and access to a peer network) and staff attitudes need to be considered. The identified influences provide a theory base to prepare research sites for implementing peer support worker interventions.

[Patient, client, consumer, survivor or other alternatives? A scoping review of preferred terms for labelling individuals who access healthcare across settings](#)

Author(s): Costa et al.

Source: BMJ Open 9 e025166

Publication date: 2019

Objectives Use of the term 'patient' has been recently debated, compared with alternatives including 'consumer' and 'client'. This scoping study aimed to provide an integrated view of preferred labels across healthcare contexts and countries to clarify labelling preferences of individuals accessing healthcare. **Design** Scoping study. **Data sources** A preliminary literature search using GoogleScholar, Medline, Embase and PsycINFO found 43 key papers discussing terminology for labelling individuals accessing healthcare services. We then used citation chaining with PubMed and GoogleScholar to identify studies discussing term preferences among healthcare recipients. **Eligibility criteria** No date limits were applied, and all healthcare settings were considered. Primary research studies examining terminology preferences of individuals accessing healthcare, published in peer-reviewed journals were eligible. **Data extraction and synthesis** All authors extracted data regarding preferred term and study characteristics, and assessed reporting quality of the studies using criteria relevant to our design. **Results** We identified 1565 articles, of which 47 met inclusion criteria. Six articles that examined preference for personal address (eg, first name) were excluded. Of the remaining 41 studies, 33 examined generic terms ('patient', 'client', 'consumer') and 8 focused on cancer survivorship. Of the 33 examining generic terms, 27

reported a preference for 'patient' and four for 'client'. Samples preferring 'client' were typically based in mental health settings and conducted in the USA. Of the eight cancer survivorship studies, five found a preference for 'survivor', and three 'someone who had had cancer'. **Conclusions** Overall, healthcare recipients appear to prefer the term 'patient', with few preferring 'consumer'. Within general clinical and research contexts, it therefore seems appropriate to continue using the label 'patient' in the absence of knowledge about an individual's preferences. Reasons for preferences (eg, familiarity, social identity) and the implications of labelling for healthcare have not been investigated adequately, necessitating future empirical (including qualitative) research.

[Potential Benefits of Incorporating Peer-to-Peer Interactions Into Digital Interventions for Psychotic Disorders: A Systematic Review](#)

Author(s): Biaginati et al.

Source: Psychiatric Services 69(4)

Publication date: April 2018

Objective: Peer-to-peer interactions and support groups mitigate experiences of social isolation and loneliness often reported by individuals with psychotic disorders. Online peer-to-peer communication can promote broader use of this form of social support. Peer-to-peer interactions occur naturally on social media platforms, but they can negatively affect mental health. Recent digital interventions for persons with psychotic disorders have harnessed the principles of social media to incorporate peer-to-peer communication. This review examined the feasibility, acceptability, and preliminary efficacy of recent digital interventions in order to identify strategies to maximize benefits of online peer-to-peer communication for persons with psychotic disorders. **Methods:** An electronic database search of PubMed, EMBASE, PsycINFO, Ovid MEDLINE, Cochrane Central Register of Controlled Trials, and Health Technology

Assessment Database was conducted in February 2017 and yielded a total of 1,015 results. Eight publications that reported data from six independent trials and five interventions were reviewed. Results: The technology supporting peer-to-peer communication varied greatly across studies, from online forums to embedded social networking. When peer-to-peer interactions were moderated by facilitators, retention, engagement, acceptability, and efficacy were higher than for interventions with no facilitators. Individuals with psychotic disorders were actively engaged with moderated peer-to-peer communication and showed improvements in perceived social support. Studies involving service users in intervention design showed higher rates of acceptability. Conclusions: Individuals with psychotic disorders value and benefit from digital interventions that include moderated peer-to-peer interactions. Incorporating peer-to-peer communication into digital interventions for this population may increase compliance with other evidence-based therapies by producing more acceptable and engaging online environments.

[Peer support workers: evidence-based workforce knowledge summary](#)

Source: Surrey and Sussex Library and Knowledge Services on behalf of HEE

Publication date: March 2017

This is one of a series of bulletins providing an outline of the evidence-base for workforce interventions that have been identified as important in transforming models of care. The bulletin summarises the findings of a more detailed literature review commissioned by Health Education England, details of which are available alongside this summary on HEE Star

[Peer workers' perceptions and experiences of barriers to implementation of peer worker roles in mental health services: A literature review](#) Abstract only*

Author(s): Vanedwalle et al.

Source: International Journal of Nursing Studies 60 pp. 234-250
Publication date: August 2016

Objectives: To identify peer workers' perceptions and experiences of barriers to implementation of peer worker roles in mental health services. Design: Review of qualitative and quantitative studies. Data sources: A comprehensive electronic database search was conducted between October 2014 and December 2015 in PubMed, CINAHL, Web of Science, The Cochrane Library, and PsycARTICLES. Additional articles were identified through handsearch. Review methods: All articles were assessed on quality. A thematic analysis informed by a multi-level approach was adopted to identify and discuss the main themes in the individual studies. Reporting was in line with the 'Enhancing transparency in reporting the synthesis of qualitative research' statement. Results: Eighteen articles met the inclusion criteria. All studies adopted qualitative research methods, of which three studies used additional quantitative methods. Peer workers' perceptions and experiences cover a range of themes including the lack of credibility of peer worker roles, professionals' negative attitudes, tensions with service users, struggles with identity construction, cultural impediments, poor organizational arrangements, and inadequate overarching social and mental health policies. Conclusions: This review can inform policy, practice and research from the unique perspective of peer workers. Mental health professionals and peer workers should enter into an alliance to address barriers in the integration of peer workers and to enhance quality of service delivery. Longitudinal research is needed to determine how to address barriers in the implementation of peer worker roles.

[Online peer-to-peer support for young people with mental health problems: a systematic review](#)

Author(s): Ali et al.

Source: JMIR Publications 2(2)

Publication date: 2015

Background: Adolescence and early adulthood are critical periods for the development of mental disorders. Online peer-to-peer communication is popular among young people and may improve mental health by providing social support. Previous systematic reviews have targeted Internet support groups for adults with mental health problems, including depression. However, there have been no systematic reviews examining the effectiveness of online peer-to-peer support in improving the mental health of adolescents and young adults. **Objective:** The aim of this review was to systematically identify available evidence for the effectiveness of online peer-to-peer support for young people with mental health problems. **Methods:** The PubMed, PsycInfo, and Cochrane databases were searched using keywords and Medical Subject Headings (MeSH) terms. Retrieved abstracts (n=3934) were double screened and coded. Studies were included if they (1) investigated an online peer-to-peer interaction, (2) the interaction discussed topics related to mental health, (3) the age range of the sample was between 12 to 25 years, and (4) the study evaluated the effectiveness of the peer-to-peer interaction. **Results:** Six studies satisfied the inclusion criteria for the current review. The studies targeted a range of mental health problems including depression and anxiety (n=2), general psychological problems (n=1), eating disorders (n=1), and substance use (tobacco) (n=2). The majority of studies investigated Internet support groups (n=4), and the remaining studies focused on virtual reality chat sessions (n=2). In almost all studies (n=5), the peer support intervention was moderated by health professionals, researchers or consumers. Studies employed a range of study designs including randomized controlled trials (n=3), pre-post studies (n=2) and one randomized trial. Overall, two of the randomized controlled trials were associated with a significant positive outcome in comparison to the control group at post-intervention. In the remaining four studies, peer-to-peer support was not found to be effective. **Conclusions:** This systematic review identified an

overall lack of high-quality studies examining online peer-to-peer support for young people. Given that peer support is frequently used as an adjunct to Internet interventions for a variety of mental health conditions, there is an urgent need to determine the effectiveness of peer support alone as an active intervention.

[Peer Support Workers in Health: A Qualitative Metasynthesis of their experiences](#)

Author(s): MacLellan et al.

Source: PLoS One

Publication date: October 2015

Objective: Peer support models, where an individual has a specific illness or lifestyle experience and supports others experiencing similar challenges, have frequently been used in different fields of healthcare to successfully engage hard-to-reach groups. Despite recognition of their value, the impact of these roles on the peer has not been systematically assessed. By synthesising the qualitative literature we sought to review such an impact, providing a foundation for designing future clinical peer models. **Methods:** Systematic review and qualitative metasynthesis of studies found in Medline, CINAHL or Scopus documenting peer worker experiences. **Results:** 1,528 papers were found, with 34 meeting the criteria of this study. Findings were synthesised to reveal core constructs of reframing identity through reciprocal relations and the therapeutic use of self, enhancing responsibility. **Conclusions:** The ability of the Peer Support Worker to actively engage with other marginalised or excluded individuals based on their unique insight into their own experience supports a therapeutic model of care based on appropriately sharing their story. Our findings have key implications for maximising the effectiveness of Peer Support Workers and in contributing their perspective to the development of a therapeutic model of care.

[Telephone based self-management support by 'lay health workers' and 'peer support workers' to prevent and manage vascular diseases: a systematic review and meta-analysis](#)

Author(s): Small et al.

Source: BMC Health Services 13: 533

Publication date: December 2013

Improved prevention and management of vascular disease is a global priority. Non-health care professionals (such as, 'lay health workers' and 'peer support workers') are increasingly being used to offer telephone support alongside that offered by conventional services, to reach disadvantaged populations and to provide more efficient delivery of care. However, questions remain over the impact of such interventions, particularly on a wider range of vascular related conditions (such as, chronic kidney disease), and it is unclear how different types of telephone support impact on outcome.

[Consumer-providers of care for adult clients of statutory mental health services](#)

Author(s): Pitt et al.

Source: Cochrane Database of Systematic Reviews

Publication date: March 2013

Background: In mental health services, the past several decades has seen a slow but steady trend towards employment of past or present consumers of the service to work alongside mental health professionals in providing services. However the effects of this employment on clients (service recipients) and services has remained unclear. We conducted a systematic review of randomised trials assessing the effects of employing consumers of mental health services as providers of statutory mental health services to clients. In this review this role is called 'consumer-provider' and the term 'statutory mental health services' refers to public services, those required by statute or law, or public services involving statutory duties. The consumer-provider's role can encompass peer support, coaching, advocacy, case management or outreach, crisis worker or assertive community

treatment worker, or providing social support programmes.

Objectives: To assess the effects of employing current or past adult consumers of mental health services as providers of statutory mental health services.

Transition from patient to peer worker

[The transition from patient to mental health peer worker: a grounded theory approach](#) Abstract only*

Author(s): Debyser et al.

Source: International Journal of Mental Health Nursing 28(2) pp. 560-571

Publication date: April 2019

Peer workers are increasingly being engaged in contemporary mental healthcare. To become a peer worker, patients must evolve from having a patient identity to a peer worker identity. This study aims to understand how mental health peer workers experience their transition and how it affects their view of themselves and their direct working context. A grounded theory approach was used. Seventeen mental health peer workers in Belgium were recruited through theoretical sampling. Semi-structured interviews were conducted and analysed according to the constant comparative method. The results indicate that novice peer workers experience peer work as an opportunity to liberate themselves from the process of mental suffering and realise an acceptable form of personal self-maintenance. As peer workers become more experienced, they are confronted with external factors that influence their self-maintenance and personal development. Experiencing clarity in their duties and responsibilities, equality, and transparency in the workplace reinforce their experience of self-maintenance and positively influence their self-development. Experiencing a lack of clarity in their duties and responsibilities, inequality, and lack of openness discourage peer workers' self-development process. These experiences challenge their personal motivations to become

peer workers, which are usually linked to building a meaningful life for themselves. The insights can encourage organisations to build up a supportive environment collaboratively with peer workers and ensure that peer workers can exert their authentically unique role in mental healthcare.

Views, perceptions, and experiences

["And now I know how you feel...": Lived experience of surviving mental illness as a prosumer](#) Abstract only*

Author(s): Prama Bhattacharya

Source: Psychological Services 19(1)

Publication date: February 2022

In this article, through a reflexive account, I present the ways the sudden onset of clinical depression in my own life brought me closer to the vulnerabilities (due to stigma around mental illness) as well as opportunities to contribute to the mental health of my clients as a prosumer. In delineating this process, I have also highlighted how my role as an active qualitative researcher of homeless mentally ill people in India during the episode of my clinical depression helped me reaffirm my identity as a therapist or an "enabler" who could empathize with and create a humanizing therapeutic space for my clients as well as research participants. I thus underscore the value of interdisciplinary perspectives on mental health that invites reflexive learning (often through empathy) about the context and experience of distress or empowerment rather than only symptoms and its treatment. (PsyInfo Database Record (c) 2022 APA, all rights reserved).

[Peer worker perspectives on their potential role in the success of implementing recovery-oriented practice in a clinical mental health setting](#) Abstract only*

Author(s): Chisholm and Petrakis

Source: Journal of Evidence-Based Social Work 17(3)

Publication date: 2020

Purpose: Recovery-oriented practice (ROP) is growing internationally in mental health services. The study aimed to examine the perspectives of peer workers about ROP pre-implementation within one service. This is important to improve clinicians' understandings of how service users feel and experience the organization's culture, thereby improving recovery focus. Method: A focus group using semi-structured questions. The research design was a social constructivist exploratory study, utilizing a narrative approach. The data collected were qualitative, and analyzed for meaning units and categories in the data. Results: Eight participants were service user and carer peer workers. Peer workers considered their roles as educating clinicians, representing service users, aiding in cultural/systemic shifts in services, and as leaders. Peer workers add lived experience and can contribute to clinician uptake and fidelity of practice in ROP. Conclusion: The study contributes to the growing evidence that the inclusion of peer workers in mental health services is advantageous in the implementation of ROP to ensure a lived experience grounded perspective underpins practice and policy change.

[Workplace experiences of mental health consumer peer workers in New South Wales, Australia: a survey study exploring job satisfaction, burnout and turnover intention](#)

Author(s): Scanlan et al.

Source: BMC Psychiatry 270

Publication date: 2020

Background: Consumer peer workers are individuals with lived experience of mental health issues and recovery who are employed to use their lived experience to support others. The consumer peer workforce has expanded substantially in recent years. While some research has explored the workplace experiences of peer workers, no previous studies have explored job satisfaction, burnout or turnover intention for this workforce.

Methods: Consumer peer workers in New South Wales, Australia were invited to complete a survey designed to explore their workplace experiences. The survey included measures of job satisfaction, burnout, turnover intention, job demands and job resources, and satisfaction with supervision, professional development and opportunities for career progression. Questions also explored positive and negative aspects of positions. Analyses included exploration of the relationships between of job satisfaction, burnout, turnover intention, job demands and job resources as well as tabulation of common positive and negative aspects of positions. Results were also compared with findings from a previous study exploring workplace experiences of other mental health workers. **Results:** A total of 67 peer workers participated in the study. Overall job satisfaction, burnout (disengagement and exhaustion) and turnover intention for peer workers was not significantly different to other mental health workers. Job satisfaction, disengagement, exhaustion and turnover intention were all significantly inter-related. Job resources of social support, job control, feedback, and rewards and recognition were associated with positive workplace experiences and the job demand of “physical environment” was most substantially associated with poorer workplace experiences. The most common positive aspect of positions was “connecting with consumers” and the most common negative aspect of positions was “attitudes of clinicians / workplace culture”. Access to supervision from a senior peer worker was associated with more positive workplace experiences. **Conclusions:** This research demonstrates that while consumer peer workers do not appear to experience poorer job satisfaction or higher levels of burnout or turnover intention than other mental health workers, a range of challenges do exist. Efforts to further expand the peer workforce (especially senior peer worker roles) and to promote more positive attitudes and workplace cultures are likely to promote better workplace experiences for peer workers.

[Constructing a positive identity: a qualitative study of the driving forces of peer workers in mental health-care systems](#) Abstract only*

Author(s): Vandewalle et al.

Source: International Journal of Mental Health Nursing 27(1) pp. 378-389

Publication date: February 2018

There is growing recognition in mental health for the perspective of individuals with lived experience of mental health problems and mental health service use. As peer workers, these individuals can use their specific experience to benefit and support peers and professional caregivers, and to participate at all levels of mental health-care systems. The aim of the present study was to develop a conceptual framework representing the driving forces of peer workers to fulfil their position in mental health-care systems. A qualitative interview approach was employed using principles of grounded theory. Over a period of 5 months in 2014-2015, semistructured interviews were conducted with 14 peer workers in residential and community mental health-care systems. The emerged conceptual framework reveals that peer workers strive towards constructing a positive identity. This process is powered by driving forces reflecting a desire for normalization and an urge for self-preservation. Peer workers realize a meaningful employment by using their lived experience perspective as an asset, liberating themselves out of restrictive role patterns, and by breaking down stigma and taboo. As a precondition to engage in these normalization processes, peer workers perceive they need to secure their self-preservation by balancing the emergence of adverse emotional fluctuations. The conceptual framework can inform the development of work contexts in which peer workers have an authentic and meaningful contribution, while being offered sufficient support and learning opportunities to manage their well-being.

[Tokenistic or genuinely effective? Exploring the views of voluntary sector staff regarding the emerging peer support worker role in mental health](#) Abstract only*

Author(s): Kilpatrick et al.

Source: Journal of Psychiatric and Mental Health Nursing 24(7)

Publication date: September 2017

Aim Peer support worker (PSW) roles are gaining recognition internationally as a valuable component in mental health service delivery. The aim of this study was to explore the views of mental health voluntary sector staff regarding the emergence of this role. **Method** A qualitative research design was used. A purposive sample was employed. Semi-structured interviews were undertaken with 10 staff members in various positions in two voluntary mental health organizations. Interview transcripts were analysed thematically. **Results** Views varied on the PSW role with some participants stating that it was tokenistic, whereas others highlighted the value of its contribution. Participants' expressed concerns regarding professional boundaries and organizational cultural challenges that PSWs may encounter in their role. The provision of reasonable adjustments was recommended as an integral support mechanism. **Conclusion** Successful integration of the PSW requires careful consideration of the role, the workplace environment and the unique needs of the peer, to prevent the role becoming constrained and diluted. **Implications for practice** The PSW role may impact the traditional delivery of mental health nursing services. It is therefore essential that nurses are cognizant of these potential challenges to successfully facilitate the integration of PSWs in practice.

[Acknowledging rural disadvantage in mental health: views of peer workers](#) Abstract only*

Author(s): Byrne et al.

Source: Perspectives in Psychiatric Care 53(4)

Publication date: October 2017

Purpose: The aim of this article was to present views and opinions of people employed to work from their personal experience of significant mental health challenges (peer workers). The specific focus was on their capacity to contribute meaningfully to mental health service provision and in rural areas and associated barriers. **Design and methods:** Grounded Theory was the methodology utilized. In-depth interviews were conducted with peer workers throughout Australia.

Findings: Participants described significant barriers to the provision of quality mental health services in rural and regional locations. The two main areas identified were the following: transport and distance, and lack of mental health staff and services. **Conclusions:** The identified barriers place limitations on the capacity of peer workers to maximize effectiveness in rural settings. Peer workers could potentially play an important role in overcoming shortages of staff and services and improving mental health service delivery.

[Consumer providers' experiences of recovery and concerns as members of a psychiatric multidisciplinary team: a qualitative descriptive study from the Japan Outreach Model Project 2011-2014](#)

Author(s): Kido and Kayam

Source: PLoS One 12(3)

Publication date: March 2017

Objective The objective of this study was to clarify consumer providers (CPs) subjective experiences as members of a psychiatric multidisciplinary outreach team that provided services to individuals with a mental illness living in the community. **Methods** A qualitative descriptive study was conducted through semi-structured interviews. Participants were clients hired as CPs in the Japanese Outreach Model Project from September 2011 until March 2014. Of the seventeen CPs, nine participated in this study. We looked at the CPs' subjective experiences of fulfillment and difficulty. **Results** In the process of providing

services, CPs experienced both achievements and concerns. They had a sense of achievement by caring for their clients and they experienced that they themselves were recovering. They were also concerned about having inadequate knowledge and skills to provide psychiatric services to their clients. Further, there were concerns about their dual role on the multidisciplinary team and being support staff while they were still using mental health services themselves. Conclusion The results show that the activities of CPs included fulfillment, recovery, and dilemmas. Clarifications will likely contribute to an increase in understanding and cooperation between CPs and other professionals with whom they work. Further studies are needed to investigate policies related to mental health consumers who are also providers of mental health services.

[Factors supporting the employment of young adult peer providers: perspectives of peers and supervisors](#) Full text available with NHS OpenAthens account*

Author(s): Delman et al.

Source: Community Mental Health Journal 53(7)

Publication date: October 2017

Peer providers are a promising practice for transition-age youth community mental health treatment engagement and support, yet little is known about the experience of being a young adult peer provider or what helps to make an individual in this role successful. Utilizing a capital theory lens, this study uses data from focus groups (two with young adult peer providers and two with their supervisors) to examine facilitators of young adult peer provider success in community mental health treatment settings. Eight factors were identified as critical to young adult peer provider on-the-job success: persistence, job confidence, resilience, job training, skilled communications with colleagues, regular and individualized supervision, support from colleagues, and family support. Findings suggest that young adult peer providers may benefit immensely from an agency level focus on

fostering social organizational capital as well as more individualized efforts to increase cultural, social, and psychological capital through training and supervision.

["Very much evolving": a qualitative study of the views of psychiatrists about peer support workers](#)

Author(s): Collins et al.

Source: Journal of Mental Health 25(3) pp. 278-83

Publication date: June 2016

Background: Mental health services continue to develop service user involvement, including a growth in employment of peer support workers (PSWs). Despite the importance of the views and attitudes expressed by psychiatrists, this topic has not previously been studied. Aims: To gain insight into the views and attitudes psychiatrists have about PSWs. Methods: A qualitative study based on semi-structured interviews with 11 psychiatrists in the East of England. Results: Psychiatrists were broadly positive and supportive of PSWs. Interviewees not only could anticipate a range of possible benefits of employing PSWs, but also had concerns regarding their implementation and management. There was a lack of clarity and consistency between interviewees about what the exact role of a PSW might involve. Conclusion: This study provides insights into how PSWs are perceived by psychiatrists. While broadly positive attitudes exist, the research highlights certain challenges, particularly role ambiguity.

[Patients' views: Peer support worker on inpatient wards](#)

Abstracts only*

Author(s): Rooney et al.

Source: Mental Health and Social Inclusion 20(3)

Publication date: August 2016

Purpose: The purpose of this paper is to explore patients' experiences of intentional mental health peer support (PS). Design/methodology/approach: Seven in-depth interviews were

carried out by an independent researcher with individual inpatients who volunteered via a PS worker following leaflet and poster distribution explaining the research on the two wards. Each recorded interview of 13 questions was transcribed verbatim by the researcher and analysis identified common themes across the interviews. Findings: An overarching theme of communication with patients was identified together with six main themes: person centredness, practical support, building connections, emotional support, modelling hope and recovery interventions. There were no negative comments expressed by interviewees. Research limitations/implications: Small scale qualitative research allows in-depth exploration of experiences which is valuable in informing the further development of PS. Originality/value: There are very few published reports of inpatient experiences of PS in inpatient settings.

Competency Frameworks

HEE's New Roles in Mental Health Implementation Group for Peer Support Workers commissioned this competence framework to support the projected expansion in the number of peer support workers. It forms part of our [national programme](#) to develop new roles, and expand others, to transform the mental health workforce.

The peer support worker framework is formed in 3 parts:

- [The Competence Framework - Part 1 - Supporting document](#)
- [The Competence Framework - Part 2 - Full list of competences](#)
- [The Competence Framework - Part 3 - Curriculum](#)

[Raising the glass ceiling: considering a career pathway for peer support workers – 2021](#)

Author(s): Melanie Ball and Syena Skinner

Source: Health Education England

Publication date: 2021

This thought piece will illuminate some initial ideas on developing a career pathway for peer support workers (PSWs), in line with aspirations set out in the NHS Long Term Plan. Commissioned by the Health Education England (HEE) Peer Support as part of the New Roles in Mental Health Working Group, this thought piece owes sincere thanks to a number of collaborating partners.

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