

Mental Health
Commission
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Commission de
la santé mentale
du Canada



Thank you for joining us. The webinar will begin at 1 P.M. EST

If you have joined us a few minutes early, we encourage you to take the time to watch the “Out of the Box” video before or after the webinar. The video is available at: https://youtu.be/BUIn81_Kt8

“Out of the Box” was commissioned by the Ontario Peer Development Initiative (www.opdi.org) to celebrate the 25th anniversary of the organization. “Out of the Box” highlights the wisdom and strengths of the 50 Consumer Survivor Initiatives (CSIs) that are members of OPDI across the province. The documentary offers portraits of 3 of those member organizations as examples of the diverse, unique and distinct voices of Consumer/Survivor organizations across Ontario.



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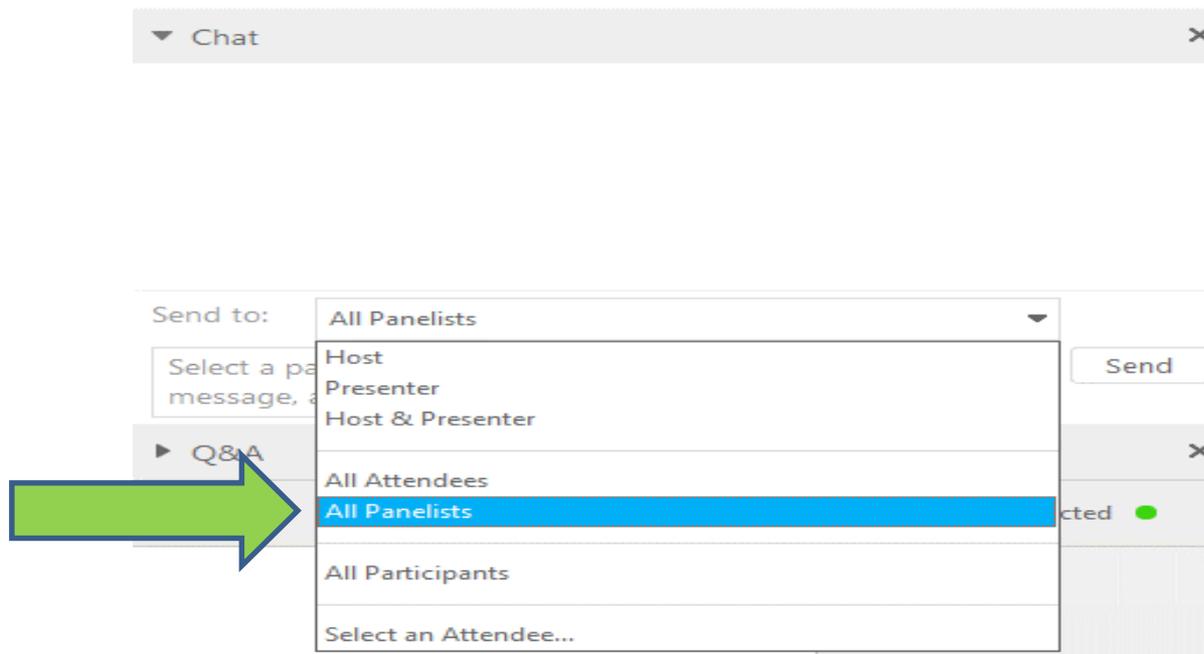
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Integrating Peer Support with Integrity

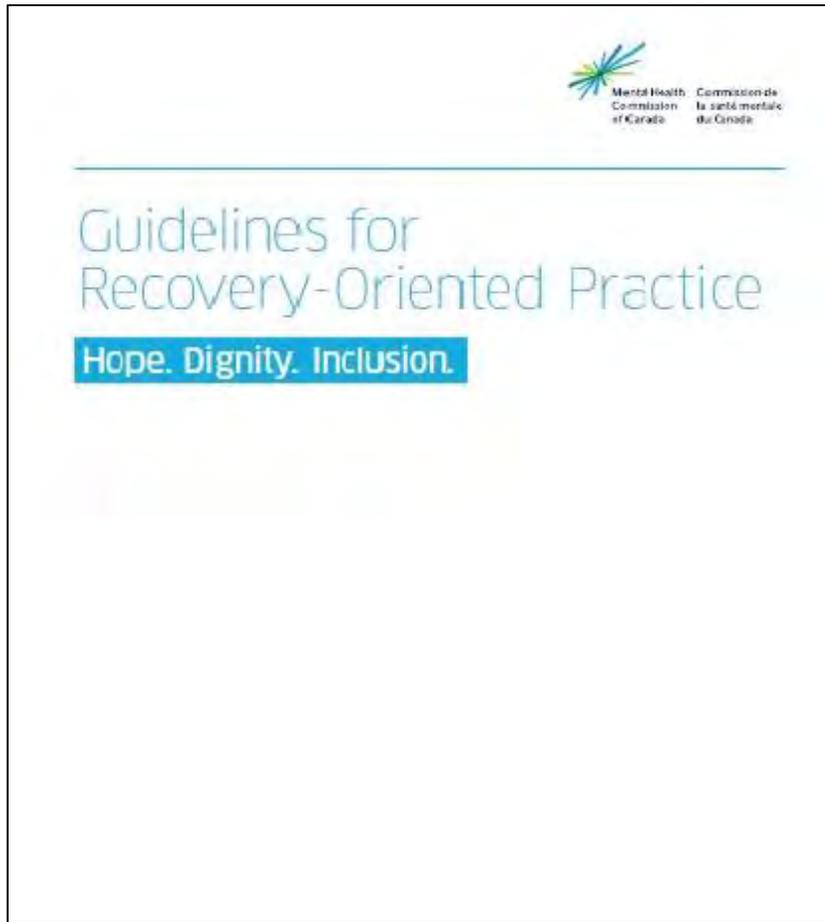
#MHCChopelives

 @MHCC_  /theMHCC  /Mental Health Commission of Canada
 @theMHCC  /1MHCC

Important! Send questions/comments to
'All Panelists'



Guidelines for Recovery-Oriented Practice



The *Guidelines* were released in June 2015 to provide a comprehensive document to understand recovery practice and promote a consistent application of recovery principles across Canada

Six Dimensions of Recovery-Oriented Practice

1. Creating a Culture and Language of Hope
2. Recovery is Personal
3. Recovery Occurs in the Context of One's Life
4. Responding to the Diverse Needs of Everyone Living in Canada
5. Working with First Nations, Inuit, Métis
6. Recovery is about Transforming Services and Systems

Presenters



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Deb Sherman,
Executive Director
Ontario Peer Development Initiative



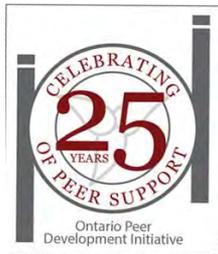
Allan Strong SSW, RSSW,
Team Lead, Skills For Safer Living
Self Help
CMHA Waterloo Wellington



Ontario Peer Development Initiative

Integrating Peer Support With Integrity

Mental Health Commission of Canada
Recovery Series Webinar, January 19, 2017

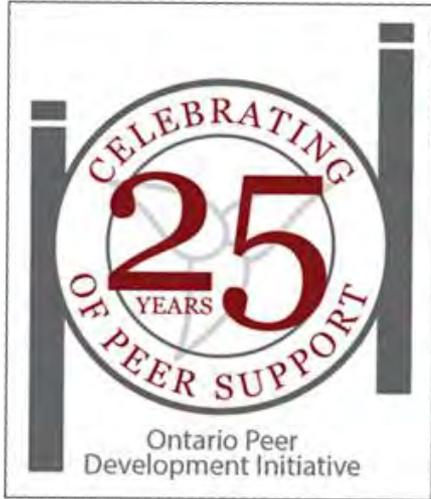


Deborah Sherman,
Ontario Peer Development
Initiative

Allan Strong,
Self Help Alliance

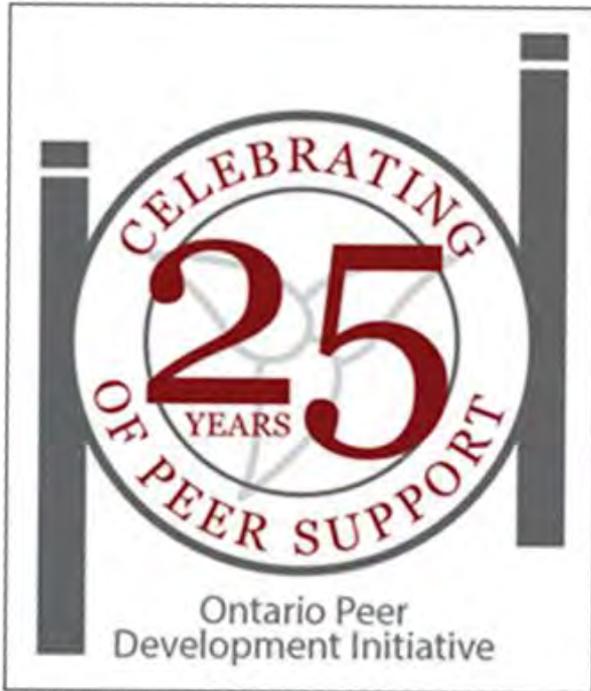


C/SI's are the experts on peer support



- Modern roots in civil rights movement.
- Vancouver had an early C/SI.
- Ontario set an international bar by funding widely in '91.
 - Non clinical, no treatment
 - Independent, **consumer-run**, member driven, democratic.
 - *A protected funding envelope*
- Various activities & services, as per members' expressed wishes.
- Systemic advocacy at the local level.
- Common to all: focus on peer support.

OUT OF THE BOX



- A VIDEO PRODUCED FOR OPDI
 - BY LAURA SKY & SREE NALLAMOTHU
- Celebrating 25 years
- Profile of 3 member organizations
- YouTube

Traditional Care Model vs Recovery Approach

TRADITION: ILLNESS CENTRED

- Diagnosis is foundation (DSM)
- Begin by assessing illness
- Diagnosis, treatment drive services
- Focus on illness reduction
- Treatment /rehabilitation are symptom/ disability driven
- Recovery sometimes results after illness & disability are dealt with
- Track illness progress toward symptom reduction and cure
- Techniques promote illness control & reducing risk of damage from illness
- Service ends when illness cured
- Relationship exists only to treat illness, is restricted and controlled

RECOVERY IS PERSON CENTRED

- Relationship is foundation
- Reach out, engage, and welcome
- Experiences, wishes drive services
- Focus on quality of life goals
- Treatment & rehabilitation are driven by person's goals
- Personal recovery is central from the onset and throughout
- Track personal progress toward recovery
- Methods promote personal growth and self-responsibility
- Peer support is purely voluntary
- Relationship may evolve throughout and continue after services end

Who started the “Recovery Movement?”

- William Anthony
 - Judi Chamberlin, Pat Deegan, Daniel Fisher etc
- Pinel, Tuke & “The Moral Treatment”
 - 1730’s Abstinence begin with U.S. native tribes
 - Jean-Baptiste Pussin 1790’s
 - 1830 Perceval’s Narrative
- Genuinely “person centred” because it is *person driven*
- Meet the person where they are
- Recovery is not based on a “model”

Recovery: we ARE the evidence, and the proof peer support works.

- Readmission first month reduced 50%
- Shorter hospital stays (\$12.2 million)
- Increased social engagement, inclusion
 - especially “lonely” group
- Reduced symptom distress
- Reduced need of (\$\$) clinical services
- Improved articulation of need
- Encourages clients to grow beyond comfort zone, try new activities
- Prevents people falling through cracks
 - especially “service avoiders”
- Assists the peer worker’s recovery
 - meaningful employment in a supportive environment
- Increases hospital staff satisfaction & cohesiveness

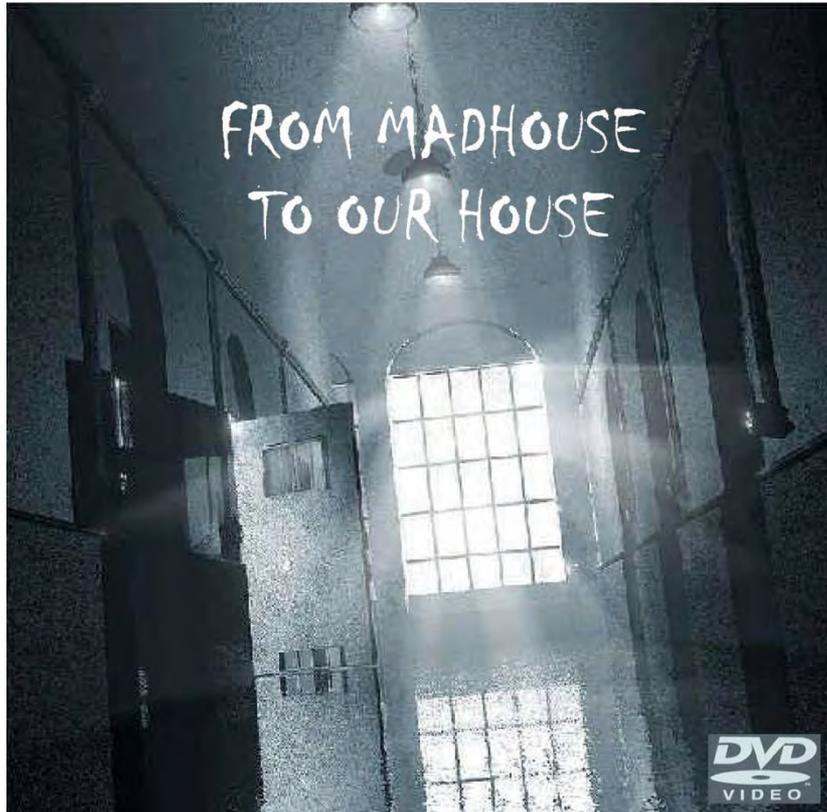


Transitional Discharge Model

(Dr Cheryl Forchuk)

Lawson Health Research Institute
& most recent study in collaboration with
Council of Academic Hospitals of Ontario)

Recovery: we ARE the evidence, and the proof peer support works.



**A Longitudinal Study of
Consumer/Survivor Initiatives**
Centre for Community Based Research

Impact of C/Sis on Individuals

- Sharp declines in hospitalizations
- Reduced symptom distress
- Better quality of life indicators
- More social support
- More likely to return to work, education, volunteerism

Impacts of C/SIs on their Communities

- Changes in perception of service providers, policy makers and general public
 - More empathy, less stigma
- Concrete changes
 - Service delivery and planning
 - Public policy
 - Funding allocations
 - Presence of C/SI reps changed tone at planning tables

Representing Members' Voice

- CAMH Board of Directors
- Minister's Advisory Group for 10 year MH&A Strategy
- Ontario Common Assessment of Need
- MHCC Standards for the Practice of Peer Support
- MHCC Guidelines for Recovery Oriented Practice
- RNAO Nurse Educator curriculum guidelines
- "Enabling Justice" creation of training for court staff
CMHA/AODA
- eENet
- Peer Support Accreditation & Certification Canada
- Ontario Addictions & Mental Health Alliance
- System Improvement through Service Collaboratives cttee.
- Drug Treatment Funding Plan projects:
 - PWLE & Family Panel
 - Peer Support Project (AMHO)

OPDI Definition of Peer Support

Peer Support is a naturally occurring, mutually beneficial support process, where people who share a common experience meet as equals, sharing skills, strengths and hope; learning from each other how to cope, thrive and flourish.

Formalized Peer Support begins when persons with lived experience, who have received specialized training, assume unique, designated roles within the mental health system to support an individual's expressed wishes.

Specialized Peer Support training is Peer developed, delivered and endorsed by Consumer/Survivor Initiatives*, Peer Support Organizations* and Patient Councils, and is rooted in principles of recovery, hope and individual empowerment.

Definition developed & democratically approved by members & copyright of OPDI.
You are welcome to quote the definition, without editing, and cite Ontario Peer Development Initiative as source.

MHCC Continuum of Peer Support

PEER SUPPORT



INFORMAL PEER SUPPORT

Naturally occurring, voluntary, reciprocal relationship(s) with peers one-to-one or possibly in a community

CLUBHOUSE/WALK IN CENTRE

Mainly psychosocial and social recreational focus with peer support naturally occurring among participants

SELF-HELP, MUTUAL PEER SUPPORT

Consumer operated/run organizations/activities/programs, voluntary, naturally occurring, reciprocal relationships with peers in community settings e.g., housing, social/recreational, arts/culture, traditional/spiritual healing, recovery education/work, anti-discrimination education/work, human rights/disability rights education work

FORMALIZED/INTENTIONAL PEER SUPPORT

Consumer run peer support services within community settings (either group or one-to-one) focusing on issues such as education, employment, MH systems navigation, systemic/individual advocacy, housing, food security, internet, transportation, recovery education, anti-discrimination work, etc.

WORKPLACE PEER SUPPORT

Workplace-based programs where employees with lived experience are selected and prepared to provide peer support to other employees within their workplace

COMMUNITY CLINICAL SETTING PEER SUPPORT

Peer support workers are selected to provide support to patients/clients that utilize clinical services, e.g., Outpatient, A.C.T teams, Case Management, Counselling

CLINICAL/CONVENTIONAL MH SYSTEM-BASED PEER SUPPORT

Clinical setting, inpatient/outpatient, institutional peer support, multidisciplinary groups, recovery centres, or Rehabilitation Centres Crisis response, Crisis Management, Emergency Rooms, Acute Wards

MHCC's Continuum of Peer Support

We advocate...

PEER SUPPORT



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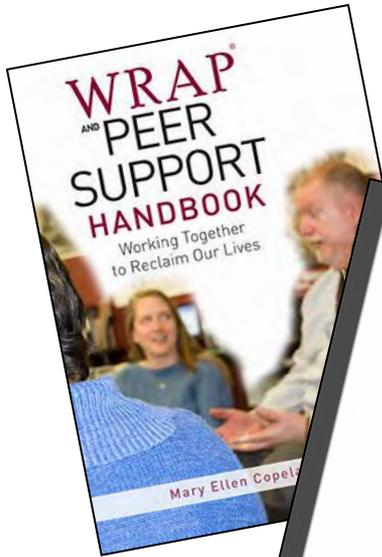
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CLINICAL/CONVENTIONAL MH SYSTEM-BASED PEER SUPPORT

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Lived Experience is where it STARTS

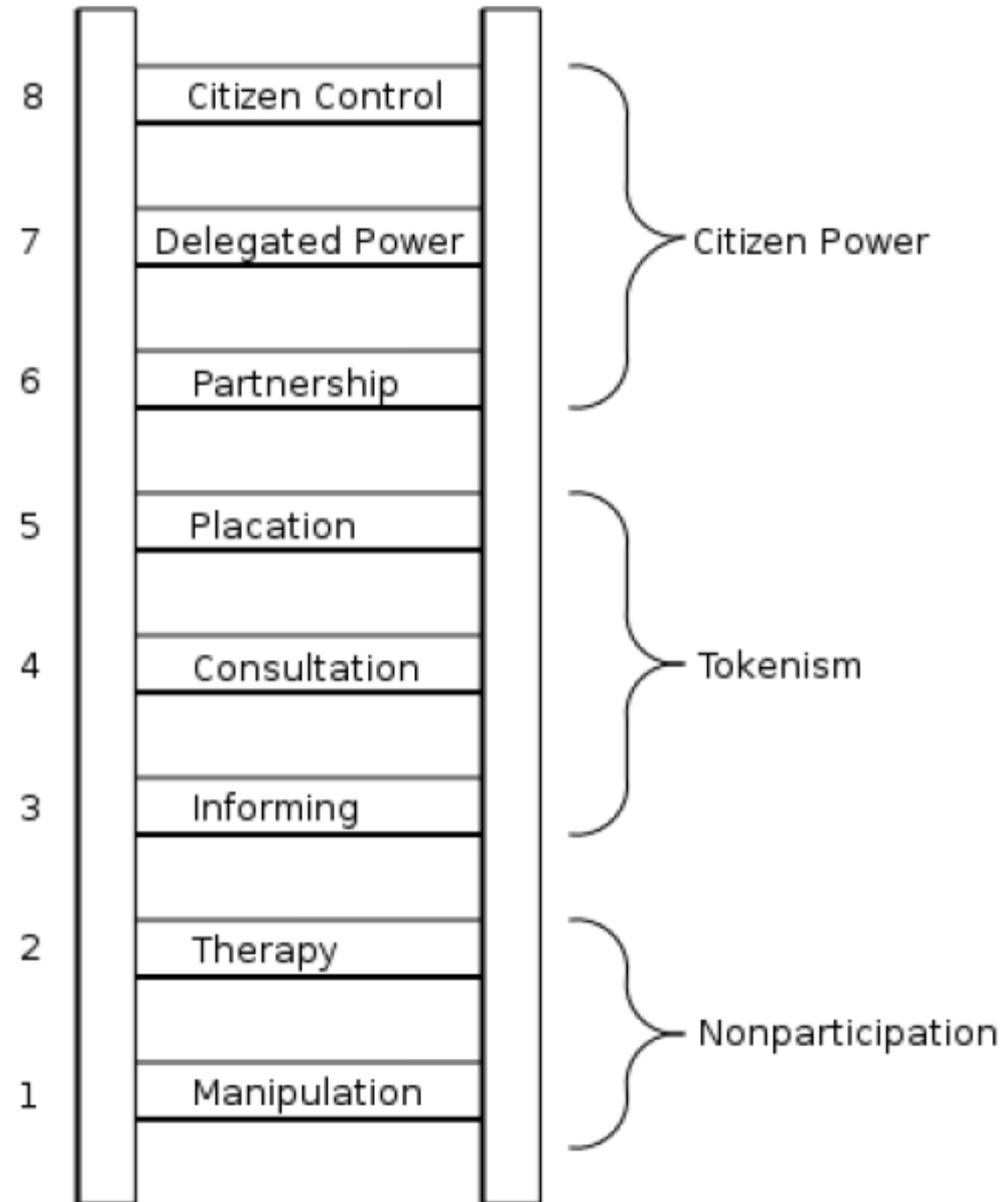


Attributes, Knowledge & Skills

Arnstein's Ladder of Citizen Participation

Arnstein, Sherry R. "A Ladder of Citizen Participation," *Journal of American Institute of Planners*, Vol. 35, No. 4, July 1969, pp. 216-224

- Peer support programs can only work if they operate at the top rungs
- Peer support programs are not "plug & play"



Reports on Peer Support & C/SIs

**CONSUMER/SURVIVOR INITIATIVES:
IMPACT, OUTCOMES & EFFECTIVENESS**



CMHA ON/ CAMH/
OFCMHAP/ OPDI
2005

**Consumer Survivor
Initiatives in Ontario:
Building for an Equitable Future**

OFCMHAP 2009



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Making the Case for Peer Support

REPORT TO THE
MENTAL HEALTH COMMISSION OF CANADA
MENTAL HEALTH PEER SUPPORT PROJECT COMMITTEE

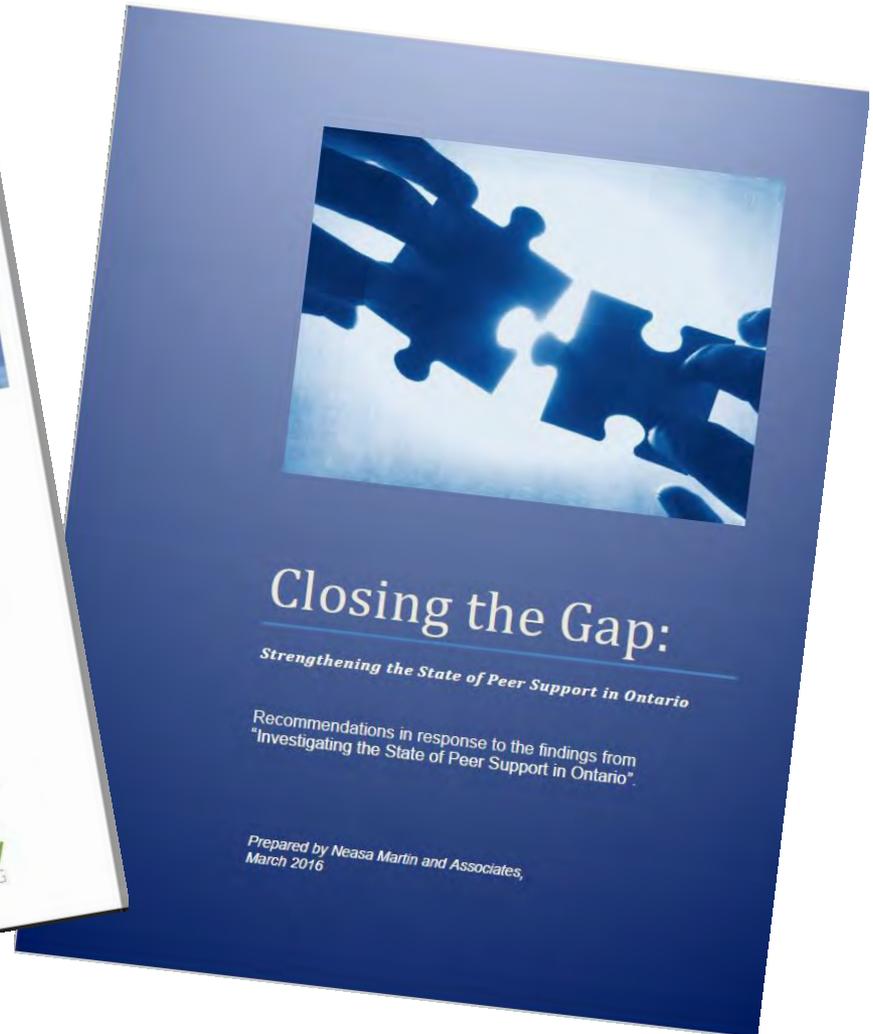
Céline Cyr
Heather Mckee
Mary O'Hagan
Robyn Priest

First Edition September 2010
Second Edition July 2016



MHCC 2010

Our Own Investigation



What We Learned



The Context

- Both paid and volunteer peer support worker positions are growing in number across communities in Ontario.
- There is now a broad range of positions and organizational contexts in which peer support workers are now employed: drop-in programs, crisis services, hospital emergency and inpatient units, supportive housing, support coordination, ACTT, consumer/survivor organizations, and a variety of community mental health programs.
- The field lacks a general understanding of what these positions look like in terms of job description, structure, pay levels, supervision, and so on.
- These are new and unique positions – there are many questions to be answered about how peer positions work within organizations and systems.

The Project Goal

To survey current peer support workers, both paid and volunteer, about their work context and experience in the following areas:

- Qualifications, hiring practices and processes
- Job training
- Wage levels and benefits
- Contract details (full-time, part-time, permanent, contract, etc.)
- Management and supervision
- Supports to peer workers in the work context
- Peer worker job descriptions, roles, responsibilities, and challenges.
- To identify priority areas for further discussion and development among a Community of Interest.
- To make recommendations for organizational and system-level policy regarding peer worker positions.

Who responded

Females = 70%, M = 30% ,

Average age = 44.6 (range 22 to 64)

Participants live in 56 different cities and towns across Ontario. Toronto, Ottawa, North Bay, and Richmond Hill had a higher number of participants.

Time Spent in Current Position	% Paid	% Volunteer
Less than 6 months	9%	14%
6 months to a year	17.1%	20.9%
2 to 5 years	41.4%	27.9%
6 to 10 years	18%	23.3%
11 to 20 years	13.5%	7%
21-30 years	0.9%	4.7%

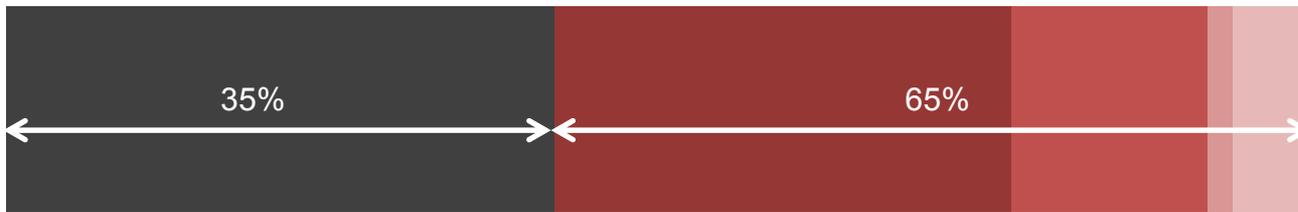
8 Challenge Areas

1. Structure of peer support positions
2. Qualifications / Hiring
3. Training
4. Supervision and mentoring
5. Accommodations in the workplace
6. Integration / Isolation in the workplace
7. Role clarity
8. Availability of peer support positions

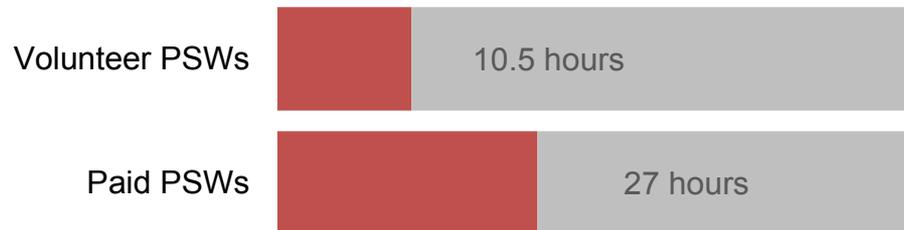
Structure of Peer Support Positions

65% of paid PSWs in the sample do not have full-time work

Full-time | Part-time | Contract | Casual (on and off) | Other



Average number of hours worked per week



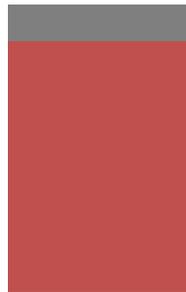
Structure of Peer Support Positions

Average hourly wage: **\$21/hour**

PSWs earn less than the average full-time single earner in Canada

Full-time Canadian single earner
\$47,868

Average income from peer support
\$29,495



Average income all sources
\$33,774

PSWs employed by CSIs make less on average annually than PSWs employed in other types of organizations

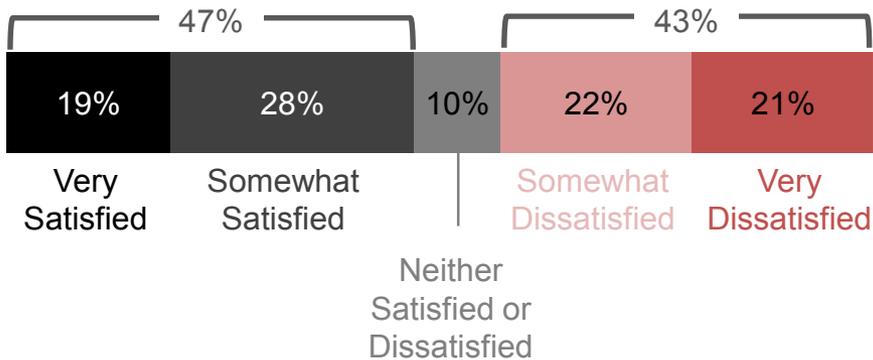
Average Income from peer support
\$29,495

CSI-employed
\$22,000

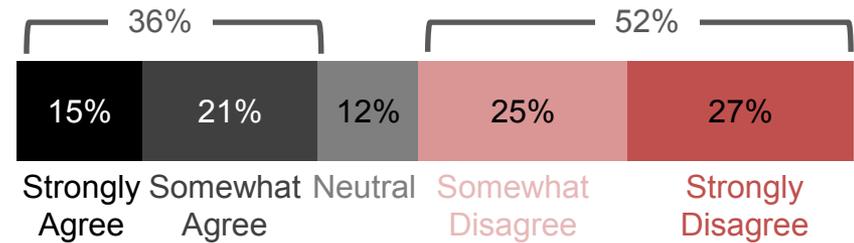
non-CSI-employed
\$35,548

Structure of Peer Support Positions

43% had some degree of dissatisfaction with their current level of income from PSW

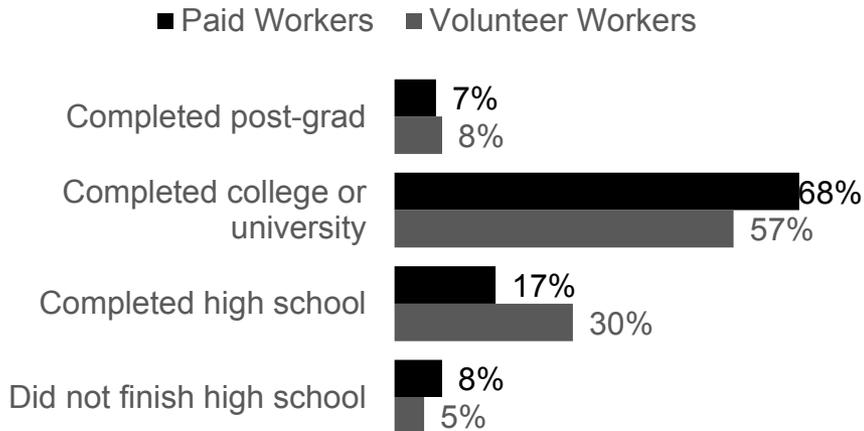


52% disagreed that their income is equitable in comparison to non-peer...

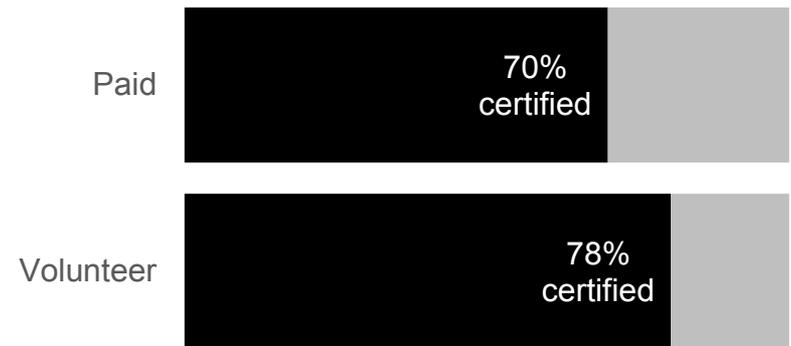


Qualifications / Hiring

Paid and volunteer PSWs in the sample had high levels of education



A slight higher percentage of volunteer PSWs are certified compared to paid PSWs

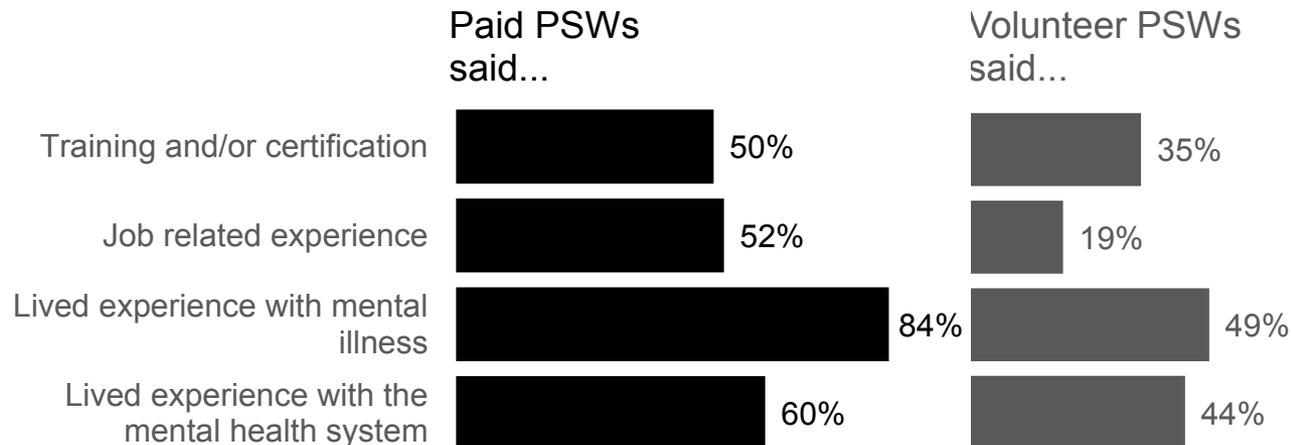


Most often, training is provided on the job, although peer workers are better positioned to obtain employment if they already have training credentials.

Qualifications / Hiring

41% of respondents were not aware of the educational requirements for their current position.

When asked about additional qualifications required for their current position



Qualifications / Hiring

Paid PSWs were more likely to have heard about their position from a job posting or member of their social circle; volunteers were more likely to have been connected by a consumer organization or to have used the services

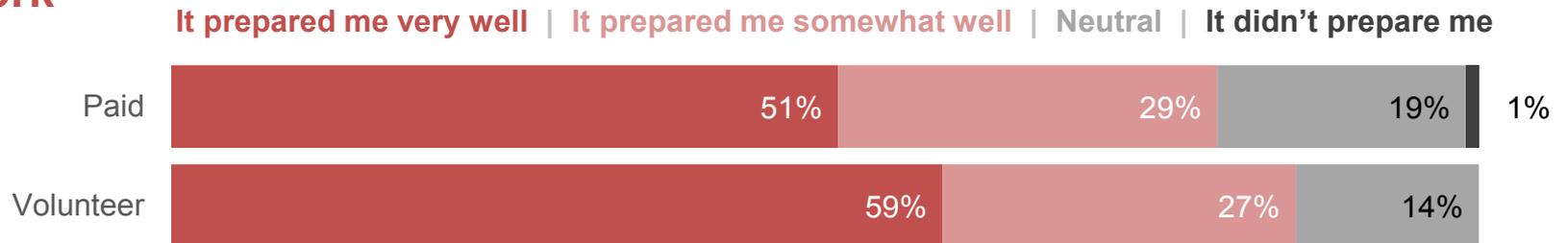


Training

30% of paid PSWs and 19% of volunteer PSWs have no training in peer support

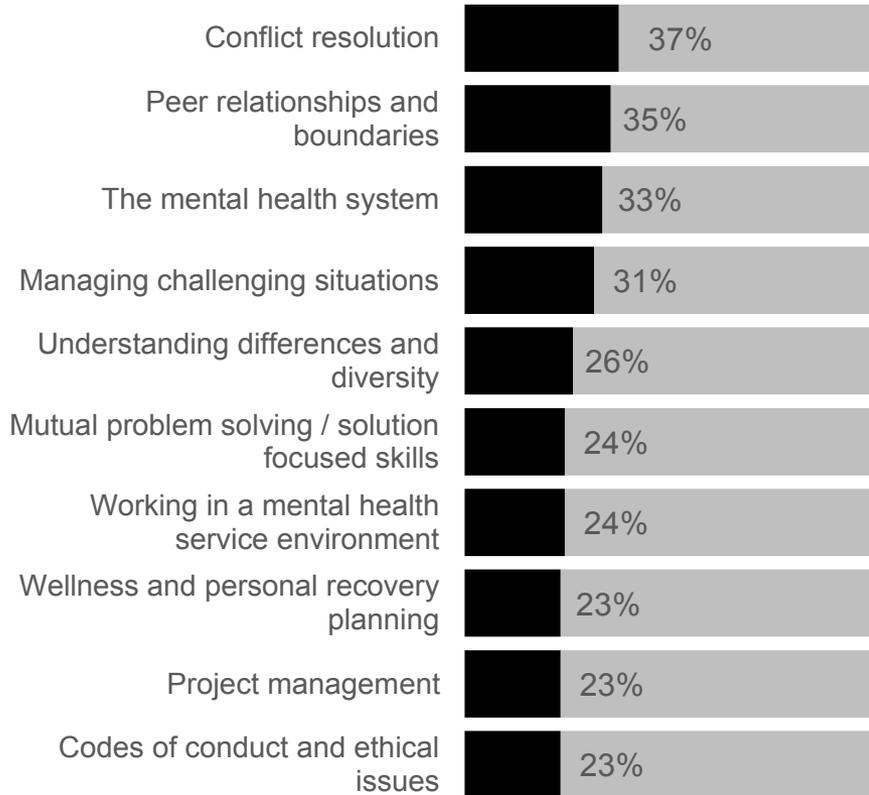


Most PSWs in the sample thought the certification courses they took prepared them well for peer support work



Training

Top 10 types of training paid PSWs are interested in

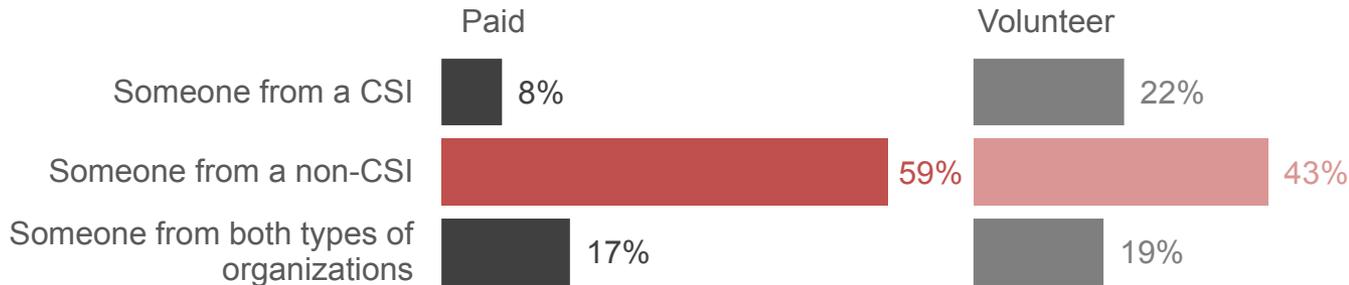


Top 10 types of training volunteer PSWs are interested in

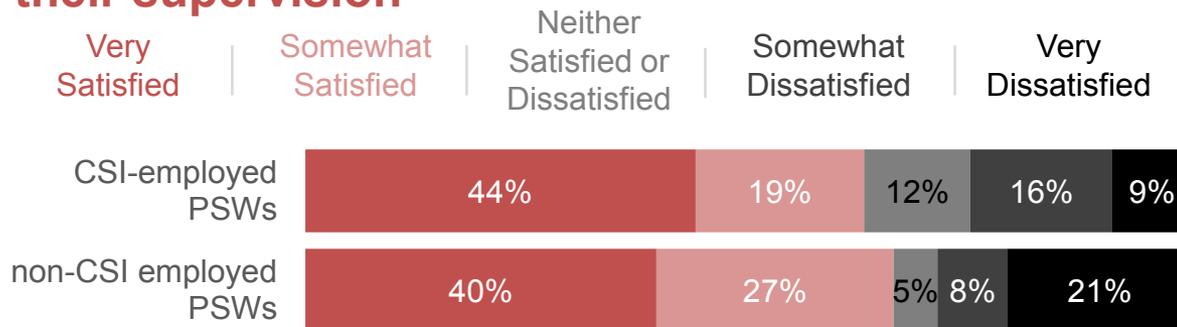


Supervision and mentoring

A majority of respondents are supervised by someone from a non-CSI organization



Most respondents were satisfied with their supervision



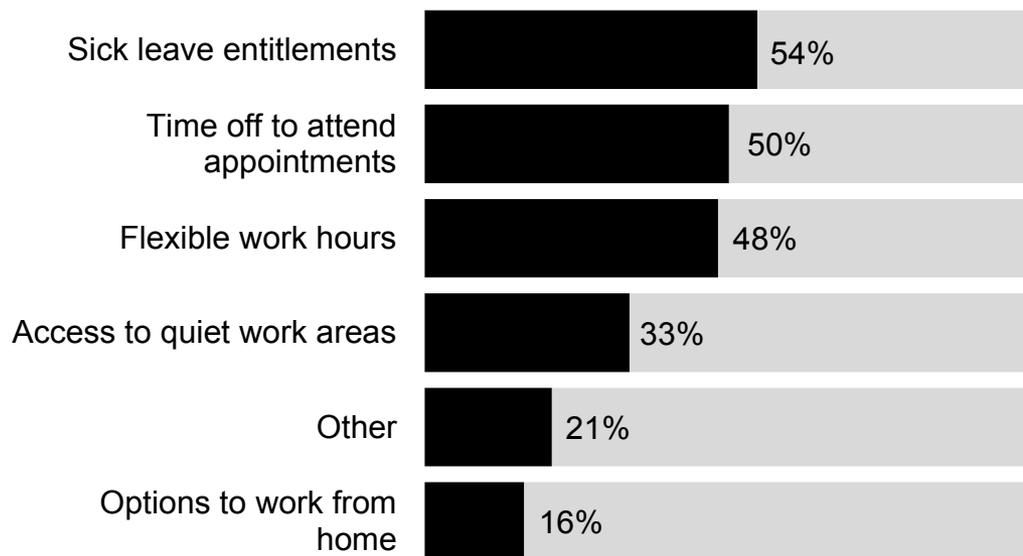
Being mentored by a peer was valuable



Accommodations in the workplace

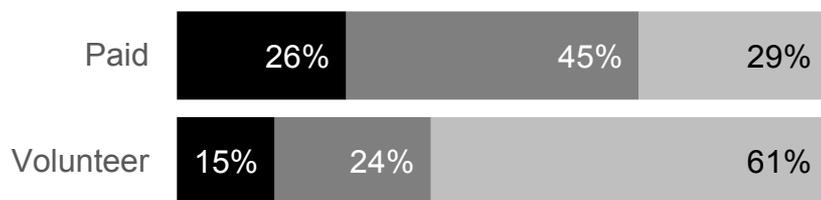
About 60% of paid and volunteer PSWs said their organization has policies and guidelines for accommodations. Almost a quarter were unsure.

Types of accommodations provided (paid PSWs)

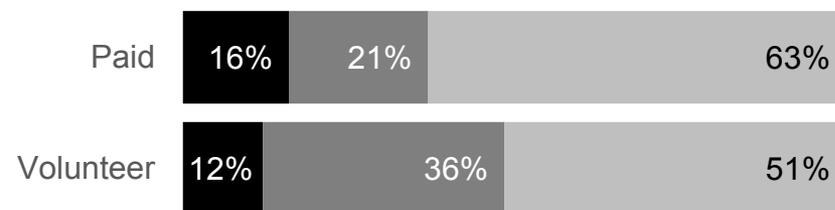


Accommodations in the workplace

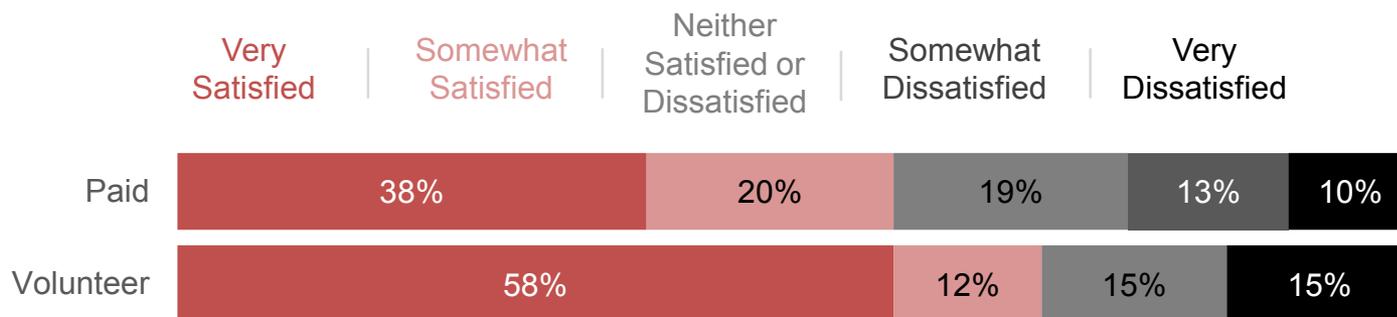
Feeling stressed out was a problem for 71% of paid PSWs and 39% of volunteers in their current organization



37% of paid PSWs and 48% of volunteers felt that their mental health suffers due to being a peer worker



Satisfaction with emotional support



Integration / Isolation in the workplace

Most respondents work in a team

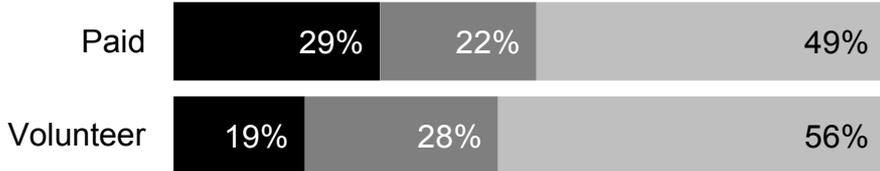


Integration / Isolation in the workplace

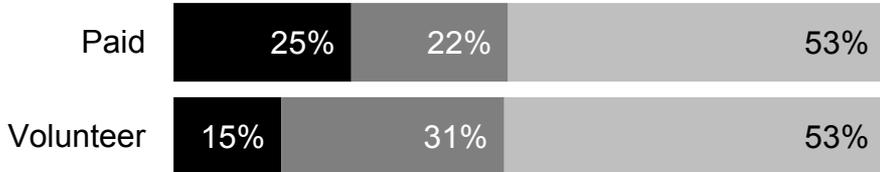
Respondents were asked to identify the degree to which the following were a problem for them in their current organization

Moderate or severe problem | **Mild problem** | **Not a problem**

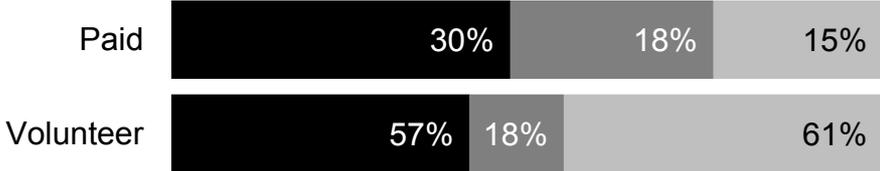
Feeling power imbalances with non-peer staff



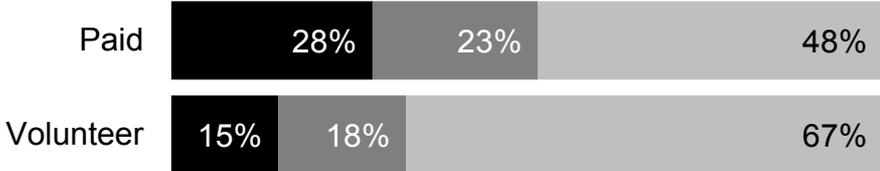
Feeling misunderstood



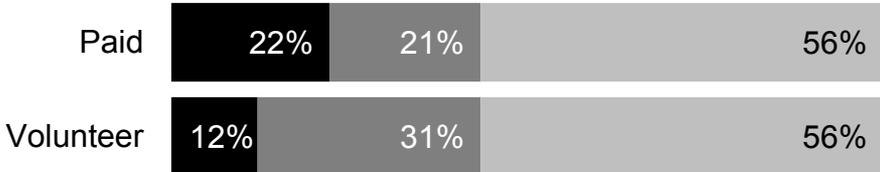
Not being involved in decision making



Feeling isolated



Feeling my concerns are dismissed by other staff

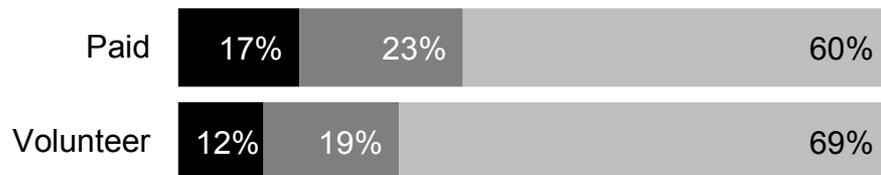


Integration / Isolation in the workplace

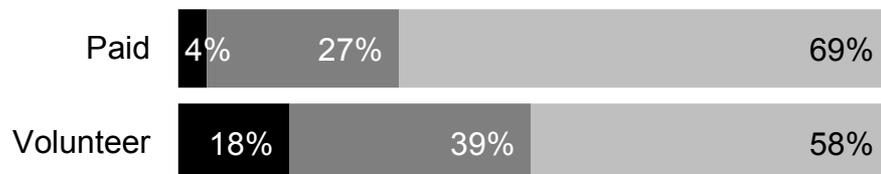
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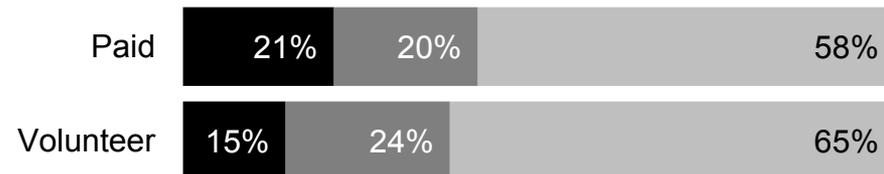
Feeling resistance from other staff about my role



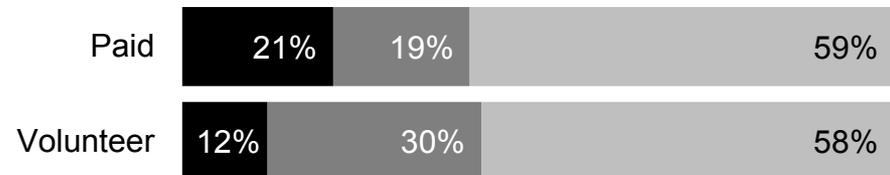
Maintaining appropriate boundaries with other peers I work with



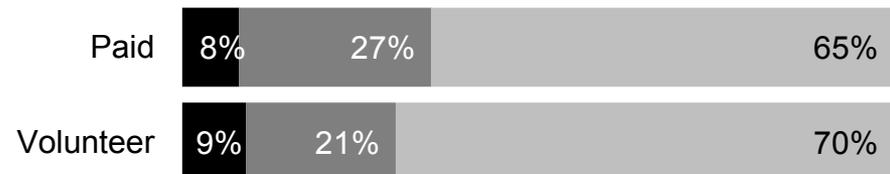
Being treated unequally by coworkers



Feeling stigmatised

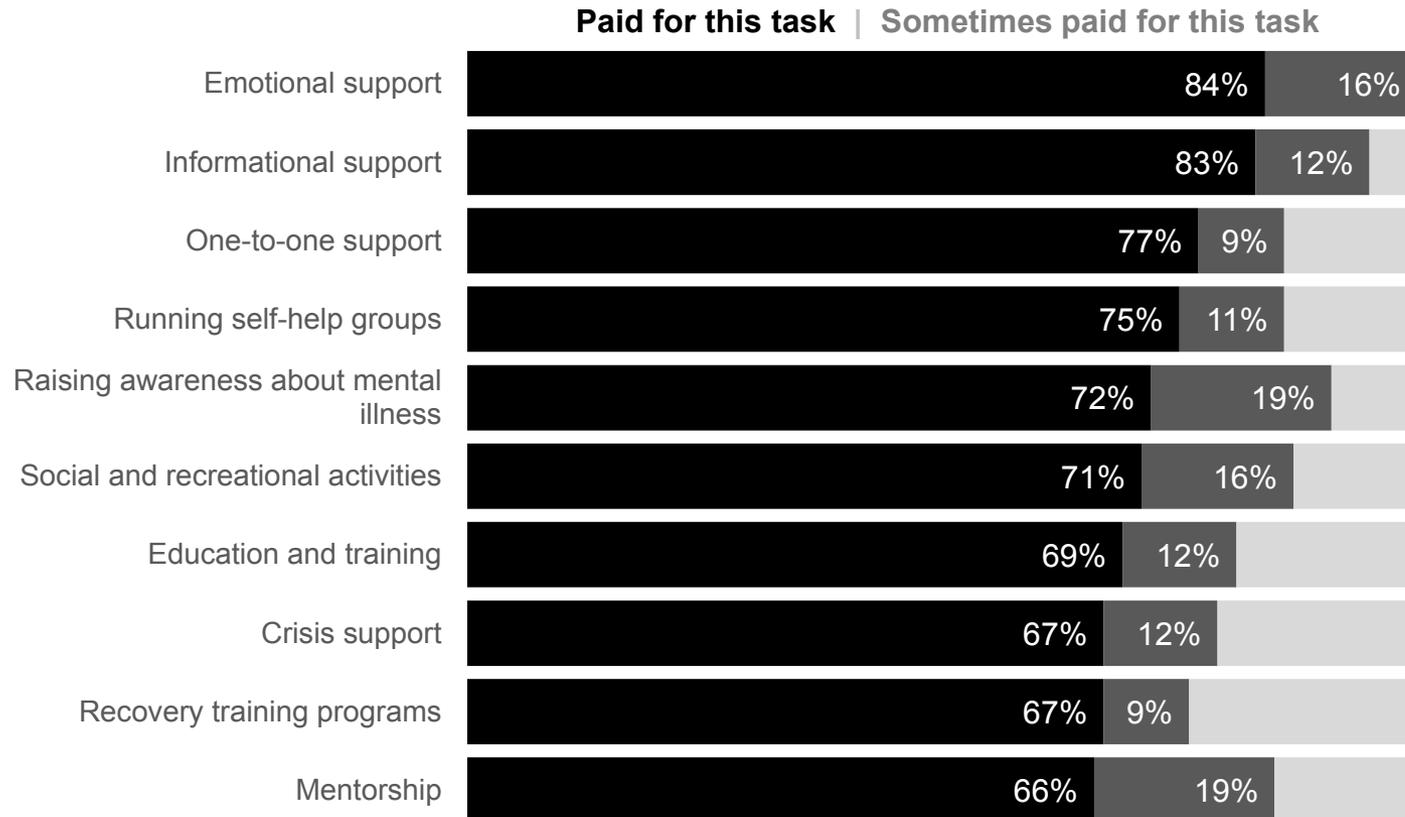


Feeling the expression of my concerns is seen as mental health symptoms



Role Clarity

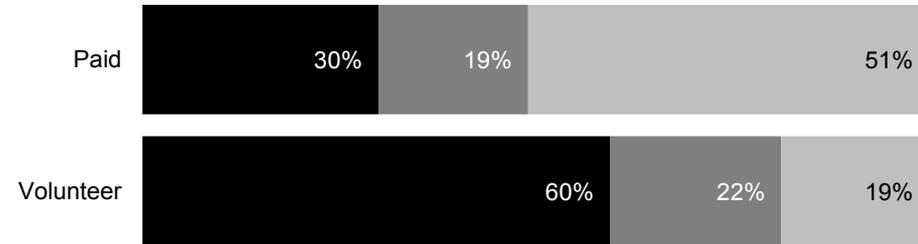
Duties, activities or programs that respondents are involved in as peer support workers



Role Clarity

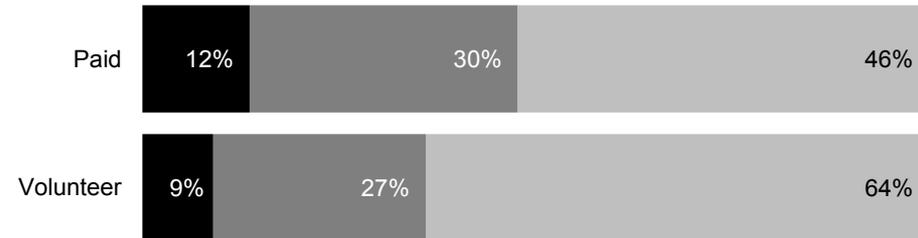
Unclear role expectations

Moderate or severe problem | Mild problem | Not a problem



Being asked to take on other tasks outside my role

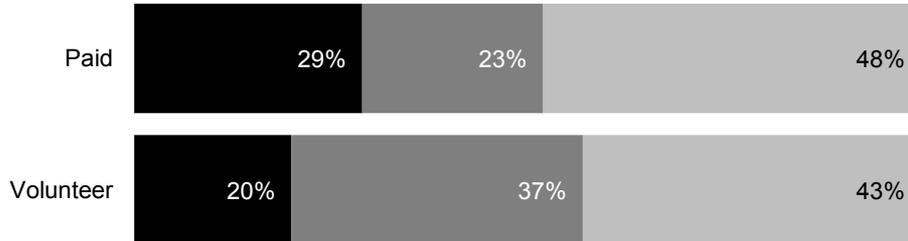
Moderate or severe problem | Mild problem | Not a problem



Respondents were asked to identify the degree to which the following were a problem for them in their current organization

Lack of clarity among other staff about my role

Moderate or severe problem | Mild problem | Not a problem



Availability of peer support positions

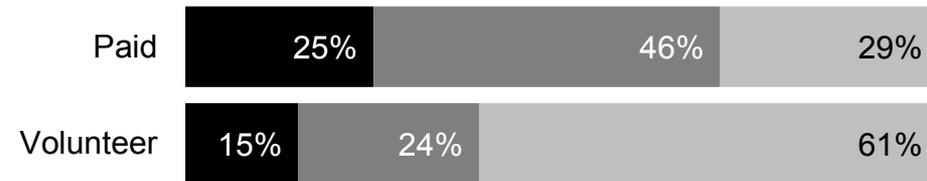
Respondents were asked to identify the degree to which the following were a problem for them in their current organization

Moderate or severe problem | **Mild problem** | **Not a problem**

Not enough opportunities to advance my career



Inadequate funding for peer support programs at my organization



Themes

- In general, PSWs feel underpaid compared to others who do similar work. Hours may be limited and contracts may be temporary.
- Moving from user to employee can be challenging and risky. Examples of peoples personal files being accessed by co-workers.
- Token involvement – organizations may think that having a peer represents a recovery orientation, without any fundamental organizational change.
- Organizations may see a peer as an expert in all things peer support, not realizing peers need experience to grow into the role.
- Developing peer support positions in a non-CSI organization may have high level endorsement, but without any focused attention on getting buy-in on the ground. Failure to clearly explain peer role to teams and set expectations regarding how the position is supposed to function. What is meant by peer support?

Themes

- Peer support is sometimes seen as one thing that can be imported into organizations. But there must be structural changes in an organization for it to work well.
- In a related point, many peers feel isolated in their positions. It is especially challenging at beginning, especially if there are few peer positions. There is a lack of orientation and support.
- Peers want ongoing support, supervision, and feedback – this is often lacking.
- Very important to have home organization for support with shared accountability and supervision.

Reasons for Optimism

- The sheer number of peer support positions out there is unprecedented and continues to grow.
- In some places it is working really well – peers are integrated into teams and roles are clear.
- Some places are witnessing changes to organizational culture – staff are more open and expressive, understanding of peers' experience, and recognize the importance of the role.
- There are new pay precedents. Pay levels for peers in some places are competitive and sometimes quite high.
- Peer support is formally enshrined in health policy as a key component to a effective mental health system.
- Takeaway: Organizations need time to adapt – we are seeing it happening.

The Literature

- The findings from Ontario are consistent with workforce surveys from other areas: U.S.; Australia; New Zealand; Britain
- Role clarity, isolation and “fitting in”
- Getting support from other peers was seen as critical
- Managing the transition from “service user” to “service provider”

The Literature

- There is not a clear, broadly used definition of supervision
- Nothing in the literature at this moment about who is best suited to provide supervision to a peer worker



QUESTIONS?

COMMENTS?

SERVANTS?

Continue the Conversation

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Thank you!

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