Integrating Peer Support with Integrity

#mhccHopeLives

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

Mental Health Commission of Canada
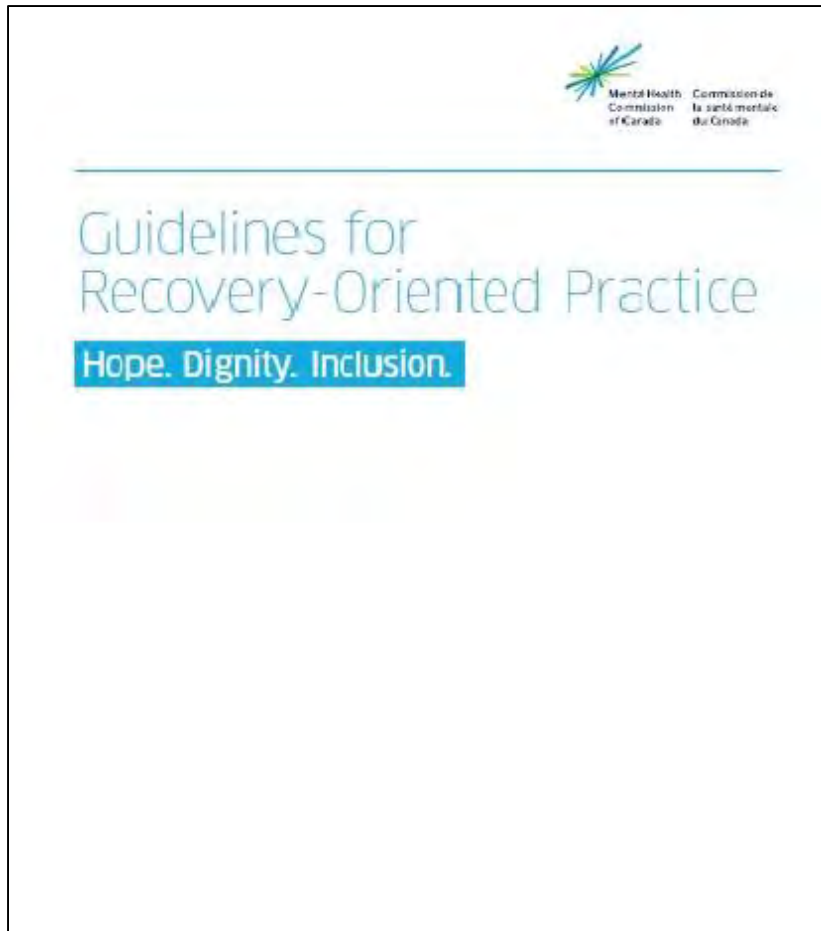
Commission de la santé mentale du Canada

Guidelines for Recovery-Oriented Practice

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

Six Dimensions of Recovery-Oriented Practice

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

Presenters

Deb Sherman,

Executive Director

Ontario Peer Development Initiative
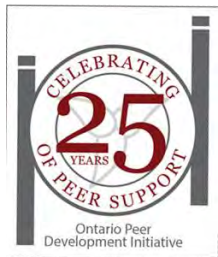
Allan Strong SSW, RSSW,

Team Lead, Skills For Safer Living
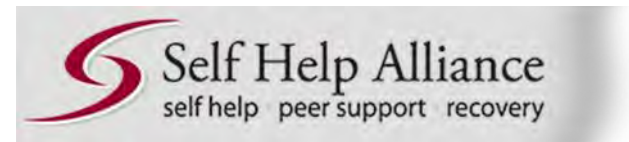
Self Help

CMHA Waterloo Wellington

Integrating Peer Support With Integrity

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

Deborrah Sherman,
Ontario Peer Development
Initiative

Allan Strong,
Self Help Alliance

C/SI's are the experts on peer support

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

OUT OF THE BOX

Ontario Peer Development Initiative

- A VIDEO PRODUCED FOR OPDI
  - BY LAURA SKY & SREE NALLAMOTHU

- Celebrating 25 years
- Profile of 3 member organizations
- YouTube

Traditional Care Model vs Recovery Approach

TRADITION: ILLNESS CENTRED

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

RECOVERY IS PERSON CENTRED

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

Who started the "Recovery Movement?"

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

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

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

Transitional Discharge Model
(Dr Cheryl Forchuk)
Lawson Health Research Institute
& most recent study in collaboration with
Council of Academic Hospitals of Ontario)

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

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

Impact of C/Sis on Individuals
- Sharp declines in hospitalizations
- Reduced symptom distress
- Better quality of life indicators
- More social support
- More likely to return to work, education, volunteerism

Impacts of C/SIs on their Communities
- Changes in perception of service providers, policy makers and general public
  - More empathy, less stigma
- Concrete changes
  - Service delivery and planning
  - Public policy
  - Funding allocations
  - Presence of C/SI reps changed tone at planning tables
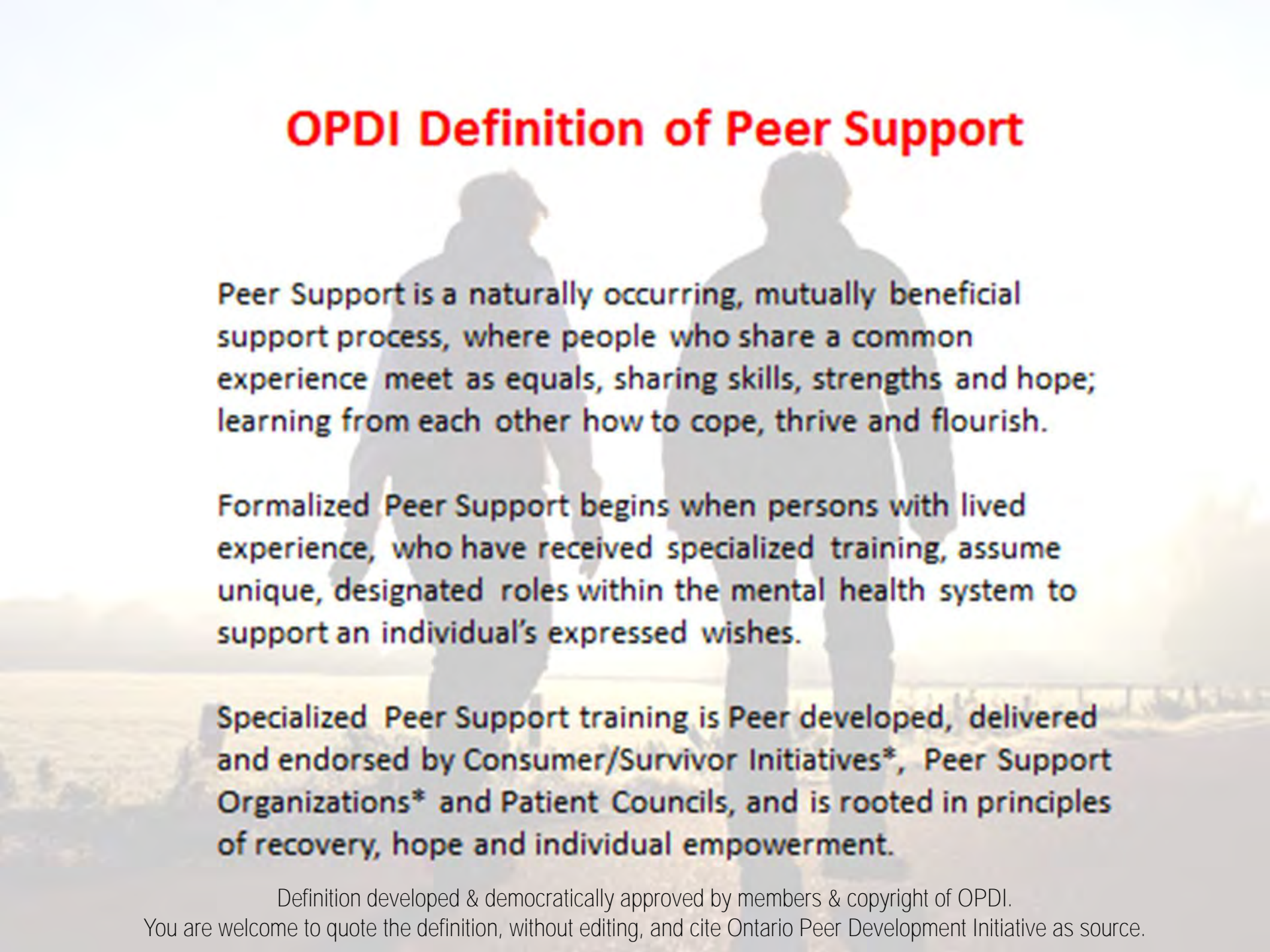
Representing Members' Voice

- CAMH Board of Directors
- Minister's Advisory Group for 10 year MH&A Strategy
- Ontario Common Assessment of Need
- MHCC Standards for the Practice of Peer Support
- MHCC Guidelines for Recovery Oriented Practice
- RNAO Nurse Educator curriculum guidelines
- "Enabling Justice" creation of training for court staff CMHA/AODA

- eENet
- Peer Support Accreditation & Certification Canada
- Ontario Addictions & Mental Health Alliance
- System Improvement through Service Collaboratives cttee.
- Drug Treatment Funding Plan projects:
  - PWLE & Family Panel
  - Peer Support Project (AMHO)

OPDI Definition of Peer Support

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

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

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

MHCC Continuum of Peer Support

PEER SUPPORT

FRIENDSHIP ↑

CLINICAL CARE ↓

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

CLUBHOUSE/WALK IN CENTRE
Mainly psychosocial and social recreational focus with peer support naturally occurring among participants

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

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

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

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

CLINICAL/CONVENTIONAL MH SYSTEM-BASED PEER SUPPORT
Clinical setting, inpatient/outpatient, institutional peer support, multidisciplinary groups, recovery centres, or Rehabilitation Centres Crisis response, Crisis Management, Emergency Rooms, Acute Wards

MHCC's Continuum of Peer Support

We advocate…

PEER SUPPORT

FRIENDSHIP

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Volunteerism fits here

Trained & Paid

Well trained, living wage

Cont Education, competitive pay

Lived Experience is where it STARTS

Attributes, Knowledge & Skills

Arnstein's Ladder of Citizen Participation

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

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

8	Citizen Control	} Citizen Power
7	Delegated Power	
6	Partnership	
5	Placation	} Tokenism
4	Consultation	
3	Informing	
2	Therapy	} Nonparticipation
1	Manipulation	
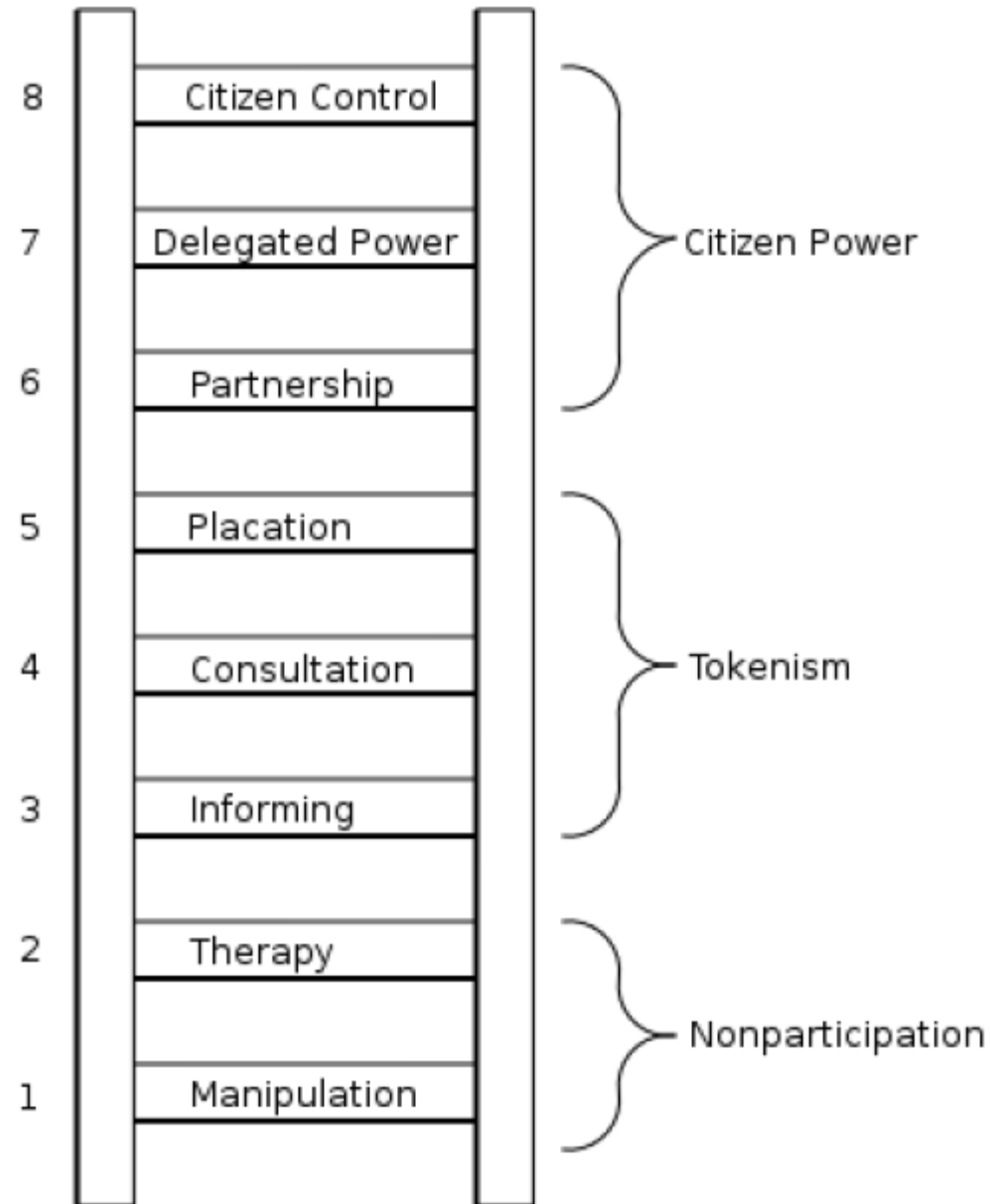
Reports on Peer Support & C/SIs

CONSUMER/SURVIVOR INITIATIVES:
IMPACT, OUTCOMES & EFFECTIVENESS

power value
consumer
SURVIVOR
HEALTH success
initiative support
recovery
STRATEGY funding

Consumer Survivor
Initiatives in Ontario:
Building for an Equitable Future

Mental Health Commission de
Commission la santé mentale
of Canada du Canada

Making the Case for Peer Suppor

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

Céline Cyr
Heather Mckee
Mary O'Hagan
Robyn Priest

First Edition September 2010
Second Edition July 2016

CMHA ON/ CAMH/
OFCMHAP/ OPDI
2005

OFCMHAP 2009

MHCC 2010

Our Own Investigation

INVESTIGATING THE STATE OF PEER SUPPORT WORK IN ONTARIO
FINDINGS AND IMPLICATIONS

PREPARED FOR

Ontario Peer Development Initiative
and
The Self-Help Alliance

November, 2014

PREPARED BY

TaylorNewberry
CONSULTING

Closing the Gap:

Strengthening the State of Peer Support in Ontario

Recommendations in response to the findings from
"Investigating the State of Peer Support in Ontario".

Prepared by Neasa Martin and Associates,
March 2016

What We Learned

INVESTIGATING THE STATE OF PEER SUPPORT WORK IN ONTARIO
FINDINGS AND IMPLICATIONS

PREPARED FOR

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The Context

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

Ontario Peer Development Initiative

Self Help Alliance
self help   peer support   recovery

The Project Goal

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

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

Who responded

Females = 70%, M = 30% ,
Average age = 44.6 (range 22 to 64)
Participants live in 56 different cities and towns across Ontario. Toronto, Ottawa,
North Bay, and Richmond Hill had a higher number of participants.

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

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8 Challenge Areas

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

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Structure of Peer Support Positions

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

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

35% | 65%
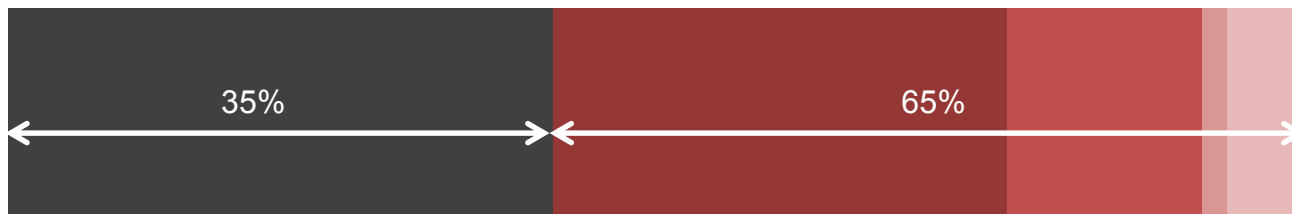
Average number of hours worked per week

Volunteer PSWs — 10.5 hours

Paid PSWs — 27 hours

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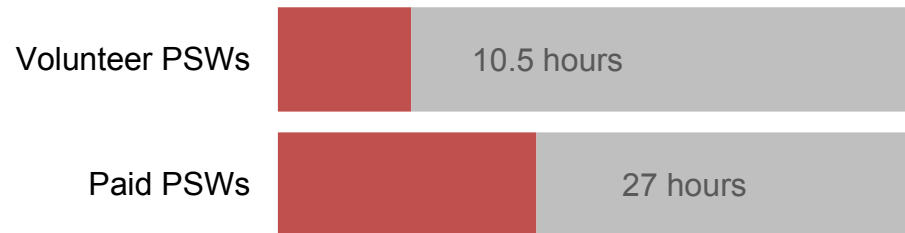
Structure of Peer Support Positions

Average hourly wage: $21/hour

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

Full-time Canadian single earner $47,868

Average income from peer support $29,495

Average income all sources $33,774

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

Average Income from peer support $29,495

CSI-employed $22,000

non-CSI-employed $35,548

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Structure of Peer Support Positions

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

47%

19%	28%	10%	22%	21%

43%

Very Satisfied — Somewhat Satisfied — Neither Satisfied or Dissatisfied — Somewhat Dissatisfied — Very Dissatisfied
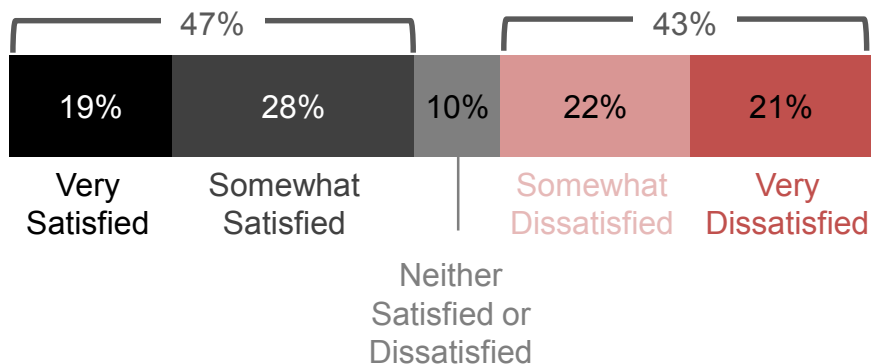
52% disagreed that their income is equitable in comparison to non-peer…

36%

15%	21%	12%	25%	27%

52%

Strongly Agree — Somewhat Agree — Neutral — Somewhat Disagree — Strongly Disagree

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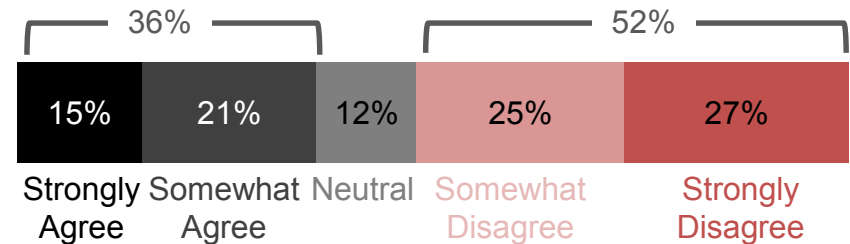
Qualifications / Hiring

Paid and volunteer PSWs in the sample had high levels of education
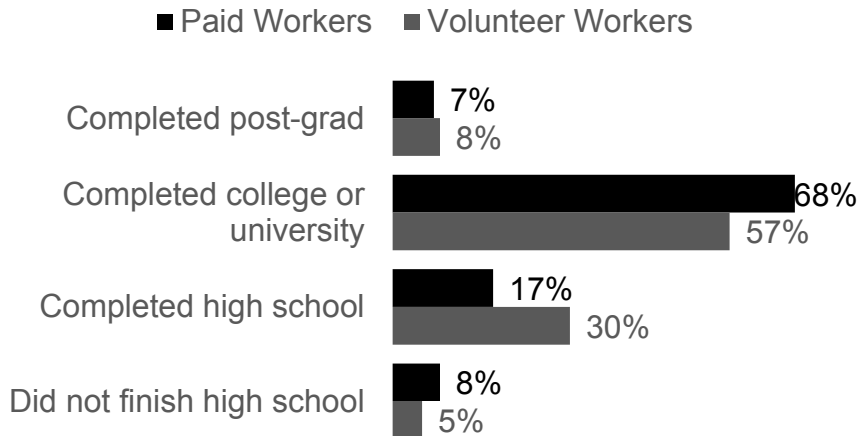
A slight higher percentage of volunteer PSWs are certified compared to paid PSWs

■ Paid Workers ■ Volunteer Workers

Completed post-grad
- 7%
- 8%

Completed college or university
- 68%
- 57%

Completed high school
- 17%
- 30%

Did not finish high school
- 8%
- 5%

Paid — 70% certified

Volunteer — 78% certified
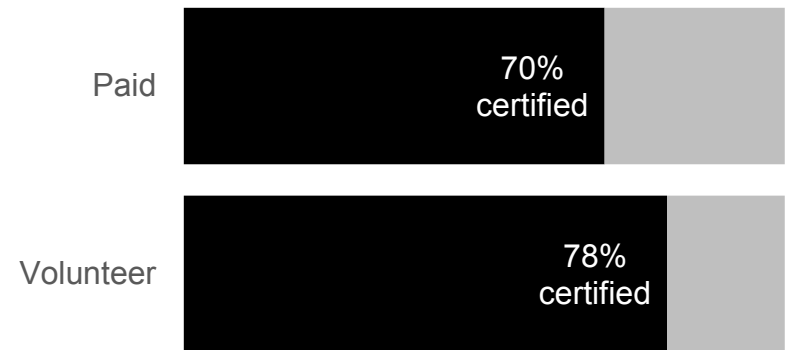
Most often, training is provided on the job, although peer workers are better positioned to obtain employment if they already have training credentials.

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Qualifications / Hiring

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

When asked about additional qualifications required for their current position

	Paid PSWs said...	Volunteer PSWs said...
Training and/or certification	50%	35%
Job related experience	52%	19%
Lived experience with mental illness	84%	49%
Lived experience with the mental health system	60%	44%

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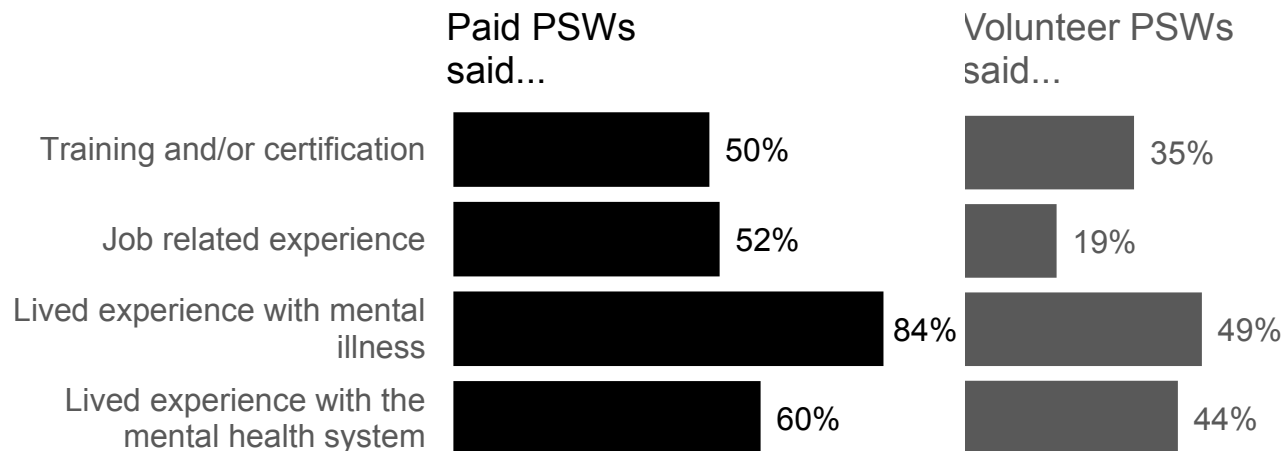
Qualifications / Hiring

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

■ Paid ■ Volunteer

Job posting: Paid 42%, Volunteer 9%

A member of my social circle told me about it: Paid 23%, Volunteer 0%

I was a volunteer at the organization: Paid 22%, Volunteer 30%

A consumer organization connected me: Paid 7%, Volunteer 16%

I had used the services: Paid 5%, Volunteer 30%

Other: Paid 0%, Volunteer 16%

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Training

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

Paid	No Training **30%**
Volunteer	No Training **19%**
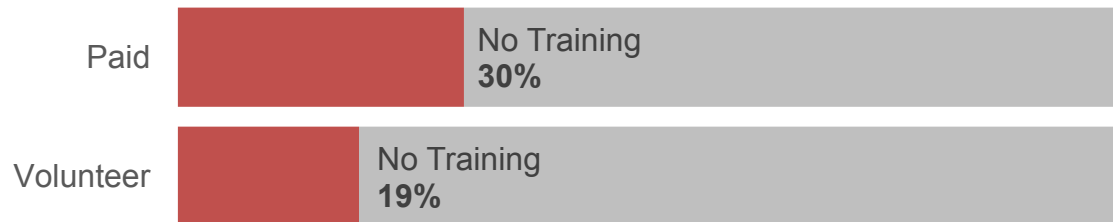
Most PSWs in the sample thought the certification courses they took prepared them well for peer support work

It prepared me very well | It prepared me somewhat well | Neutral | **It didn't prepare me**

Paid	51%	29%	19%	1%
Volunteer	59%	27%	14%	

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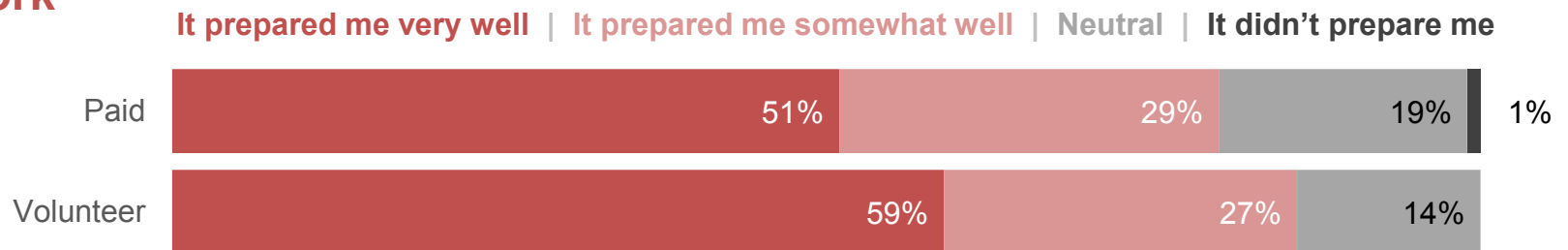
Training

Top 10 types of training paid PSWs are interested in

Training type	%
Conflict resolution	37%
Peer relationships and boundaries	35%
The mental health system	33%
Managing challenging situations	31%
Understanding differences and diversity	26%
Mutual problem solving / solution focused skills	24%
Working in a mental health service environment	24%
Wellness and personal recovery planning	23%
Project management	23%
Codes of conduct and ethical issues	23%

Top 10 types of training volunteer PSWs are interested in

Training type	%
The mental health system	44%
Conflict resolution	40%
Wellness and personal recovery planning	40%
Managing challenging situations	37%
Networking	35%
Working in a mental health service environment	33%
Running focus groups	33%
Assertiveness	30%
Understanding differences and diversity	28%
Mutual problem solving / solution focused skills	28%

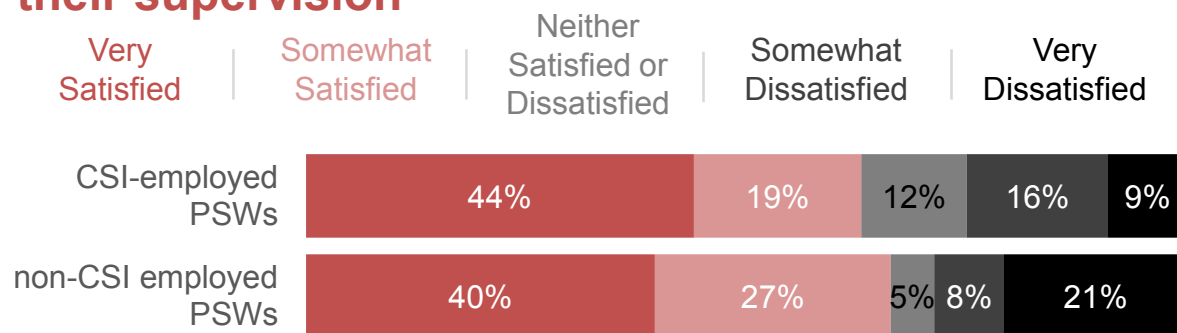Ontario Peer Development Initiative

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self help peer support recovery

Supervision and mentoring

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

Paid

Someone from a CSI	8%
Someone from a non-CSI	59%
Someone from both types of organizations	17%

Volunteer

Someone from a CSI	22%
Someone from a non-CSI	43%
Someone from both types of organizations	19%
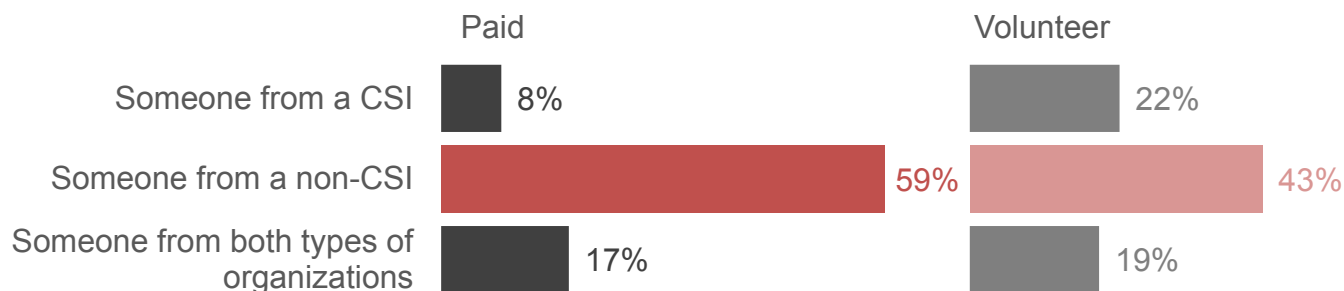
Most respondents were satisfied with their supervision

	Very Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
CSI-employed PSWs	44%	19%	12%	16%	9%
non-CSI employed PSWs	40%	27%	5%	8%	21%

Being mentored by a peer was valuable

	Very valuable	Somewhat valuable
Paid	80%	18%
Volunteer	82%	14%

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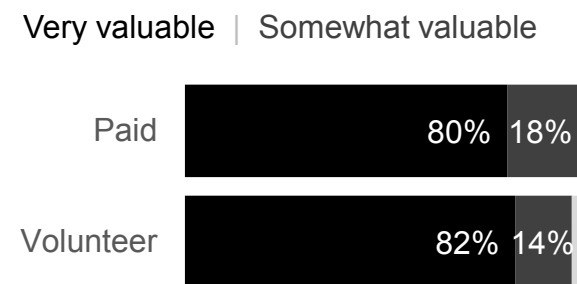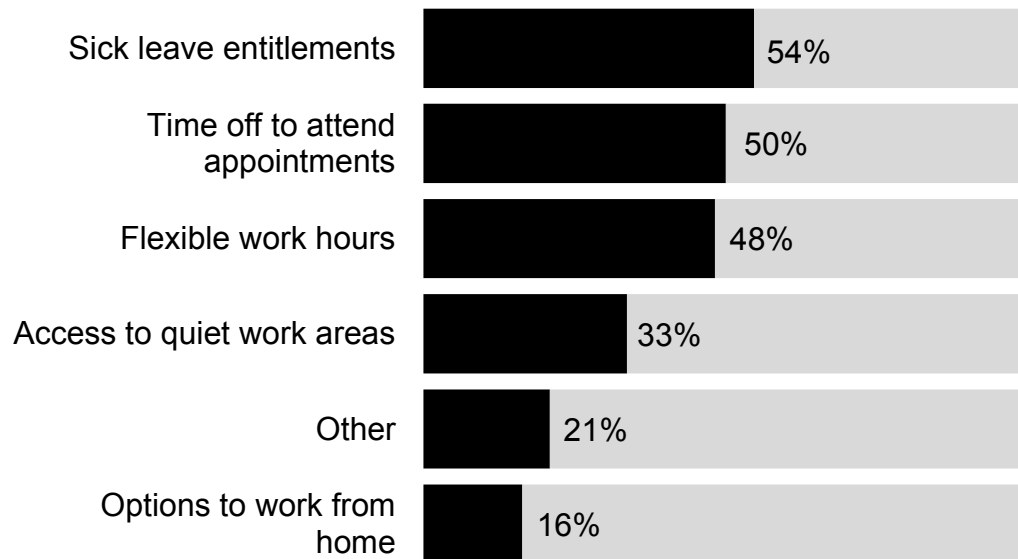
# Accommodations in the workplace

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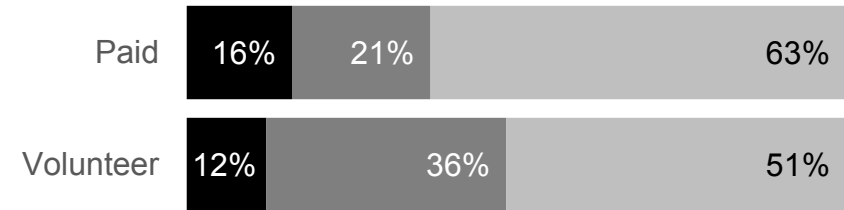
Types of accommodations provided (paid PSWs)

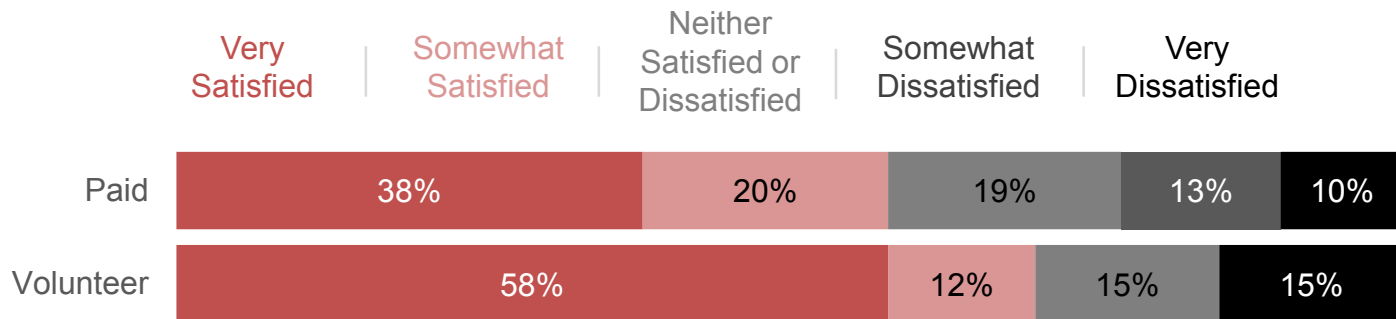| Accommodation	Percentage
Sick leave entitlements	54%
Time off to attend appointments	50%
Flexible work hours	48%
Access to quiet work areas	33%
Other	21%
Options to work from home	16%

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Accommodations in the workplace

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

Paid	26%	45%	29%
Volunteer	15%	24%	61%
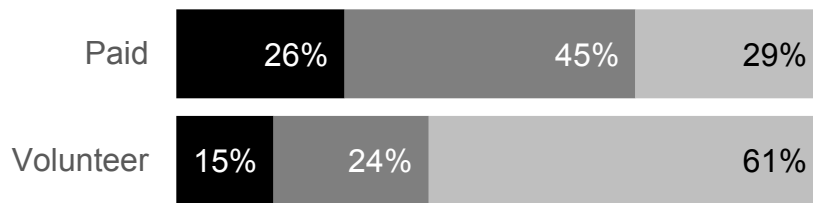
37% of paid PSWs and 48% of volunteers felt that their mental health suffers due to being a peer worker

Paid	16%	21%	63%
Volunteer	12%	36%	51%

Satisfaction with emotional support

	Very Satisfied	Somewhat Satisfied	Neither Satisfied or Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
Paid	38%	20%	19%	13%	10%
Volunteer	58%	12%	15%	15%	

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Integration / Isolation in the workplace

Most respondents work in a team
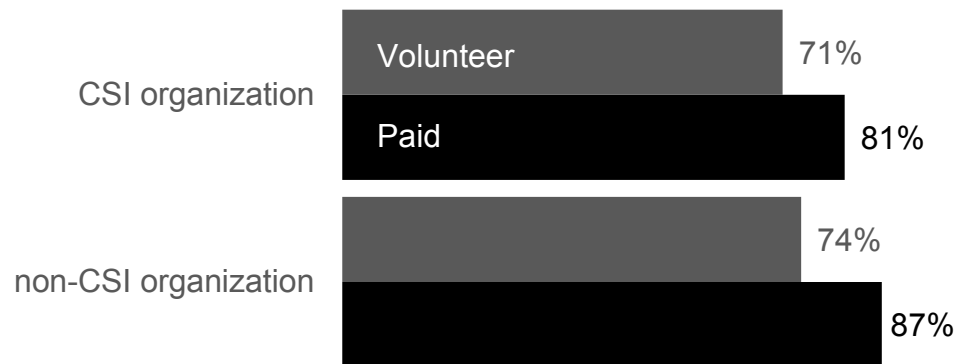
CSI organization
- Volunteer 71%
- Paid 81%

non-CSI organization
- 74%
- 87%

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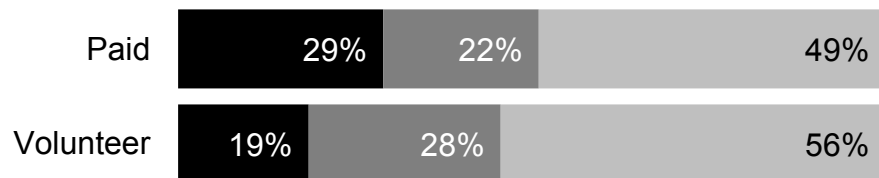self help · peer support · recovery

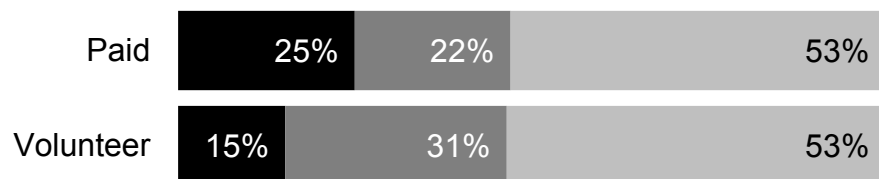# Integration / Isolation in the workplace

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

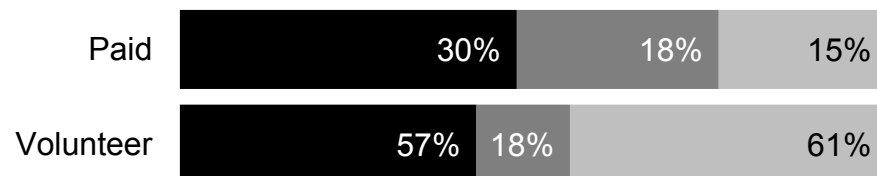**Moderate or severe problem** | **Mild problem** | Not a problem
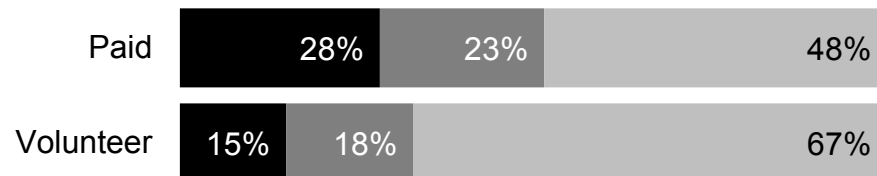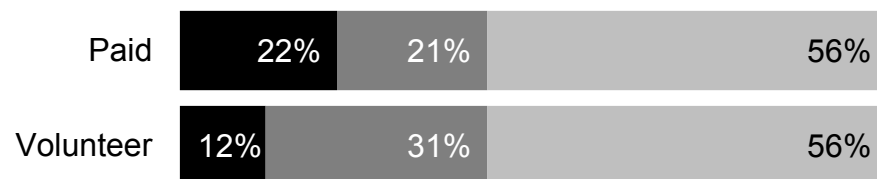
Feeling power imbalances with non-peer staff

Paid	29%	22%	49%
Volunteer	19%	28%	56%

Feeling misunderstood

Paid	25%	22%	53%
Volunteer	15%	31%	53%

Not being involved in decision making

Paid	30%	18%	15%
Volunteer	57%	18%	61%

Feeling isolated

Paid	28%	23%	48%
Volunteer	15%	18%	67%

Feeling my concerns are dismissed by other staff

Paid	22%	21%	56%
Volunteer	12%	31%	56%

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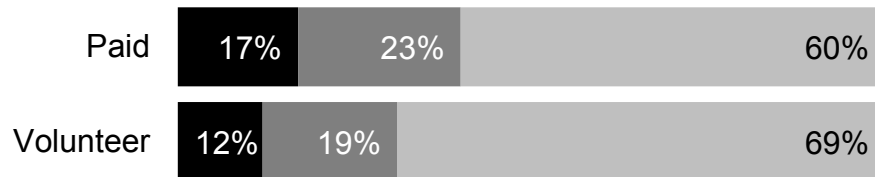self help · peer support · recovery
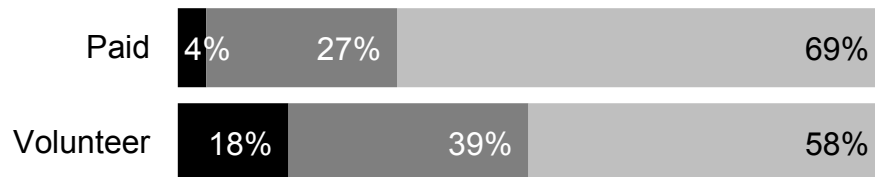
Integration / Isolation in the workplace

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

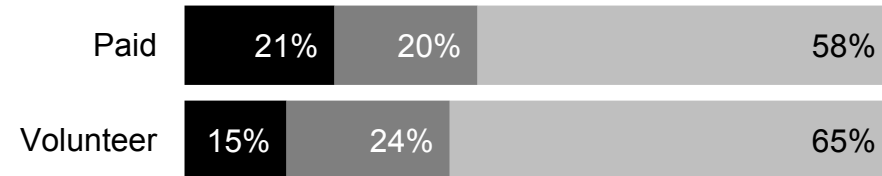**Moderate or severe problem** | Mild problem | Not a problem

Being treated unequally by coworkers

Paid	21%	20%	58%
Volunteer	15%	24%	65%

Feeling resistance from other staff about my role

Paid	17%	23%	60%
Volunteer	12%	19%	69%

Feeling stigmatised

Paid	21%	19%	59%
Volunteer	12%	30%	58%

Maintaining appropriate boundaries with other peers I work with

Paid	4%	27%	69%
Volunteer	18%	39%	58%
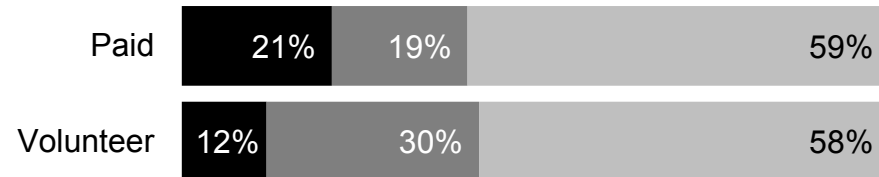
Feeling the expression of my concerns is seen as mental health symptoms

Paid	8%	27%	65%
Volunteer	9%	21%	70%

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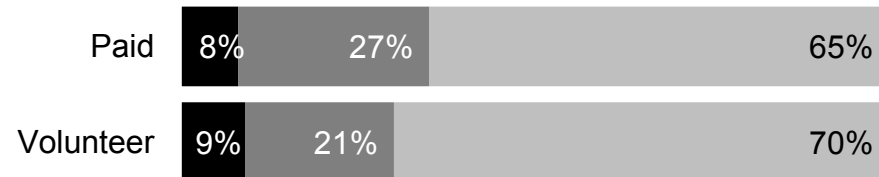
Role Clarity

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

Paid for this task | Sometimes paid for this task

Task	Paid	Sometimes paid
Emotional support	84%	16%
Informational support	83%	12%
One-to-one support	77%	9%
Running self-help groups	75%	11%
Raising awareness about mental illness	72%	19%
Social and recreational activities	71%	16%
Education and training	69%	12%
Crisis support	67%	12%
Recovery training programs	67%	9%
Mentorship	66%	19%

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Role Clarity

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

Unclear role expectations

Moderate or severe problem | Mild problem | Not a problem

Paid	30%	19%	51%
Volunteer	60%	22%	19%
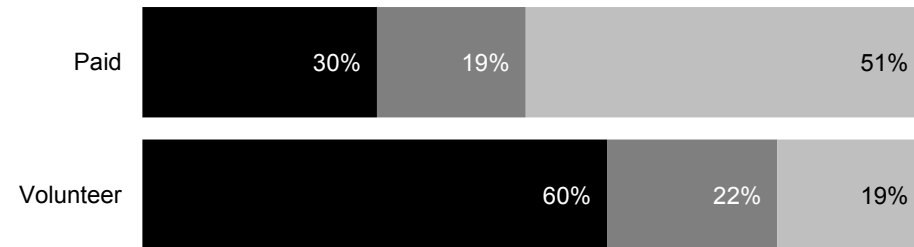
Lack of clarity among other staff about my role

Moderate or severe problem | Mild problem | Not a problem

Paid	29%	23%	48%
Volunteer	20%	37%	43%
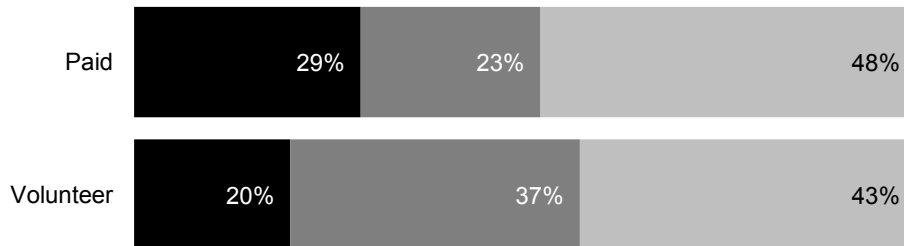
Being asked to take on other tasks outside my role

Moderate or severe problem | Mild problem | Not a problem

Paid	12%	30%	46%
Volunteer	9%	27%	64%

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Availability of peer support positions

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

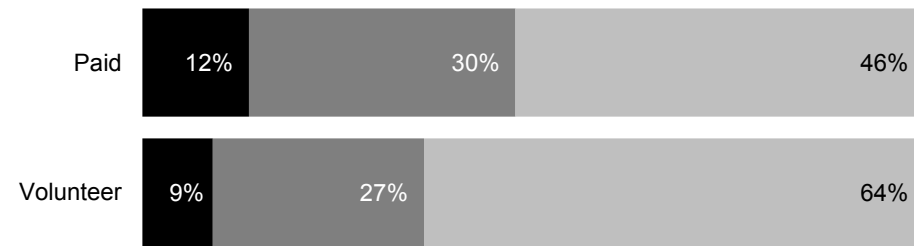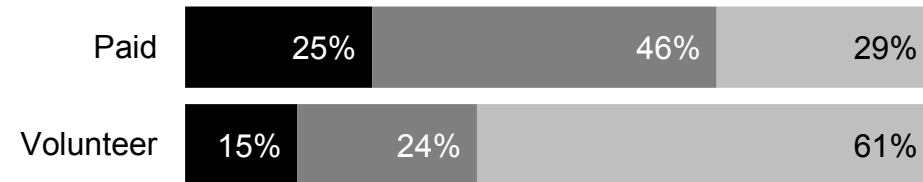**Moderate or severe problem** | **Mild problem** | Not a problem

Not enough opportunities to advance my career

	Moderate or severe	Mild	Not a problem
Paid	59%	20%	21%
Volunteer	61%	18%	21%

Inadequate funding for peer support programs at my organization

	Moderate or severe	Mild	Not a problem
Paid	25%	46%	29%
Volunteer	15%	24%	61%

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Themes

- In general, PSWs feel underpaid compared to others who do similar work. Hours may be limited and contracts may be temporary.

- Moving from user to employee can be challenging and risky. Examples of peoples personal files being accessed by co-workers.

- Token involvement – organizations may think that having a peer represents a recovery orientation, without any fundamental organizational change.

- Organizations may see a peer as an expert in all things peer support, not realizing peers need experience to grow into the role.

- Developing peer support positions in a non-CSI organization may have high level endorsement, but without any focused attention on getting buy-in on the ground. Failure to clearly explain peer role to teams and set expectations regarding how the position is supposed to function. What is meant by peer support?

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Themes

- Peer support is sometimes seen as one thing that can be imported into organizations. But there must be structural changes in an organization for it to work well.

- In a related point, many peers feel isolated in their positions. It is especially challenging at beginning, especially if there are few peer positions. There is a lack of orientation and support.

- Peers want ongoing support, supervision, and feedback – this is often lacking.

- Very important to have home organization for support with shared accountability and supervision.

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Reasons for Optimism

- The sheer number of peer support positions out there is unprecedented and continues to grow.

- In some places it is working really well – peers are integrated into teams and roles are clear.

- Some places are witnessing changes to organizational culture – staff are more open and expressive, understanding of peers' experience, and recognize the importance of the role.

- There are new pay precedents. Pay levels for peers in some places are competitive and sometimes quite high.

- Peer support is formally enshrined in health policy as a key component to a effective mental health system.

- Takeaway: Organizations need time to adapt – we are seeing it happening.

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The Literature

- The findings from Ontario are consistent with workforce surveys from other areas: U.S.; Australia; New Zealand; Britain

- Role clarity, isolation and "fitting in"

- Getting support from other peers was seen as critical

- Managing the transition from "service user" to "service provider"

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The Literature

- There is not a clear, broadly used definition of supervision

- Nothing in the literature at this moment about who is best suited to provide supervision to a peer worker

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Continue the Conversation

- www.opdi.org

- deb@opdi.org   416 484-8785 ext 1

- Subscribe to

- @OPDI

- Nominate someone (Ontario)

Thank you!

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