



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

# Guidelines for the Practice and Training of Peer Support



The insight and expertise found within this document originated from peer support workers and peer support organizations across the country. Kim Sunderland was primary author, with Wendy Mishkin as co-author on the Training Guidelines. Input, direction and guidance was provided throughout from the Peer Leadership Group.

## Acknowledgements

### Project Team

**Sapna Mahajan**, Director Prevention and Promotion Initiatives, Mental Health Commission of Canada

**Kim Sunderland**, Executive Director, Peer Support Accreditation Certification (Canada)

**Stéphane Grenier**, Peer Support Accreditation Certification Canada and Mental Health Innovation

**Wendy Mishkin**, British Columbia Schizophrenia Society, Victoria Branch

### Members of the Peer Leadership Group

#### PROVINCIAL AND TERRITORIAL REPRESENTATIVES

---

**Diana Capponi**, Ontario

**Theresa Claxton**, Ontario

**Darrell Downton**, Saskatchewan

**Brian Eaton**, Yukon

**Eugene LeBlanc**, New Brunswick

**Roy Muise**, Nova Scotia

**Karon-Ann Parsons**, Newfoundland

**Patrick Raymond**, British Columbia

**Debbie Sesula**, British Columbia

**Frances Skerritt**, Québec

**Chris Summerville**, Manitoba

**Debbie Wiebe**, Alberta

#### OTHER ADVISORS

---

**Ella Amir**, Action on Mental Illness, Québec

**Ian Arnold**, Peer Support Accreditation Certification Canada

**Liz Atkins**, Canadian Mental Health Association, Edmonton

**Shana Calixte**, Northern Initiative for Social Action

**Andy Cox**, The IWK Health Centre

**Joan Edwards Karmazyn**, National Network for Mental Health

**Laurie Hall**, MHCC Service Systems Advisory Committee

**Donna Hardaker**, Workplace Peer Support Consultant

**Karen Liberman**, Mood Disorders of Ontario

**Sandy Palinski**, Ontario Ministry of Education

**Deborrah Sherman**, Ontario Peer Development Initiative

**Rachel Thibeault**, Peer Support Accreditation Certification Canada and University of Ottawa

**Fiona Wilson**, St. Joseph's Healthcare, Hamilton

## OTHER CONTRIBUTORS

---

**Steve Lurie**, Canadian Mental Health Association, London

**Francine Knoops**, Senior Policy Advisor, Mental Health Commission of Canada

### Training Guidelines Working Group

**Diana Capponi**, Centre for Addiction and Mental Health, Toronto

**Juan Cargnello**, Psychology Consultant, Operational Stress Injuries National Network, Veterans Affairs Canada

**Theresa Claxton**, Ontario Association of Patient Councils

**Donna Hardaker**, Canadian Mental Health Association York Region, York Region

**John Massam**, Coast Mental Health, Vancouver

### MHCC Service Systems Advisory Committee

**Wendy Mishkin**, British Columbia Schizophrenia Society, Victoria Branch

**Roy Muise**, Self-Help Connection, Nova Scotia

**Don Palmer**, British Columbia Schizophrenia Society, Victoria Branch

**Deb Sherman**, Executive Director, Ontario Peer Development Initiative

**Chris Summerville**, Manitoba Schizophrenia Society and Schizophrenia Society of Canada

This report was prepared by **Kim Sunderland** with **Wendy Mishkin** as co-author for the Training Guidelines.

The Mental Health Commission of Canada provided funding.

## CITATION INFORMATION

---

Suggested citation: Sunderland, Kim, Mishkin, Wendy, Peer Leadership Group, Mental Health Commission of Canada. (2013). *Guidelines for the Practice and Training of Peer Support*. Calgary, AB: Mental Health Commission of Canada.]

Retrieved from: <http://www.mentalhealthcommission.ca>

© 2013-2016 Mental Health Commission of Canada

The views represented herein solely represent the views of the Mental Health Commission of Canada.

Production of this document is made possible through a financial contribution from Health Canada

*Guidelines for the Practice and Training of Peer Support*

# Contents

Organization and Overview	4
Purpose	5
Development Of The Guidelines	6
Background	7
Peer Support	8
Value Of Peer Support	11
Using The Recovery Philosophy In Peer Support	12
Family-Based Peer Support	13
Practices Of Peer Support	14
Preparing For Peer Support Of A Formalized Nature	15
Part 1 – Guidelines for the Practice of Peer Support	17
Guiding Values And Principles Of Practice For Peer Support Workers	18
Principles Of Practice	19
The Requirement of Lived Experience and Recovery	21
Recovery	21
Skills, Abilities, And Personal Attributes Of A Peer Support Worker	22
A. Skills, Abilities and Personal Attributes that are derived from <b>Lived Experience</b>	22
B. Skills, Abilities and Personal Attributes that are related to <b>Interpersonal Communication</b>	22
C. Skills, Abilities and Personal Attributes that demonstrate <b>Critical Thinking</b>	22
D. Skills, Abilities and Personal Attributes that are related to <b>Teamwork and Collaboration</b>	23
E. Skills, Abilities and Personal Attributes that are related to <b>Ethics and Reliability</b>	24

Knowledge And Training Recommendations	25
Knowledge And Skill Development	26
The Value of Connecting With a Community of Practice	26
Overcoming Accessibility Hurdles	26
Part 2 - The Guidelines for Peer Support Training	27
Training For The Two Types of Lived Experience	29
Lived Experience, Self-Awareness and Innate Ability	29
Training Themes	30
1. Fundamental Principles of Peer Support	31
2. Social and Historical Context of Peer Support	34
3. Concepts and Methods that Promote Effective Peer-To-Peer Effectiveness	36
Training Methods	41
Practical Considerations	42
Scheduling	42
Accessibility	42
Summary	43
Glossary	45
Notes	47

# Organization and Overview

The introduction provides an overview of the background on peer support and outlines the purpose and preparation of the Guidelines.

The document is comprised of two sets of guidelines.

**Part 1, Guidelines for the Practice of Peer Support,**

provides an overview of the elements for the practice of peer support, along with the guiding values, principles of practice, and skills and acquired abilities to be respected by all involved in peer support programs that offer a more formal or intentional form of peer support.

**Part 2, Guidelines for the Training of Peer Support,**

focuses on the training of peer support workers and outlines the skills and knowledge to be included in training programs designed to prepare someone to provide peer support.

# Purpose

The two sets of Guidelines are intended to provide direction to policy makers, decision makers, program leaders and the Canadian public about the practice of peer support. The two sets of Guidelines offer elements for the practice of peer support and an outline of the underlying values, principles of practice, skills and abilities of supporters.

We encourage prospective and practicing peer support workers to consider the set of Guidelines as a roadmap for personal development, and we encourage administrators to consult the set of Guidelines as they develop or enhance peer support programs within their organizations.

Both sets of Guidelines focus on a structured form of peer support that fosters recovery. The peer support worker<sup>1</sup> will have lived experience<sup>2</sup> of a mental health challenge or illness, or is a family member or loved one of someone who does,<sup>3</sup> is in a positive state of recovery<sup>4</sup> and has developed an ability to provide peer support.

The content of the Training Guidelines parallels the critical elements outlined in the Guidelines for the Practice of Peer Support.

The two sets of Guidelines support *Changing Direction, Changing Lives: The Mental Health Strategy for Canada*, developed by the Mental Health Commission of Canada, and are meant to be consistent with its goals for achieving the best possible mental health and wellbeing for everyone. In particular, Goal Five of the national strategy calls for people to have “equitable and timely access to appropriate and effective programs, treatments, services, and supports that are seamlessly integrated around their needs.” This goal recognizes the full range of services and supports, such as peer support, which may provide benefit. Peer support can be a valuable component on the path of recovery for individuals with a mental health challenge or illness and for their family members/loved ones.

“Peer support works because people who have experience with mental health problems and illnesses can offer support, encouragement, and hope to each other when facing similar situations. Peer support can be offered wherever people need it – at peer-run organizations, work-places, schools or health care settings.”

**MHCC, *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*, 2012, Priority 3.4, p. 70**

# Development Of The Guidelines

The Mental Health Commission of Canada (MHCC) acts as a catalyst for improving the mental health system and changing the attitudes and behaviours of Canadians around mental health issues. Through its unique mandate from Health Canada, the MHCC brings together leaders and organizations from across the country to accelerate these changes.

In September 2010, the MHCC released *Making the Case for Peer Support*. This report was based on a vast literature review, as well as input from many of Canada's peers<sup>5</sup> and peer support workers. The MHCC sought input from more than 600 people across the country in face-to-face consultations, and another 220 people through written and online surveys. The recommendations of this report included a call for the creation of various sets of guidelines to support the development of peer support within Canada. *Making the Case for Peer Support* is frequently referenced in these Guidelines as a source of more comprehensive background information.

In 2010, the MHCC also launched the Peer Project to learn from the experience of peer support workers across Canada and to promote peer support as an essential component of mental health services. These Guidelines are an outcome of that project.

The Peer Project hosted face-to-face consultations with peer support workers in seven Canadian cities, and one focus group with clinicians between August and December 2010. An online survey was then sent to more than 300 people who expressed an interest in the project, and their responses validated what had been noted during the consultations.

In the summer of 2011, the Peer Project asked more than 300 participants to recommend experienced and respected peer support workers to represent Canada's 10 provinces and three territories. As a result, a group was selected to engage in more detailed consultation and leadership. This peer support leadership group consists of 12 people from 10 provinces and territories. Other individuals were invited as advisors due to their areas of peer support expertise.

The training guidelines were developed in consultation with a working group of experienced peer support trainers from across Canada who shared experiential knowledge and insights.

The substance of the two sets of Guidelines grew out of the expertise gained from the face-to-face consultations and the online survey, and members of the peer support leadership group reviewed and enhanced these Guidelines at various stages throughout their development.

“Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain.”

**Mead, Hilton, & Curtis, 2001, p. 135**

# Background

## PEER SUPPORT

---

Peer support is a supportive relationship between people who have a lived experience in common. In the case of these two sets of Guidelines, the experience that individuals or groups have in common is in relation to a mental health challenge or illness.<sup>6</sup> This common experience might be related to their own mental health or that of a loved one.

The peer support worker provides emotional and social support to others who share a common experience.<sup>7</sup> The commonality may not be in relation to a specific challenge or illness, but rather to the struggle and emotional pain that can accompany the feeling of loss and/or hopelessness due to a mental illness. Each person is unique in their experience and path towards recovery.

Peer support is rooted in the knowledge that “hope is the starting point from which a journey of recovery must begin.”<sup>8</sup> Peer support workers can inspire hope and demonstrate the possibility of recovery. They are valued for their authenticity because they can relate to the challenge and have found their way to recovery.

Recovery focuses on people recovering a quality of life in their community while striving to achieve their full potential.<sup>9</sup> Recovery does not necessarily mean “cure.” It goes beyond the reduction of symptoms and considers an individual’s wellness from a holistic point of view that includes their relationships, their involvement within community, their general wellbeing and a sense of empowerment. Peer support focuses on health and recovery rather than illness and disability.

Peer support can be provided in both group and one-to-one relationships, and can take place in community groups, clinical settings, and workplaces. This range of accessibility is important since living with a mental health problem or illness, or living with a loved one who has a mental health challenge, influences a person’s day-to-day interactions in their communities, clinics, workplaces and more.

The person who is seeking support is considered a “peer,” not only because of challenges related to mental health, but also due to a past or current connection with the community, clinical setting or workplace.

Regardless of its setting, peer support is considered to have value, either on its own or as a complement to clinical care. For some, peer support may bring all aspects of a person’s journey towards recovery into view. The peer support relationship may be the first step that an individual takes towards recovery, or it may be introduced years into a person’s journey towards wellness. The specifics of a peer support relationship will be a unique experience for each individual.

## VALUE OF PEER SUPPORT

---

Connecting with another person who has lived with similar problems, or is perhaps still doing so, can be a vital link for someone struggling with their own situation.<sup>10</sup> Peer support can be an effective prevention strategy, can moderate the effects of life-challenging events<sup>11</sup> and provide a sense of empowerment.<sup>12,13,14</sup> Research also indicates that peer support can help a person gain control over their symptoms, reduce hospitalization, offer social support and improve quality of life.<sup>15</sup> The information, empowerment and hope that come from someone who has been in their shoes can help a person better navigate the sometimes complicated maze of treatments and other forms of assistance.

A peer support worker draws from their experiential knowledge—the happenings, emotions, and insights of their personal lived experience—as they listen to, interact with and support peers. Research tells us this authenticity helps to create a shift in attitude and results in greater feelings of empathy and connectedness with the peer support worker than what normally occurs in a patient-therapist relationship.<sup>16,17,18</sup>

A peer who interacts with a peer support worker will not only feel the empathy and connectedness that comes from similar life experiences, but this interaction also fosters hope. Hope in the possibility of a recovery that includes health, wellbeing, quality of life and resilience.

For family members, this hope is not only for their loved one, but of equal importance, it is also for their own recovery towards health, wellbeing, quality of life and resilience. Peer support initiatives link families who have a loved one living with a mental health challenge or illness. Family members, or those in a person's circle of care, benefit from peer support in a variety of ways, such as improving their understanding of the mental health system and their ability to support their loved one's recovery, as well as their ability to care for themselves.<sup>19,20,21</sup>

Independent, peer-run organizations play a valuable role, both in providing direct support and by supporting peers working in mainstream settings. It is imperative to recognize the value of peer-run organizations in this field.

The Mental Health Strategy for Canada recognizes that peer support for people living with mental health challenges and illnesses can help to reduce hospitalization and symptoms, offer social support and improve quality of life; however, peer support gets very limited funding. The development of guidelines and standards of practice for peer support will enhance the credibility of peer support as an essential component of a transformed mental health system and encourage its use.<sup>22,23,24</sup>

“It helps to be able to talk to someone who understands what you are going through and who will not judge you.”

**Cargnello, J. (nd).** *Peer Helper Training: A Trainer's Manual; National Centre for Operational Stress*

# Illness-Centred Approach

The diagnosis is the foundation.



- ✘ Begin with illness assessment
  - ✘ Services are based on diagnosis and treatment needed
  - ✘ Services work toward illness-reduction goals
  - ✘ Treatment is symptom driven and rehabilitation is disability driven
  - ✘ Recovery from the illness sometimes results after the illness, and then the disability is taken care of
  - ✘ Track illness progress toward symptom reduction and cure
  - ✘ Use techniques that promote illness control and reduction of risk of damage from the illness
  - ✘ Services end when the illness is cured
- ✘ The relationship only exists to treat the illness and must be carefully restricted throughout, keeping it professional

# Person-Centred Approach

The relationship is the foundation.



- ✘ Begin with welcoming – outreach and engagement
- ✘ Services are based on the person’s experience and the help they request
  - ✘ Services work toward quality-of-life goals
  - ✘ Treatment and rehabilitation are goal driven
  - ✘ Personal recovery is central from beginning to end
  - ✘ Track personal progress toward recovery
  - ✘ Use methods that promote personal growth and self-responsibility
  - ✘ Peer support is voluntary; people engage or disengage as they choose.
- ✘ The relationship may change and grow throughout and continue even after services end

Adapted from Ragins, M., *The Recovery Model*. Handouts and Reference Materials, MHA Village Integrated Service Agency, a program of the National Mental Health Association of Greater Los Angeles.

## USING THE RECOVERY PHILOSOPHY IN PEER SUPPORT

---

Peer support strives for recovery and, in doing so, it considers the wellness of the whole person. Empowering relationships, engagement in meaningful activities, and an ability to experience happiness are all part of recovery. The reduction or elimination of symptoms may be an important goal, but it is only one aspect of the person's experience.

The philosophy of peer support is that each individual has an innate desire to find a path towards recovery, improved health and wellbeing, and has within themselves the knowledge of what will work for them. The peer support worker supports that person as they find that inner knowledge and reignite that hopeful desire.

This is also true for family-based peer support. A family member or loved one can benefit from support provided by someone who has walked in their shoes as they discern the right path for themselves in relation to their loved one. For them, the recovery path is not only about their own mental wellness, but also includes a greater level of confidence and trust in their loved one's abilities to move forward towards a more holistic and healthy life.

Peer support recognizes that wellness is a full life experience. Peer support is intended to complement traditional clinical care, and vice versa.

Mark Ragins, MD, outlines his understanding of key differences between a holistic recovery approach and a more traditional, illness-centred approach in "The Recovery Model."<sup>25</sup> This comparison highlights the ways peer support workers can complement a more traditional medical approach and, in turn, enhance the recovery experience for the peer.

Ragins refers to a recovery-oriented, person-centred approach, where the relationship (rather than the diagnosis) is the foundation and services offered are focused on quality-of-life goals (rather than illness-reduction goals). Recovery-oriented techniques promote personal growth, recognizing that the techniques used within an illness-centred approach are focused on illness control. Some of the differences identified may seem subtle, but can have an important impact on the person who is striving to find hope for a better outcome.

Recovery is "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

<http://www.samhsa.gov/newsroom/advisories/1112223420.aspx>

"Recovery is a process through which people find ways of living meaningful lives with or without the ongoing symptoms of their condition. Helping someone recover is not just about managing symptoms, it includes helping people find a job, getting them somewhere safe to live and developing supportive relationships with family."

[http://www.centreformentalhealth.org.uk/news/2012\\_personalisation\\_paper.aspx](http://www.centreformentalhealth.org.uk/news/2012_personalisation_paper.aspx)

Even as clinical practices strive towards a more balanced and person-centred approach, a peer support worker with lived experience can offer a unique perspective and a more equal and empowering recovery-oriented relationship.

Empowerment and a recovery orientation of this nature are critical elements of peer support. The empowerment that results from a greater sense of hope and kinship is supported by studies showing that the most powerful themes in recovery are people's own personal resourcefulness and relationships, or roles that reinforce their belief in themselves.<sup>26</sup>

This holistic and empowering philosophy honours the uniqueness of each person's experience and path towards recovery. What matters most is the peer's experiences and perceptions, and helping them to explore the paths towards recovery that they feel are best for them.

The Making the Case for Peer Support report outlines the social determinants and consequences of mental health problems. Peer support attends to the full complement of healthy living, recognizing that recovery from the consequences of poor mental health is as important as recovering from the illness itself. Peer support considers recovery to include good health and a healthy quality of life.

This orientation towards a holistic recovery is strengthened when conveyed by a peer support worker who shares a common lived experience. A strong sense of connectivity and empowerment can result from hearing "I've been there and found my way, and I believe you can too." or "Like you, someone I love has challenges with their mental health."

"Peer support is about providing all the tools besides medication – the tools for the other 80% of your life."

**Mental Health Commission of Canada, Making the Case for Peer Support, 2010, p. 46**

## FAMILY-BASED PEER SUPPORT

---

Peer support is often spoken of in relation to a person's individual challenge with mental health. However, family-based peer support is equally important. Founded on the same principles as peer support for people with their own mental health concerns, family-based peer support recognizes the struggle that members in a person's circle of support experience in relation to the mental health challenge or illness of a loved one.

Family members often find themselves trying to understand the illness, and support their loved one, while striving to honour his or her right for self-determination. In some cases, families are required to assume an even more intensive caregiving role when the individual may be unable to care for him/herself.

This stress can be overwhelming and is associated with both the actual caregiving activities, and the emotional turmoil associated with the illness.

The idea of recovery is approached from a slightly different perspective. The family member strives to recover from the emotional turmoil, grief and/or fatigue that may result from caring for someone with a mental health challenge or illness. The family member's path to their own mental wellness or recovery is likely to be enhanced by a better understanding of their loved one's illness and through the development of more effective coping skills. Greater confidence, accepting the situation, and having hope for their loved one will help them to be more effective caregivers and supporters, while also helping them to sustain their own wellbeing. We refer to this as having achieved a level of readiness.

Family-based peer support often takes place in groups where empathetic understanding and experiential knowledge are shared in a non-judgmental and supportive manner with others who are in similar situations. While someone with lived experience provides peer support to an individual with a mental health challenge, family members of a loved one with lived experience provide peer support to other families.

Family-based peer support workers may require slightly different preparation and/or skills to fully understand the unique needs of caregivers.

## PRACTICES OF PEER SUPPORT

---

The following section provides a brief synopsis of the growing body of literature surrounding the various types of peer support in order to more clearly specify the type of peer support being referred to within these two sets of Guidelines. For a thorough review of the many approaches to peer support, please refer to the Making the Case for Peer Support report, found on the MHCC website.

The various types or formats of peer support are often described as falling along a spectrum ranging from informal support among acquaintances through to formal peer support within a structured organizational setting. One of the determinants in defining the type of peer support is mutuality (the mutual benefit), which results from an equal and sharing relationship. Another key factor is the degree of preparation, as well as an intention or plan to make oneself available for peer support work (see Figure 1).

“Friendship” and “Clinical Care” are specified at either end of the spectrum. The range of peer support options begins with “informal peer support” when acquaintances notice the similarity of their lived experience with mental health challenges and therefore listen to and support each other. This type of interaction is more focused than a typical friendship may be. At the other end of the spectrum is peer support within a structured clinical setting, in which there may be a program where peer support workers make a connection with patients based on similarity of lived experience, and offer the opportunity for a supportive, empowering relationship.

At the end of the spectrum closest to “friendship”, true mutual benefit is found when two or more people share similar challenges (either personally or in relation to loved ones) as each strives to find a path towards wellbeing, while supporting one another. Participants are drawn together by what they have in common and neither is more experienced or better prepared to offer support than the other. Hence, the authentic nature and mutual benefit that comes from empathetic support is more identifiable. This may be considered a more informal, less structured relationship providing peer support that is of a true reciprocal, (or give-and-take), nature (see below).

The two sets of Guidelines are intended for the type of peer support that falls at the more formal end of the spectrum.

The types of organizations that intentionally offer peer support vary. Examples include clinical organizations, community organizations and workplaces. There are many community organizations<sup>27</sup> that are very focused on providing peer support in a structured manner, while others may have a different focus with peer support naturally happening on a more reciprocal, less formal manner. Both approaches provide the benefits of hope, empowerment and community that are a part of peer support, and each approach has unique advantages.

The values, principles of practice, and skills and abilities of peer support workers apply to all types of peer support and all types of organizations that offer peer support.

## PREPARING FOR PEER SUPPORT OF A FORMALIZED NATURE

---

Peer support of a formalized nature assumes that a peer support worker will learn how to ensure that the critical aspects of hopefulness, recovery-orientation, empowerment, non-judgmental acceptance, and trust are promoted within the peer support relationship.

The complementary Training Guidelines provide additional information and considerations for preparing for the role of peer support worker. In addition to the above, other important components include:

- knowledge about limits and boundaries for the sake of each individual within the relationship;
- an understanding of the importance of self-awareness and self-care to maintain wellness and resilience, and avoid relapse as much as it is possible to do so; and
- an understanding of how to prepare with the peer for the end of the peer support relationship.

One challenge of this type of more formal peer support is that the relationship may become, or be perceived to be, unequal where the supporter is considered to have an agenda for the other person's recovery or more power in the relationship. Adherence to the guiding values and principles of practice for peer support by the peer support worker will help to ensure that an organic approach based on equality and self-determination is maintained within the relationship.

The two sets of Guidelines have been developed to help ensure that the approach to this more formal type of peer support is fully understood by those involved in its delivery. It is critical to protect and promote the following guiding values and principles of practice within peer support programs.

“Independent, peer-run community organizations play an essential role both by providing peer support directly and by supporting peers working in mainstream settings.”

**O'Hagan M., Cyr, C., McKee, H., & Priest, R. (2010). *Making the Case for Peer Support: Report to the Peer Support Project Committee of the Mental Health Commission of Canada*. Calgary, AB: Mental Health Commission of Canada. Retrieved from <http://www.mentalhealthcommission.ca/English/document/445/making-case-peer-support>**

# Figure 1: Spectrum of Types of Peer Support





## Part 1: Guidelines for the Practice of Peer Support

These Guidelines are intended for peer support of a formalized nature. They provide insight into the value of lived experience and the importance of a peer support worker's skills, abilities, and personal attributes.

“When a person feels that they are truly accepted by another, as they are, then they are freed to move from there and to begin to think about how they want to change, how they want to grow, how they can become different, how they might become more of what they are capable of being.”

**Adapted from Thomas Gordon 1970, 1975, 2000 p. 38 <http://www.gordontraining.com>**

## GUIDING VALUES AND PRINCIPLES OF PRACTICE FOR PEER SUPPORT WORKERS

---

These Guiding Values are designed to embody the main pillars of peer support and will inform the code of conduct and principles of practice.

The *Making the Case for Peer Support* report notes that many peer support workers “are afraid that peer support values will be destroyed if peer support becomes too professionalized. On the other hand people recognized that peer support needs to grow and become more standardized, with nationally recognized training and standards that can be adapted at the provincial level.”<sup>29</sup>

As with any role, it is possible that, over time, the peer support being offered may slip into a type of interaction that no longer honours the original intent. This is one reason that these Guidelines have been created with guiding values. They may be used as a checkpoint to remind and encourage all members of a peer support program of the critical elements that must be honoured.

*Making the Case for Peer Support* identified three primary values as consistent across the literature review and survey of peer support workers:

- Self-determination and equality
- Recovery and hope
- Mutuality and empathy

The following list of values best define peer support in the view of leaders involved in this project:

- **Hope and recovery** – acknowledging the power of hope and the positive impact that comes from a recovery approach
- **Self-determination** – having faith that each person intrinsically knows which path towards recovery is most suitable for them and their needs, noting that it is the peer’s choice whether to become involved in a peer support relationship
- **Empathetic and equal relationships** – noting that the peer support relationship and all involved can benefit from the reciprocity and better understanding that comes from a similar lived experience
- **Dignity, respect and social inclusion** – acknowledging the intrinsic worth of all individuals, whatever their background, preferences or situation
- **Integrity, authenticity and trust** – noting that confidentiality, reliability and ethical behaviour are honoured in each and every interaction
- **Health and wellness** – acknowledging all aspects of a healthy and full life
- **Lifelong learning and personal growth** – acknowledging the value of learning, changing and developing new perspectives for all individuals

Each organization should create its own list of guiding values; it may choose to incorporate other attributes as it sees fit.

## PRINCIPLES OF PRACTICE

---

The principles of practice flow from the guiding values and further define the intent of the support being provided. They embody the character of the relationship and the philosophy of peer support work.

The principles of practice are written from the perspective of the peer support worker, but also direct the principles of practice for a program or an organization. These principles should guide and inform program administrators in policy decisions.

Principles of practice for the work of peer support:

- Recognize the importance of an individual approach to recovery, respect where each individual happens to be in their own journey of recovery, and recognize that the goals, personal values, beliefs and chosen path of the peer may not be the same as their own
- Honour and encourage self-determination by working with the peer to co-create and explore options rather than simply providing direction, and empower the peer to take steps forward on their own rather than “helping” by doing it for them
- Interact in a manner that keeps the focus on the peer rather than on themselves, and maintain a peer relationship that is open and flexible, making themselves available as necessary to a reasonable extent
- Use recovery-based language and interact in a manner that focuses on the peer’s journey to a more hopeful, healthy and full life, rather than focusing on symptoms, diagnosis, and/or an objective set by someone other than the peer
- Share aspects of their lived experience in a manner that is helpful to the peer, demonstrating compassionate understanding and inspiring hope for recovery
- Practice self-care, monitor their own wellbeing and be aware of their own needs for the sake of their mental health, recognizing the need for health, personal growth, and resiliency when working as a peer support worker
- Use interpersonal communication skills and strategies to assist in the development of an open, honest, non-judgmental relationship that validates the peer’s feelings and perceptions in a manner that cultivates trust and openness

“Those of us who have been diagnosed are not objects to be acted upon. We are fully human subjects who can act and in acting, change our situation. We are human beings and we can speak for ourselves. We have a voice and can learn to use it. We have the right to be heard and listened to. We can become self-determining. We can take a stand toward what is distressing to us and need not be passive victims of an illness. We can become experts in our own journey of recovery.”

**Deegan, P. (1996). *Recovery as a Journey of the Heart*. *Psychiatric Rehabilitation Journal*, Vol. 19 Issue 3, pp. 91-97**

- Empower peers as they explore possibilities and find their path towards a healthier and happier outcome with the eventual objective of encouraging disengagement from the peer support relationship when the time is right for the peer
- Respect the various positive interventions that can play a role in promoting recovery
- Respect professional boundaries of all involved when exploring with the peer how they might interact with these other professionals when questions or concerns arise
- Collaborate with community partners, service providers and other stakeholders, and facilitate connections and refer peers to other resources whenever appropriate
- Know personal limits, especially in relation to dealing with crises, and call for assistance (in a collaborative manner) when appropriate
- Maintain high ethics and personal boundaries in relation to gift giving, inappropriate relations with peers (e.g., romantic or sexual intimacy), and/or other interactions or activities that may result in harm to the peer or to the image of peer support
- Participate in continuing education and personal development to learn or enhance skills and strategies that will assist in their peer support work

“For me a key principle of peer support means working from a position of choice and therefore respecting the choices each individual makes. It is a principle of peer support to encourage self-determination and respect the fact that people will make their own choices, whether or not I, as their peer support worker, agree or would choose the same for myself. I hold respect for every human being; for their capabilities, their possibilities, their hopes and dreams, for the humanity that connects everyone, so I can respect a field or an intervention because there are people behind it, and a peer has identified it as their choice.”

**Theresa Claxton, Ontario Association of Patient Councils**

“The principle of self-determination is equally important for family-based peer support, however it stems from the recognition that the focus of the support is the family caregiver (rather than the ill loved one). The family peer support worker helps family caregivers understand their own needs and options, so they can decide what is best for their situation. As they determine what’s right for them, family caregivers also understand and respect their ill loved one’s right for self-determination. This is often a fine balance and unique for each situation.”

**Ella Amir, AMI Québec**

## THE REQUIREMENT OF LIVED EXPERIENCE AND RECOVERY

---

For a peer support worker, lived experience with a mental health challenge or illness (either personally or in relation to a family member or loved one) is a fundamental requirement.

The peer support relationship is based on the connection and understanding that comes from having experienced a similar challenge. It is for this reason that those with personal lived experience support others who are in the midst of their own illness or challenges, and those with lived experience as a family member or loved one support others who also are family members or loved ones.

Peer support is focused on striving for recovery rather than on the specific illness or symptoms. Therefore, the peers do not necessarily need to share the same diagnosis, but rather will find common ground in the challenges and issues that may accompany the illness or mental health challenge, such as stigma, loss of career or family, and/or loss of independence and hope.

An equally important aspect of lived experience is the degree of recovery and readiness of the peer support worker. The peer support worker will have lived through not only ill health and the issues that accompany it, but also a transition towards hopefulness and onto a path of recovery. The recovery aspect of their life journey also provides many insights and will help to inform their knowledge as they support others.

The guideline for lived experience and recovery should not be diagnosis-based, but rather assessed by discussion about past experiences and emotions, and their relevance to the environment in which they will be working.

### Recovery

Recovery will also be assessed through discussion about self-care and resiliency strategies, as well as an ability to determine when stressors or stress levels are reaching an unhealthy level.<sup>30</sup>

Recovery is a dynamic process, therefore a peer support worker is said to be on a path of recovery and considered to be far enough along on that path when they have an ability to detect when they are in need of a health break.

Describing recovery or readiness within the context of peer support is done in an individual manner that considers factors such as personal growth and the environment in which the person will be interacting.

Recovery would incorporate:

- a sense of hope for the future, rather than hopelessness, allowing peer support workers to be beacons of hope for others
- a sense of mastery over one's life that includes self-care and resiliency strategies to help maintain a sense of wellness and emotional health, even if mental health challenges and/or symptoms are still present
- a self-awareness that allows a person to know when stressors or stress levels are becoming unhealthy
- a confident and empowered sense of self within their relationships and their community that contributes to quality of life
- a readiness and ability to share aspects of their own lived experience in a manner that is helpful to the peer and keeps the focus on the peer's experience

“You cannot truly empathize with the recovery process by only studying or reading about it, the same way that you cannot truly empathize with the impact of hopelessness unless you have lived it”

**Diana Capponi, Centre for Addiction and Mental Health, Toronto**

## SKILLS, ABILITIES, AND PERSONAL ATTRIBUTES OF A PEER SUPPORT WORKER

---

Peer support workers will demonstrate innate abilities and acquired skills that make them suitable for peer support of this more formal nature.

### **A. Skills, Abilities and Personal Attributes that are derived from Lived Experience**

The primary personal attribute necessary to provide quality peer support is lived experience with a mental health challenge or illness (either personally or through a loved one), accompanied by the experience of finding a path of recovery.

Skills, abilities and attributes include:

- a sense of hopefulness and a strong belief in the possibility of recovery
- a personal commitment to self-care through stress management and resiliency strategies to maintain health and wellbeing, and a recognition that each peer whom they support will need to find their own unique approach to self-care
- an ability to detect when their own stressors or triggers may be resulting in unhealthy or unwanted attitudes or behaviours, coupled with a willingness to request assistance and/or take steps to work towards recovery
- an ability to relate to the experience and challenges of the peer as a result of their own life experience

### **B. Skills, Abilities and Personal Attributes that are related to Interpersonal Communication**

Interpersonal communication is critical to building open, honest, non-judgmental and trusting peer relationships.

Skills, abilities and attributes include:

- a personal demeanour that is warm, empathetic and non-judgmental, demonstrating a genuine interest in their peer and valuing their peer as an equal and a whole person
- communication and listening skills that encourage honesty, openness and clarity for full understanding of the situation being discussed, while honouring personal integrity
- interactions that respect the peer’s right to self-determination and empower the peer to explore options and co-create new ideas on how to proceed, rather than providing advice or having a personal agenda of what should be accomplished
- an ability to know when the time is right to share aspects of their own lived experience in a manner that provides relevant insight and/or hopefulness while keeping the focus on the peer and their situation

### **C. Skills, Abilities and Personal Attributes that demonstrate Critical Thinking**

Critical thinking is used when a peer support worker engages a peer and tries to understand as clearly as possible the issue that is being discussed. This may include working with a peer to uncover other possible underlying issues when and if the peer is ready to do so.

Skills, abilities and attributes include:

- an ability to encourage open and forthcoming dialogue with a peer using communication styles and skills to improve understanding, and help a peer to discuss other concerns that the peer may initially find difficult to share
- an ability to determine the true needs of the peer, including if the peer only wishes to talk about their stressors or if they are ready to explore options and consider how to initiate changes
- unconditional respect for whatever issue a peer may bring forward, recognizing that it is important to the peer and should not be judged as serious or minor, coupled with an ability to turn a request for advice into an opportunity for the peer to explore options
- an ability to detect when a peer is in or approaching a crisis situation, working with the peer to explore alternative paths if possible, and/or knowing when the situation has escalated to a point where additional resources are required

### **D. Skills, Abilities and Personal Attributes that are related to Teamwork and Collaboration**

Teamwork and collaboration is shown when a peer support worker works with a peer to explore the potential benefits of connecting with other community and clinical options. It also includes respecting the limits and boundaries of the peer support role. Peer support workers understand the benefits that can come from collaborating with others and use resourcefulness and good judgment while doing so.

Skills, abilities and attributes include:

- an ability to learn about other community support systems, understand how they may help, and provide the information as an option for the peer to consider, while respecting the peer's right to self-determination
- a clear understanding of a peer support worker's area of responsibility and expertise compared to the responsibility and expertise of others, such as clinical professionals, when collaborating and/or when discussing with the peer the advice of others
- a degree of self-confidence and initiative, coupled with a desire to learn from others, that results in an ability to both give and receive opinions and a commitment to work through whatever challenges might arise

## E. Skills, Abilities and Personal Attributes that are related to Ethics and Reliability

Personal integrity and an authentic compassion for the peer will ensure that the relationship is grounded in ethical and trustworthy attitudes and actions, including an unwavering support of the personal growth of the peer.

Skills, abilities and attributes include:

- high regard for the emotional and physical safety of the peer, ensuring that confidentiality is always protected within legal limits
- a commitment to ensure all interactions with a peer are appropriate (e.g., interactions are empowering and trustworthy and never sexual or romantically intimate), and are intended to protect and promote the safety and recovery of the peer
- unconditional respect for the peer, their efforts and their time by working with them to develop a relationship that is dependable, flexible and considerate of the needs of both the peer and the peer support worker
- a commitment to personal development and learning more about the practice of peer support, taking advantage, whenever possible, of relevant educational and training opportunities.
- consistent demonstration of a belief in the guiding values and principles of practice found in these Guidelines, as well as a genuine willingness to follow a Code of Conduct based on these values

“And so we go into doing peer support with a focus on learning rather than helping, with an attention to the relationship rather than on the individual and onto creating opportunities for hope and possibility rather than fear and power and control...or at least we try.”

**Shery Mead, <http://www.peersupportvic.org/research-directory/research-directory/ips-a-personal-retrospective>**

## KNOWLEDGE AND TRAINING RECOMMENDATIONS

---

Peer support workers should be encouraged to gain knowledge and further develop skills when opportunities are available. This may mean introductory training, and ongoing learning and skills development throughout the duration of being a peer support worker.

An introductory peer support knowledge and training session can assimilate the skills, abilities and personal attributes identified in these Guidelines. The Training Guidelines for Peer Support Workers provides additional information that could be included in a basic peer support training course.

A full complement of training modules would include:

- Basic peer support training, to provide an overview of the role and responsibilities of a peer support worker and to enhance the worker's communication, interaction, decision making and support skills
- Family peer support training, to provide an overview of the special circumstances that may arise within family/circle of care support
- Crisis management training, to provide knowledge on how to identify and safely manage a crisis situation
- A peer support program that values ongoing development will also include annual training workshops to:
  - facilitate networking of peer support workers,
  - promote ongoing self-care, and
  - provide additional skills training opportunities

“A Community of Practice (COP) exists when a group of peer support workers who value peer support of this intentional nature meet on a regular basis (preferably face-to-face) to support each other, share knowledge and experiential learning, and, most importantly, keep each other committed to, and consistent with, the values and principles of practice of mental health peer support.”

**Kim Sunderland, Peer Support Accreditation and Certification (Canada)**

## KNOWLEDGE AND SKILL DEVELOPMENT

---

The following components are important to consider:

- **Knowledge** – Learning the concepts of recovery, resilience, self-determination and emotional wellbeing will inform an ability to support peers. In addition, learning the key concepts related to building supportive relationships and interpersonal communication will assist in skill development. Being aware of local support systems will also better prepare peer support workers for the role.
- **Skill Development** – The development of skills in areas such as interpersonal communication, supporting change, collaboration and critical thinking is the ultimate objective of the training.

## THE VALUE OF CONNECTING WITH A COMMUNITY OF PRACTICE

---

Ongoing personal development will occur over time as a peer support worker strives to improve and learn from all peer interactions. However, there is a risk of stagnation, burnout and/or straying from the authenticity of peer support. Peer support workers working somewhat independently over time, possibly within challenging environments, may lose sight of some of the critical characteristics of peer support, such as self-determination, non-judgmental empathy and recovery-oriented hopefulness.

It is for this reason that maintaining a connection with a “community of practice” is recommended. The camaraderie experienced within a group of like-minded individuals who share similar values and lived experience can help to maintain the health, hopefulness and wellness of its members, provide opportunity for learning and the sharing of wisdom, and remind each other of peer support’s guiding values.

Organizations with peer support programs should facilitate and encourage their peer support workers to maintain a connection with a peer support community of practice.

## OVERCOMING ACCESSIBILITY HURDLES

---

Even though peer support is becoming widely known and more accessible, there are still many regions without formal peer support programs and many groups of people who are unaware of, or unable to connect with, a peer support worker.

Making the Case for Peer Support refers to the challenge of accessibility in more detail. These Guidelines wish to highlight the challenge of accessibility for the purpose of encouraging decision makers, peer support program managers and peer support workers to determinedly and creatively strive to overcome accessibility issues wherever possible.

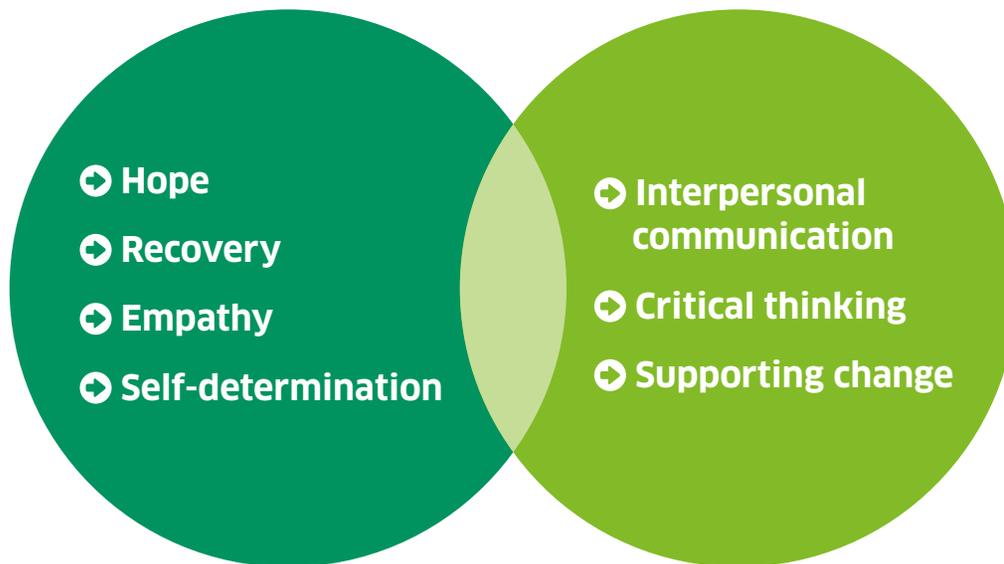


## Part 2: The Guidelines for Peer Support Training

Peer support is grounded in the values of hope, recovery, empathy and self-determination, with a recognition that interpersonal communication skills, critical thinking and an ability to support personal growth can enhance a peer relationship. Underlying these values and skills is a strong commitment to ethics, an understanding of the peer support role and a non-judgmental approach.

# Respect for Ethics and the Peer Support Role

## Non-Judgemental Approach



A self-aware training participant will already instinctively know the value of hope, recovery, empathy and self-determination as a result of their lived experience, but one purpose of training is to better understand the impact on their peers of supporting these principles. Peer support training will enhance understanding and skill development of these and many more principles.

## TRAINING FOR THE TWO TYPES OF LIVED EXPERIENCE

---

The recommended training components within these Guidelines are relevant for all peer support workers, whether they have personal lived experience with mental health challenges or illness, or lived experience as members of a person's circle of support. Organizations will choose whether to integrate the two groups into one training group depending on the populations they serve.

## LIVED EXPERIENCE, SELF-AWARENESS AND INNATE ABILITY

---

The formal objectives of training are to share knowledge and develop skills, but the reality is that each participant contributes to the learning and development process in a very personal and insightful manner. With the criteria of lived experience, the participants will grow and develop through the recognition and integration of several components:

- **Lived Experience**<sup>31</sup> – The recollection of, and insights gained from, each participant's personal experience and recovery path will enhance their understanding of concepts being presented. As discussions and experiential learning occurs, participants will also learn from the insights shared by others.
- **Self-Awareness** – Each participant will enter training with a certain degree of awareness of their personal stressors, resilience strategies, areas of strength and areas still requiring attention. This self-knowledge has likely been heightened as a result of their lived experience and recovery path, and training has the potential to further develop each person's ability to be more self-aware.
- **Innate Interpersonal Communication Skills** – Interacting with and supporting others is a normal social function. Participants will likely have already been in supportive relationships and have discovered an innate ability and a strong desire to help others. The goal in training is to further enhance each person's natural approach, making them aware of potential pitfalls and different strategies so they can build on their existing strengths.

Recognizing the gifts that each participant brings will encourage a training opportunity that promotes mutual benefit and authentic support.

To speak and truly understand the relevance of the material, not only should a training facilitator have excellent training skills and a strong ability to facilitate group learning, but lived experience with mental health challenges or illness and recovery should also be represented. Two or more facilitators may be required to ensure all facets of experience (lived, peer support and training/facilitation) are incorporated, but it is preferable that each facilitator possesses all three qualities.

“When the groups are combined there is an opportunity to learn from each other's perspective. However, it is recommended that for role play or other experiential activities, family supporters pair up with family supporters and those with personal lived experience pair up with others with personal lived experience. This will enhance the practice experience for both.”

**Juan Cargnello, Psychology Consultant, OSINN, Veterans Affairs Canada**

## TRAINING THEMES

---

The recommended training components within these Guidelines are relevant for all peer support workers, whether they have personal lived experience with mental health challenges or illness, or lived experience as members of a person's circle of support.

**1. Fundamental Principles of Peer Support**

Discussion of how fundamental principles such as the gift of lived experience, the power of hope, the concept of recovery and the value of self-determination set the stage for the remainder of peer support topics. An understanding of peer support values and ethics, and the range of settings in which peer support can take place, also enhances a prospective peer support worker's understanding of their role.

**2. Social and Historical Context of Peer Support**

Peer support happens in the context of human relationships where each person brings the impact of their life experience. This lived experience might include discrimination, stigma, social exclusion, poverty, trauma and much more. A peer support worker who understands the broader social and historical context of these experiences and grasps their potential impact will be better prepared to support others.

**3. Concepts and Methods that Promote Peer-to-Peer Effectiveness**

Peer support relies on interpersonal communication, building trust within relationships and supporting another person as they choose to take steps towards change and recovery. Peer support workers often have an innate ability to do this, but these skills can be enhanced through sharing knowledge and learning through experience. Other areas of importance include negotiating limits and boundaries within a peer relationship, collaborating with community resources and building resilience through self-care. Resilience and self-care are equally important for the peer support worker to foster their own wellness as they do this important work.

Each of these themes is expanded upon and discussed in more detail in the sections that follow.

“Peer support is not scripted. It does not follow steps. It is about relationship. It comes from the heart through insight and knowledge gained from experience.”

**Wendy Mishkin, Peer Support Consultant, BCSS Victoria**

# 1. FUNDAMENTAL PRINCIPLES OF PEER SUPPORT

---

## 1.1 Lived Experience, Hope, and Recovery

Hope, recovery and the credibility that comes with common lived experience are distinguishing characteristics of peer support. Whether the common experience is one's own mental health challenge or that of a loved one, a peer support worker mirrors a hope-filled vision of future possibilities and can inspire the peer to take steps towards recovery from the experience.

The objective of training is to increase awareness, teach concepts and develop skills related to:

- understanding recovery and how this holistic, person-centred approach complements a purely clinical approach to mental health
- awareness of how the peer support worker provides credibility and mirrors hope
- promoting and maintaining a recovery-orientation within a peer support relationship
- understanding how the recovery vision also applies to those who are within a person's circle of support.

“Peer support is not scripted. It does not follow steps. It is about relationship. It comes from the heart through insight and knowledge gained from experience.”

Wendy Mishkin, Peer Support Consultant, BCSS Victoria

## 1.2 Self-Determination and How to Foster It

Self-determination is an individual's right to determine their own fate, including courses of action, treatments and supports. This principle requires the peer support worker to ensure that the peer's choice is honoured while working together with the peer to explore options.

When providing family-based peer support, it is important to help an individual balance their need to do what they feel is best under a given circumstance, while helping them to learn more about the potential value of respecting their loved one's choices (if they are ready to do so).<sup>32</sup>

The objective of training is to increase awareness, teach concepts and develop skills related to:

- understanding the concept of self-determination and how to support it throughout the peer relationship
- identifying and overcoming the challenges of using a self-determination approach
- using strategies that empower the peer (e.g., using strategies which support their peers to have increased power and control over their own lives<sup>33</sup>)
- ensuring that it is the peer's needs, not those of the peer support worker, that are being addressed
- recognizing that “individuals are unique with distinct needs, strengths, preferences, goals, cultures, and backgrounds (including trauma experiences) that affect and determine their pathway(s) to recovery”<sup>34</sup>

“Peer support is an ideal fit with a self-determination approach because people make good decisions when they are free of shame and blame. A fundamental aspect of peer support is that it provides a relationship and ongoing exchange that purposely avoids shame and blame. Within this safe and non-judgmental space peers are more likely to make positive, healthy decisions. In a peer support relationship peers are heard and valued, and regarded as whole human beings.”

**Hardaker, D. (2012). Self-Determination and Peer Support. [www.donnahardaker.com](http://www.donnahardaker.com)**

### **1.3 Peer Support Values, Ethics and Principles of Practice**

Acting in an ethical and honourable manner helps a peer support worker to create and maintain a safe, trusting and effective peer support relationship. Aligning with the values and principles of practice found in the Guidelines for the Practice of Peer Support, and an organizational Peer Support Code of Conduct or Ethics consistent with these values, is critical.

The objective of training is to increase awareness, teach concepts and develop skills related to:

- understanding the meaning, significance and implications of the values and principles of practice
- understanding the elements of a Code of Conduct or Ethics for peer support workers and critically analyzing where challenges and uncertainties may arise, especially in ambiguous situations

### **1.4 Trauma-Informed Practice**

A peer support worker who understands the impacts of trauma and uses trauma-informed practices<sup>35</sup> will be less likely to unintentionally re-traumatize a peer and more likely to support healing. Providing a safe opportunity for a peer to talk about what happened to them, rather than what is wrong with them, if they choose to do so, can be validating and healing for the peer. It can also help to ensure that causes of psychological distress are not overlooked.

The objective of training is to increase awareness, teach concepts and develop skills related to:

- recognizing the prevalence and impact of trauma on people with mental health challenges and its implications for recovery and healing<sup>36</sup>
- understanding how healing can occur through healthy relationships, such as peer support, that honour mutuality, equality and the freedom to openly share one's story
- understanding how a peer's trauma may affect a peer support worker, possible signs this is happening, and strategies for a peer support worker to manage it

“Sensitivity is extremely important when working with someone who is dealing with trauma. In many cases the person has blamed themselves for the traumatic situation. Often they ask for help long after the incident has occurred and their feelings are deeply entrenched. You have to go very slow since the likelihood of full disclosure in the first meeting is very slim and until you know the nature of the trauma it is very easy to re-traumatize the person. Patience is an important attribute when working with a peer that has been impacted by trauma.”

**Michael Lloyd, Peer Support, Chatham-Kent Consumer and Family Network, Chatham Ontario**

### **1.5 Applying Peer Support Principles in Diverse Environments**

Peer support occurs in a wide range of environments, such as community organizations, schools, clinical care organizations, general workplaces and various diverse social, cultural and geographic settings. However, the underlying philosophy and practice of peer support is the same, even though each environment presents its own opportunities and challenges. Learning more about the environment in which he/she will be working will help a peer support worker to be better prepared.

The objective of training is to increase awareness, teach concepts and develop skills related to:

- becoming familiar with the range of environments and organizations in which peer support may be offered and the potential opportunities and challenges of each
- strategies for working effectively within teams or work groups or strategies to create team support when working in isolation
- understanding the potential advantages and challenges of peer support within a group structure rather than one-on-one
- understanding the unique needs and perspectives of a family member/ loved one, or care-giver.
- strategies for facilitating peer support groups (as required)

Note: This topic is covered only for the purposes of introductory awareness and recognizing that the same principles of peer support apply in all environments. More depth on a specific area of interest, such as clinical-based peer support or workplace-based peer support, can be provided in supplemental training, as required.

## 2. SOCIAL AND HISTORICAL CONTEXT OF PEER SUPPORT

---

### 2.1 The Historical Context of Peer Support

The philosophy of peer support and its values of hope, self-determination and recovery were, in part, a response to the historic prevalence of social injustice and stigma towards those with mental health challenges. Understanding the historical context can help to explain challenging issues, such as why some may be reluctant to disclose their illness and/or seek treatment or support.

The objective of training is to increase awareness, teach concepts and develop skills related to:

- understanding the historical context of social injustice, including outdated cultural beliefs and treatment practices, and the value of a peer support relationship that validates and empowers
- understanding the history and principles of the peer support and consumer/survivor movements and how these are represented in today's environment
- understanding the current environment related to mental health and mental illness, including its challenges and its progress<sup>37,38</sup> and how that might relate to peer support workers and peers.

“An awareness of the historical context of mental illness serves as a foundation for understanding the legacy of oppression and discrimination out of which current trends in peer support developed.”

**Eugene LeBlanc, Our Voice/Notre Voix**

### 2.2 Prejudice, Discrimination and Stigma

Dealing with prejudice, discrimination and stigma, in addition to the challenges of ill health, makes recovery more difficult. Understanding the origins of stigma and being able to support peers as they deal with it will have a positive impact on recovery.

The objective of training is to increase awareness, teach concepts and develop skills related to:

- identifying the three types of stigma: public stigma (negative beliefs about a group of people), internalized or self-stigma (negative beliefs about oneself), and stigma by association (negative beliefs about those who associate with members of the stigmatized group)
- identifying understanding the effects of stigma and developing strategies to mitigate and recover from its impact
- understanding the impacts of internalized stigma, how it may affect one's role as a peer support worker and developing strategies to manage it

## 2.3 Diversity and Social Inclusion

Social exclusion can be a barrier to recovery. Participation in community life (“a home, a job, a friend”<sup>39</sup>) can have a positive impact on recovery. Honouring diversity and cultural differences strengthens a peer relationship and an important part of the peer relationship is supporting the peer as he/she builds their community life. A lack of understanding of these concepts may result in barriers in the peer support relationship.

The objective of training is to increase awareness, teach concepts, and develop skills related to:

- recognizing the impact of social exclusion on an individual’s recovery and supporting the peer’s steps toward participating in community life
- understanding social injustices that are inherent in society relating to social factors such as race, culture, sexual orientation, class, disability, and others, and how these can affect the peer and the peer support relationship
- supporting peers to become engaged in community life, which may include housing, employment, and social activities
- understanding the importance of, and approaches to, respecting diversity and cultural differences within a peer support relationship
- understanding that each individual has a unique perception of the world and that there is no one way to approach life’s challenges

“When in a supportive relationship with my peers, I find it valuable both for myself and for those who I am supporting to recognize the various experiences they bring to the table and to validate their struggles with realities such as poverty and systemic racism. By looking at the power dynamics inherent in our society (and in our connection as well), I am able to provide a much richer and fuller peer support relationship, that honours their experiences and recognizes that social justice must be a factor in mental health recovery.”

**Shana Calixte, peer advocate and Executive Director, NISA/Northern Initiative for Social Action, Sudbury, Ontario**

## 2.4 Social Determinants of Health

The holistic approach to health and wellbeing implicit to recovery requires an awareness of the social factors that can determine one's health. Some examples of these factors include income and housing. Peer support workers require knowledge and resources to support their peers to overcome challenges they may have in these areas.

The objective of training is to increase awareness, teach concepts and develop skills related to:

- understanding the social determinants of health, how they are inter-related and their impact on mental health and wellbeing<sup>40</sup>
- recognizing the impact of specific challenges on a peer and supporting the peer as he/she determines how to manage or improve their circumstances
- collaborating with community partners as appropriate

## 3. CONCEPTS AND METHODS THAT PROMOTE EFFECTIVE PEER-TO-PEER EFFECTIVENESS

---

### 3.1 Interpersonal Communication Principles and Methods

Interpersonal communication is basic to all human interactions whether they occur in person, by phone, in writing or online. Good communication skills foster key components of peer support, such as trust, self-determination and recovery, and are an important factor in building effective relationships. Communication skills are an area of expertise that can be developed and improved through training and practice.

The objective of training is to increase awareness, teach concepts and develop skills related to:

- interpersonal communication principles and relationship-building skills
- communication skills such as the use of O.A.R.S.<sup>41</sup> and other strategies that build trust and promote open and compassionate communication<sup>42</sup>
- using effective communication skills to calm stressful situations
- identifying and mitigating potential misunderstandings and/or barriers to communication
- an awareness of the impact of non-verbal communication and the environment in creating a welcoming, comfortable and non-judgmental interaction
- enhancing communication and avoiding pitfalls when not meeting in person

### 3.2 Building Supportive Relationships

A successful peer support relationship will leave the peer feeling more empowered and hopeful about the future. The value of the relationship is derived from a sense of connection through the shared experience of living with a mental health challenge or being a loved one of someone who does. The message “I’ve been there and found my way, and I believe you can too” or “Like you, someone I love has challenges with their mental health” embodies this concept.

The objective of training is to increase awareness, teach concepts and develop skills related to:

- strategies for a first meeting with a peer
- strategies for creating an environment of trust and openness, including a discussion about confidentiality
- determining when it is advantageous for the peer support worker to share aspects of their own lived experience while keeping focus on the peer, and how to do so in a manner that supports and inspires hope
- recognizing that each peer is unique and therefore the evolution of the relationship will be unique
- identifying the peer’s strengths and celebrating his/her progress and successes
- strategies and principles to prepare for an ending of the relationship
- balancing the use of effective strategies with authentic and empathetic listening and kindness

“To support your peer is more than to listen and to talk. It’s more than effective questioning. It’s more than sharing your story. Those are mechanics. To be truly present is to communicate in a whole new way. It’s as if, each time, with each conversation, you’re hearing the story for the first time...and it’s the most important story you’ve ever heard.

The connection is made, not with the ears, not with the tongue. Not even with the brain. The connection is made with the heart.”

**Karen Liberman, Mental Health Advisor and former Executive Director, Mood Disorders of Ontario**

### 3.3 The Process of Recovery and Change

The process of recovery doesn't follow a straight line and involves personal growth and risk-taking as steps are taken towards ever-increasing wellness. This process begins with hope for the future and a belief that something new and different is possible. The peer support worker plays a role in inspiring hope, fostering empowerment and encouraging personal growth through change and adaptation.

The objective of training is to increase awareness, teach concepts and develop skills related to:

- understanding processes of recovery<sup>43</sup> and change<sup>44</sup>
- understanding the power of hope to inspire a peer towards risk-taking in his/her steps towards change, and the peer support worker's role in this process
- understanding the wellbeing continuum and the emotions associated with movement between ill-being and well-being
- supporting peers wherever they are in the process of recovery, and gauging their readiness to attempt something new in a manner that builds on their strengths and promotes self-determination

### 3.4 Building Resilience through Self-Care and Wellness Plans

Building resilience, maintaining wellness, and planning ahead for crisis situations is important for those who have dealt with their own or their loved one's mental health challenges. Learning more about resilience and self-care will help peer support workers to maintain their own health while working in potentially stressful situations, and also enhance their ability to explore with others what is most suitable and effective for them.

The objective of training is to increase awareness, teach concepts and develop skills related to:

- understanding what fosters resilience and how to develop it
- understanding the aspects of wellness: physical, emotional, intellectual, social/cultural, environmental, occupational and spiritual
- understanding the importance of wellness plans and/or other resources that incorporate a personalized strategy to identify and deal with potential triggers or early signs of relapse<sup>45</sup>
- exploring with peers how to create a self-care plan that builds on natural strengths and/or discovers new areas of interest

### 3.5 Limits and Boundaries

Peer support workers need to assess and manage personal and role-oriented limitations and boundaries. These may be explicit, as in a code of conduct or workplace protocol; they may be implicit, such as the unwritten rules, possibly in relation to other care providers (e.g., clinicians or community services) or the environment; or interpersonal in nature in relation to the peer being supported (e.g., meeting times). Some of these boundaries may not be flexible, such as in a code of conduct, while others will be assessed as each situation arises.

The objective of training is to increase awareness, teach concepts and develop skills related to:

- understanding the role of a peer support worker and the limitations and boundaries inherent in this role, whether they be explicit (e.g., code of conduct) or implicit (e.g., a peer support worker does not take the place of a clinician, but may explore with the peer how to discuss treatment advice they may not agree with)
- identifying ambiguous situations in relation to boundaries and using critical thinking to determine how best to proceed
- learning more about a peer's boundaries and respecting that they may not be the same as their own
- communicating and negotiating personal limits and boundaries with the peer, recognizing the vulnerability of both the peer and the peer support worker, to create a safe and trusting relationship
- identifying when a boundary has been crossed and determining how to respond

“Respecting and maintaining personal and role-oriented boundaries is critical to one's success as a peer support worker.”

Frances Skerritt, Peer Supporter, Wellington Centre for the Douglas Hospital, Québec

### 3.6 Crisis Situations and Strategies

The term crisis may be used to describe a wide range of situations with respect to severity. The similarity throughout is that the peer perceives the situation to be beyond their ability to cope. The role of a peer support worker includes understanding the situation, appreciating the perception of the peer, recognizing the severity of the problem and responding in an appropriate manner.

The objective of training is to increase awareness, teach concepts and develop skills related to:

- understanding the specifics of the crisis and the perception of the peer, as fully as possible
- recognizing the severity of the crisis and following life-saving protocols when necessary
- supporting a peer through the crisis in a manner that ensures safety while helping them develop a plan and a more hopeful outlook
- exploring options such as community resources

Note: Additional training on suicide awareness and suicide intervention is required as a follow-up session to this basic training.

### 3.7 Connecting with Community Resources

A well-prepared peer support worker will enhance their ability to support peers by maintaining a list of local community resources that a peer might use and, over time, will develop collaborative relationships with people within these local services.

The objective of training is to increase awareness, teach concepts and develop skills related to:

- understanding the range of relevant supports and services available in their community or region and understanding potential barriers to accessing community resources
- learning more about mental health laws and human rights laws in their jurisdiction
- collaborating with community support resources and/or traditional care services
- exploring the option of utilizing a community or care resource with the peer in a way that fosters empowerment
- interacting with other care/support providers in a manner that promotes partnership/teamwork, and resolving conflict or difference of opinion when it may occur

Note: Additional training on suicide awareness and suicide intervention is required as a follow-up session to this basic training:

### 3.8 Awareness of Possible Symptoms and Potential Side Effects of Medication

The focus of peer support workers is always on recovery, holistic health and the peer's self-described experience. However, background knowledge of the general range of possible symptoms and side effects due to ill health and medication will provide a peer support worker with an awareness of potential issues that may arise. The symptoms should not be associated with specific illnesses, or side effects related to specific drugs, rather it is the awareness of the range of experience that might occur that is important.

The objective of training is to increase awareness, teach concepts and develop skills related to:

- understanding the general range and potential severity of side effects and symptoms that may arise for peers
- discussing these issues and experiences with a peer, when the peer feels the need, and balancing this discussion with the overall objective of focusing on the person and their recovery journey
- exploring with the peer how they might discuss these types of issues with their health care provider
- knowing where to seek other forms of support

# Training Methods



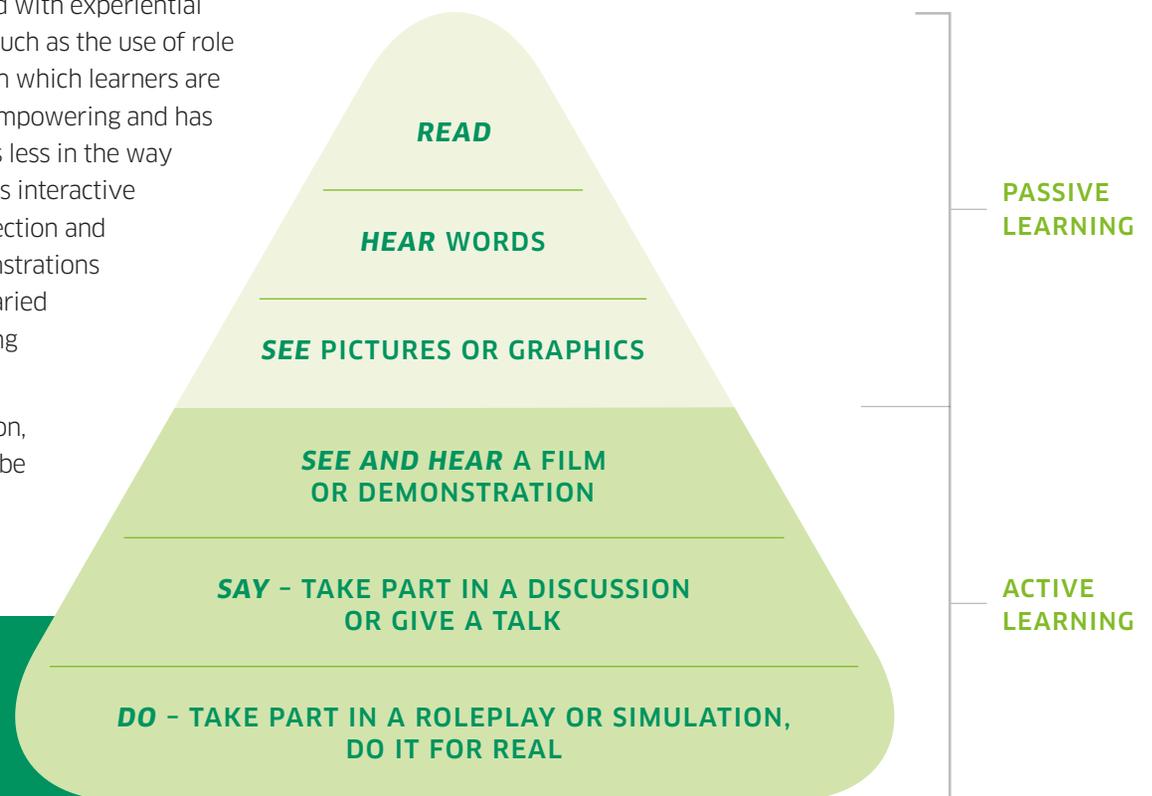
“Tell me, and I will forget. Show me, and I may remember. Involve me, and I will understand.”

– Confucius, 450 BC

The transition of knowledge into skill is enhanced with experiential learning that includes opportunities to practice, such as the use of role playing. The participatory approach to training, in which learners are directly engaged in their own learning, is more empowering and has the best results with adults.<sup>46</sup> This means there is less in the way of lecture and more experiential activities such as interactive discussion, small group exercises, individual reflection and journaling, role playing and learning from demonstrations (recorded or live) of role play scenarios. These varied activities also accommodate participants' differing learning styles.

Prior to developing or delivering a training session, adult education theories and approaches should be researched to ensure an effective learning opportunity is provided for all participants.

**AFTER TWO WEEKS WE REMEMBER MORE OF WHAT WE ACTIVELY LEARNED RATHER THAN WHAT WE PASSIVELY LEARNED.**



Adapted from: “Facilitating Participatory Workshops”, <http://www.seedsforchange.org.uk/facilwsh.pdf>, p. 2

Continued development of skills occurs through practice in real-life situations. If the opportunity exists, a new peer support worker can benefit from observing and functioning in the role with guidance from an experienced worker as a follow-up to training. This allows for a progression from role-playing, through shadowing, to practice opportunities with close supervision and support, and finally to working on their own.

## PRACTICAL CONSIDERATIONS

---

### **Scheduling**

Determining the duration and schedule of a course is dependent on several factors, the most impactful being the needs of the participants.

Training may occur in one span of several days or be spread out across a period of time. This is dependent on the preference of the training organization and the needs of the participants.

Some prospective peer support workers may require flexibility in terms of in-class duration and/or pace or progression of training to fully comprehend and integrate the knowledge being offered. The ability of the person to learn within a classroom environment does not necessarily predict their success as an empathetic and supportive peer worker.

### **Accessibility**

Prospective peer support workers will come from a wide variety of situations, geographic regions, cultural norms and income groups. If we are to meet the goal of increasing access to peer support, then we also need to consider how to overcome challenges that prospective peer support workers may have to participate in training.

We encourage training facilitators and organizations to respect and learn from the insights that each person brings from their geographic area or cultural background and to innovatively find ways to meet their specific needs.

# Summary

*Changing Directions, Changing Lives: The Mental Health Strategy for Canada* indicated that peer support can be a valuable component on the path of recovery for people with a mental health challenge and for their family members and loved ones. Section 3.4.3 of the Strategy calls for the development of guidelines of practice for peer support to enhance the credibility of peer support as an essential component of a transformed mental health system. These Guidelines for the Practice of Peer Support have been developed in collaboration with peer support workers and peer support organizations from across Canada.

National recognition of these two sets of Guidelines is a first step in the process of growing respect for, and accessibility to, peer support. People who have lived with mental health challenges or illness and found their way to a path of recovery have powerful insights. The pain and strain of mental ill health is known to too many Canadians. Let us go to these individuals who have firsthand experience with hope and recovery to empower others in finding their own path towards holistic health and wellness.

The many peer support workers involved in this project honour all those who have come before them who, with heart and hard work, helped build respect for the field of peer support as we know it today. They were too often unnoticed, unrecognized and underappreciated. From their passion we have learned how to offer hope, empowerment and recovery to others.

Peer support training will not only build an understanding of the value of these key elements, but will also provide strategies and experiential learning opportunities to foster the development of hope and self-determination, and to interact in a manner that promotes self-directed change towards a path of recovery and resiliency.

The practical skills related to interpersonal communication, maintaining limits and boundaries, managing crisis situations and fostering resilience through attention to self-care and self-awareness are also critical and incorporated as key components of training.

There are many paths that a prospective peer support worker may take towards becoming fully prepared, but it is expected that acquiring the knowledge specified within these two sets of Guidelines, coupled with an opportunity to further develop these skills in a practice setting, will be a part of their preparation for the role of peer support worker and a fulfilling life of supporting others.

“Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another’s situation empathically through the shared experience of emotional and psychological pain.”

**Mead, Hilton, & Curtis, 2001, p. 135**

“We are at a pivotal moment in time—and have perhaps a once in a lifetime opportunity—to seize the experience, the wisdom, the success, the learning, the passion of all those years and make them truly count, to capture the essence of peer support and help transform the mental health system in ways we’re yet to discover. More importantly, one day soon, every person who struggles with mental ill-health will have someone in their life who ‘gets it’... a peer support worker.”

**Karen Liberman, Mental Health Advisor and former Executive Director, Mood Disorders of Ontario**

“At a time when society is arguably more fragmented than ever before, and technology and social media have overtaken face-to-face communication, the power of human interaction has never been greater. Nowhere can it have more impact than in the lives of people experiencing mental health challenges.

Evidence points to social support, more specifically the lack thereof, as being a primary risk factor for the development of mental illness. It makes sense to invest time and energy to develop robust social support programs to provide an antidote to what is a natural occurrence and phenomena for so many affected by mental ill-health, that is isolation.

Peer support, as clearly stated throughout these Guidelines, is not intended to replace clinical programs but was established as a complement to traditional care. Considering the potential return on investment resulting from such initiatives, it makes sense for Canada to pay particular attention to peer support as it continues to improve mental health services and programs.”

**Stéphane Grenier, Lead Consultant, MHCC Peer Project and co-founder of Peer Support Accreditation and Certification (Canada) (PSACC)**

# Glossary

***Changing Directions, Changing Lives: The Mental Health Strategy for Canada*** – A national strategy for improving the mental health system released in 2012, this document was created by the Mental Health Commission of Canada in consultation with dozens of individuals and organizations across the country.

**Community of Practice** – A Community of Practice exists when a group of peer support workers meet on a regular basis to support each other, share knowledge and experiential learning, and keep each other committed to, and consistent with, the values and principles of practice of mental health peer support.

**Experiential Knowledge** – The information and wisdom gained as a person goes through various life experiences. A peer support worker will often draw on their experiential knowledge as they interact with, and provide support to, their peers.

**Formalized Peer Support** – Peer support that is offered by trained and/or experienced peer support workers within a structured setting. Peer support workers interact with people based on similarity of lived experience, and offer the opportunity for a supportive, empowering relationship.

**Informal Peer Support** – Less structured support provided by participants who are drawn together by what they have in common, with none more experienced or better prepared to offer support than the other.

**Lived Experience** – A person's experience of mental health challenges or illness and/or their experience of having a family member or loved one who has mental health challenges or illness.

***Making the Case for Peer Support*** – A 2010 report by the Mental Health Commission of Canada based on a literature review and input from peers and peer support workers. The report's recommendations included the creation of guidelines to support the development of peer support.

**Peer** – A person who is seeking support from a peer support worker in relation to a mental health problem or illness.

**Peer Support** – A supportive relationship between people who have a lived experience in common in relation to either their own mental health challenge or illness or that of a loved one.

**Peer Support Worker** – The term “peer support worker” refers to a person who provides peer support to those with mental health challenges or illness, or to those who have a family member or loved one with mental health challenges or illness.

**Recovery** – A journey of healing that goes beyond the reduction of symptoms and considers an individual’s wellness from a holistic point of view that includes their relationships, their involvement within community, and their general wellbeing. People on a path of recovery are empowered to make informed choices about the services, treatments and supports that best meet their needs. Recovery does not necessarily mean “cure”.

**Self-Awareness** – A person’s understanding and anticipation of their personal stressors, their means of handling such challenges, as well as awareness of their areas of expertise and areas that could be further developed.

**Self-Determination** – Self-determination is a person’s right to decide what his or her own fate should be, including courses of action, treatments and supports. This principle requires the peer support worker to ensure that the peer’s choice is honoured while working together with the peer to explore options.

# Notes

1. The term “peer support worker” refers to a person who provides peer support to those with mental health challenges or illness or to those who have a family member or loved one with mental health challenges or illness.
2. The term “lived experience” refers to a person’s experience of mental health challenges or illness and/or their experience of having a family member or loved one who has mental health challenges or illness.
3. Peer support is most effective when people support others with similar experiences: that is, those with mental health challenges support others with mental health challenges, and family members support family members or others within a person’s circle of support. Within these Guidelines, the term “family member” will be used to describe all those who are within a person’s circle of support, which includes family members and significant others.
4. Throughout these Guidelines, the term “recovery” refers to a holistic journey of healing and wellbeing. This applies to both personal and family-based lived experience. A family peer support worker will use “recovery” to mean having recovered a state of wellbeing that includes a balance of hope, insight, and healthy acceptance in relation to their loved one’s challenge or illness.
5. The term “peer” refers to a person who is seeking support from a peer support worker in relation to a mental health problem or illness.
6. Some within the peer support community refer to “mental health challenge or illness” rather than “mental health problem or illness” as found in other MHCC communications. Both terms will be used in these Guidelines.
7. The value of common experience is maximized when those with personal lived experience support others who are impacted by their own illness or challenges, and those with lived experience as a family member or loved one support others who also are family members or loved ones.
8. Toward Recovery and Well-Being, A Framework for a Mental Health Strategy for Canada, MHCC, p. 28
9. Toward Recovery and Well-Being, A Framework for a Mental Health Strategy for Canada, MHCC, p. 111
10. Creamer et al. (2012). Guidelines for Peer Support in High-Risk Organizations: An International Consensus Study Using the Delphi Method. *Journal of Traumatic Stress*, 25, p. 134-141.
11. Figley, C.R. & Nash, W.P. (2007). Introduction: For those who bear the battle. In C.R. Figley & W.P. Nash (Eds.) *+Combat Stress Injury Theory, Research, and Management*, pp. 1-10. New York: Routledge Psychosocial Stress Book Series.
12. Corrigan, P.W. (2006). The impact of consumer-operated services on the empowerment and recovery of people with psychiatric disabilities. *Psychiatric Services*, 57, p. 1493-1496.
13. Dumont, J.M. Jones, K. (2002). *Findings from a consumer/survivor defined alternative to psychiatric hospitalization*. Outlook. pp. 4-6

14. Sandra G. Resnick, Robert A. Rosenheck. (2008). Integrating Peer-Provided Services: A Quasi-experimental Study of Recovery Orientation, Confidence, and Empowerment. *Psychiatric Services*. DOI: 10.1176/appi.ps.59.11.1307
15. Ochocka, J., Nelson, G., Janzen, R., Trainor, J. (2006). A longitudinal study of mental health consumer/survivor initiatives: Part III – A qualitative study of impacts on new members. *Journal of Community Psychology*, 34, pp. 273-283.
16. Provencher, Gagné & Legris. (2012). *l'intégration de pairs aidants dans des équipes de suivi et de soutien dans la communauté: points de vue de divers acteurs. Rapport final de recherche (version sommaire)*. Université Laval.
17. Chinman, Young, Hassell & Davidson. (2006). Toward the Implementation of Mental Health Consumer Provider Services. *The Journal of Behavioral Health Services and Research*, 33(2), pp. 176-195. DOI: 10.1007/s11414-006-9009-3.
18. Coatsworth-Puspoky, R., Forchuk, C., Ward Griffin, C. (2006). Peer support relationships: an unexplored interpersonal process in mental health. *Journal of Psychiatric and Mental Health Nursing*, 13, pp. 490-497.
19. Thomson, A., & Baker, K. (2004). Family mental health recovery series [Course outline 2006]. Toronto, ON: Family Outreach and Response Program. Retrieved from <http://www.familymentalhealthrecovery.org/conference/handouts/Workshop%2013/Family%20and%20Recovery%20Series%20Outline.pdf>.
20. Pickett-Schenk, S.A., Lippincott, R.C., Bennett, C., & Steigman, P.J. (2008). Improving knowledge about mental illness through family-led education: The journey of hope. *Psychiatric Services*, 59 (1), 49-56.
21. Dixon, L., Lucksted, A., Stewart, B., Burland, J., Brown, C.H., Postrado, L., & Hoffman, M. (2004). Outcomes of the peer-taught 12-week family-to-family education program for severe mental illness. *Acta Psychiatrica Scandinavica*, 109 (3), 207-215.
22. O'Hagan M., Cyr, C., McKee, H., & Priest, R. (2010). *Making the case for peer support: Report to the Peer Support Project of the Mental Health Commission of Canada*. Calgary, AB: Mental Health Commission of Canada. Retrieved from <http://www.mentalhealthcommission.ca>
23. Topor, A., Borg, M., Mezzina, R., Sells, D., Marin, I. & Davidson, L. (2006). Social relationships as a decisive factor in recovering from severe mental illness. *International Journal of Social Psychiatry*, 55 (4), 336-347.
24. Mental Health Commission of Canada. (2012). *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*. Calgary, AB: Author, Priority 3.4, p. 71
25. Ragins, M. The Recovery Model. Handouts and Reference Materials, MHA Village Integrated Service Agency, a program of the National Mental Health Association of Greater Los Angeles.
26. O'Hagan M., Cyr, C., McKee, H., & Priest, R. (2010). *Making the case for peer support: Report to the Peer Support Project of the Mental Health Commission of Canada*. p. 88. Calgary, AB: Mental Health Commission of Canada. Retrieved from <http://www.mentalhealthcommission.ca>

27. Community organizations range from volunteer-based, small, informal organizations to larger, structured organizations with formal policies, procedures, and professionals. They may be focused on people with personal lived experience or family members or both. Many are run by those with lived experience and may be referred to as peer-run, peer-led or as a consumer-survivor initiative, (CSI). Some have a strong focus on peer support, while others find that peer support is a valuable by-product of some other focus.
28. Adapted from Davidson, L., Chinman, M., Sells, D., and Rowe, M. (2006) Peer Support Among Adults with Serious Mental Health Illness: A Report From the Field. *Schizophrenia Bulletin* 32 (3), 443-450
29. Mental Health Commission of Canada, *Making the Case for Peer Support*, 2010, p. 70
30. A local consumer/survivor community organization that provides peer support may be able to provide guidance.
31. Throughout these Guidelines, the term “lived experience” is used to refer to each person’s experiences in life, whether it is their own mental health challenge or illness, or their experience as a family member or loved one of someone with a mental health challenge or illness.
32. The family peer support worker’s primary focus is always on the family member that he/she is interacting with. It is realized that in some extreme cases it is difficult and taxing on the entire family system to honour self-determination when a loved one is experiencing a very serious and debilitating mental health condition.
33. Linhorst, D. (2006). *Empowering people with severe mental illness: A practical guide*. New York: Oxford University Press.
34. “*Guiding Principles of Recovery*.” Substance Abuse and Mental Health Services Administration (SAMHSA). Retrieved from <http://www.samhsa.gov/newsroom/advisories/1112223420.aspx>.
35. Blanch, A., Filson, B., Penney, D. (2012). *Engaging Women in Trauma-Informed Peer Support: A Guidebook*. National Centre for Trauma-Informed Care. [http://www.nasmhpd.org/docs/publications/EngagingWomen/PEGFull\\_Document.pdf](http://www.nasmhpd.org/docs/publications/EngagingWomen/PEGFull_Document.pdf)
36. Paraphrased from “Trauma-Informed Response and Intentional Peer Support” presentation by Shery Mead Consulting, 2010, downloaded from <http://www.peersnet.org/resources/articles/trauma-informed-response-and-intentional-peer-support/>
37. Mental Health Commission of Canada. (2012). *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*. Calgary, AB. Priority 3.4, (p. 51)
38. O’Hagan M., Cyr, C., McKee, H., & Priest, R. (2010). Making the case for peer support: *Report to the Peer Support Project of the Mental Health Commission of Canada*. Calgary, AB: Mental Health Commission of Canada.
39. Simmie, S. and Nunes, J. (2001). *The Last Taboo: A Survival Guide to Mental Health Care in Canada*. Toronto; McLelland and Stewart, LTD.

40. O'Hagan M., Cyr, C., McKee, H., & Priest, R. (2010). *Making the Case for Peer Support: Report to the Peer Support Project of the Mental Health Commission of Canada*. Calgary, AB: Mental Health Commission of Canada. p. 86
41. O.A.R.S. stands for open questions, affirm responses, reflective listening and summarize; adapted for non-clinical use in recovery and peer support programs. Miller, Rollnick. (2002) *Motivational Interviewing: Preparing People for Change*. Guilford Press. Retrieved from <http://www.amhd.org/About/ClinicalOperations/MISA/Training/MI%20H2%20Strategies%20and%20Principles.pdf>
42. Rosenberg, M.B. (2003). *Nonviolent Communication: a language of life* (2nd ed.). Encinitas: Puddle Dancer Press.
43. Powell, Ike. (2009). *What is this thing called recovery? A Look at Five Stages in the Recovery Process* ©Georgia; Appalachian Consulting Group. <http://www.gmhcn.org/acg/>
44. Prochaska, J.O. et al. (1994). *Changing for good: A revolutionary six-stage program for overcoming bad habits and moving your life positively forward*. New York: Avon Books
45. Wellness Recovery Action Plan® (WRAP®), Mary Ellen Copeland, <http://www.mentalhealthrecovery.com/wrap/>
46. Seeds for Change. (n.d.). *Facilitating Participatory Workshops*. Retrieved from <http://www.seedsforchange.org.uk/facilwsh.pdf>





Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada



### Mental Health Commission of Canada

Suite 1210, 350 Albert Street  
Ottawa, ON K1R 1A4

Tel: 613.683.3755  
Fax: 613.798.2989

[info@mentalhealthcommission.ca](mailto:info@mentalhealthcommission.ca)  
[www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca)

[@MHCC\\_](https://twitter.com/MHCC_) [f /theMHCC](https://www.facebook.com/theMHCC) [▶ /1MHCC](https://www.youtube.com/channel/UC1MHCC) [@theMHCC](https://www.instagram.com/theMHCC)  
[in /Mental Health Commission of Canada](https://www.linkedin.com/company/mental-health-commission-of-canada)