

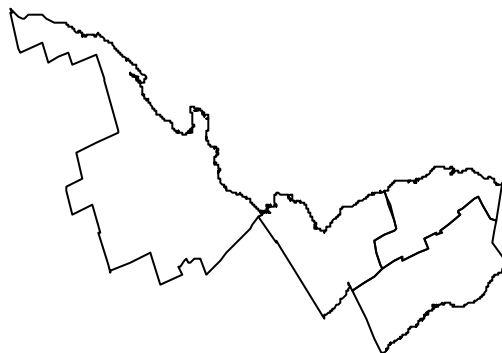


**CHAMPLAIN DISTRICT MENTAL HEALTH  
IMPLEMENTATION TASK FORCE**  
navigating mental health reform

**FOUNDATIONS FOR REFORM**

Section 3.1.6

**Peer Support and Employment  
Across the Mental Health System**



**December 2002**

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## Introduction

An important step in moving toward a client-centred mental health system is the employment of consumers as staff members in mental health agencies. The value of hiring consumers has been well documented in the literature. A number of health trusts in the UK have adopted a *User Employment Programme* where previous use of mental health services is used as the selection criteria for positions. The British Columbia Ministry of Health Services, Adult Mental Health Policy and Mental Health Plan Implementation Division has done extensive work in developing a Peer Support Resource Manual. The B.C. Ministry is also working with Health Authorities to increase the quality and quantity of peer support services for people with mental illness. In Ontario, the Ministry of Health and Long-Term Care has actively supported and promoted the practice of hiring consumers through a number of initiatives; these include:

- Consumer/survivor initiatives which provide peer support through various service modalities such as drop-in centres and social recreation programs.
- The Ontario Council of Alternative Businesses (OCAB) which has developed consumer-run businesses.
- Many Assertive Community Treatment Teams (ACTT) hire peer support workers to complement their multi-disciplinary team.

The Centre for Addiction and Mental Health in Ontario (CAMH), as a WHO Centre of Excellence, is committed to becoming a leader in the field of client employment. CAMH is developing a diversity plan which includes the hiring of consumers as one of its targets. Activities to maximize employment opportunities for clients and for CAMH to become an exemplary employer include developing policies and procedures to facilitate the employment of people at the Centre with mental health problems.

The Champlain District Mental Health Implementation Task Force (CDMHITF) report on consumer employment highlighted the need to increase employment opportunities for consumers within the mental health system. "In the Champlain District, several mental health agencies have been hiring consumers on staff for several years. However, these activities both locally and provincially need to be extended further into the system on a more formal basis." The report recommended that "a diversity plan be developed for the Champlain District, which would include as one of its goals, to increase the hiring of mental health consumers within the mental health system."<sup>1</sup>

The CDMHITF report on human resources also identified as a priority the employment of those who have had direct experience with the mental health system. In the Champlain District "there are a number of peer run services (consumer-controlled), peers as employees in a mental health agency, self help (consumer-controlled), peer initiatives (component of a mental health agency); some agencies currently identify direct experience with the mental health system as a core competency and this must be

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<sup>1</sup> CDMHITF. Enhancing the Opportunity to Work for Consumers in the Champlain District. Final Report. Section 16. July 2002. page 20.



expanded across the District.<sup>2</sup> The report stipulates the need to develop core competencies and to stress the importance of competencies rather than credentials in psychiatric rehabilitation services.

There are two ways to employ consumers in mental health agencies:

1. Recruit consumers for regular staff positions.

Recruitment practices and the hiring process can be designed to make jobs accessible to consumers by giving credit for direct mental health experience. Advertisements for existing open positions should state that consumers are encouraged to apply. Many consumer providers have the academic credentials required and their experience as a user of the system can be seen as a plus in the hiring process. At the same time, the privacy of consumer-providers must be respected. Some may feel comfortable with their status being known and others may not.

For non-provider positions, it is important to offer consumers opportunities for more than just entry level positions, such as clerical, or “go-for” type of jobs.

2. Create jobs specifically for consumers.

Increasingly agencies are hiring consumers as peer support workers. It is important that such positions are “real” jobs and not just “token” positions with no responsibility and low pay. Clear job descriptions need to be developed and there is a need to assess qualifications based on proven competencies and life experiences and not only credentials. The B.C. Peer Support Resource Manual is an excellent reference for developing peer support programs.

This report will build on the recommendations in the CDMHITF's reports on employment and on human resources with a focus primarily on peer support within the mental health system.

## **Benefits and Barriers to Hiring Consumers**

The literature describes the many benefits of hiring consumers at a number of levels (Carlson et al, 2001):

- Consumer employees bring a number of desirable attributes and abilities, such as, system knowledge, “street smarts”, responsiveness, coping strategies, patience and flexibility, relational emphasis, issue identification, engagement abilities, role modelling and mentoring, advocacy against stigmatization, and educational activity with co-workers.
- Consumer providers serve as role models; their success with employment, education and independent living can be a source of motivation and hope thereby reinforcing the belief that recovery is possible.

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<sup>2</sup> CDMHITF. Champlain District Human Resources in a Reformed Mental Health system. Final Report. Section 13. July 2002. page 10.



- The existence of consumer positions are, in and of themselves, a source of motivation in that they reflect something that consumers can reach for and attain.
- Consumer employees benefit personally through increasing their sense of value and self worth, stable employment, development of specific skills and reduced hospitalization.
- Consumer providers benefit the system by acting as a resource for education of staff and administration. They can provide insight and facilitate understanding which may help non-consumers face challenging situations with consumers, help professional staff become aware of their own prejudices and ways they stigmatize clients, and help to shift professionals' negative attitudes about the poor prognosis of people with serious mental illness.
- Consumer providers impact on an agency by increasing the likelihood that the consumer voice is integrated into planning, evaluating and developing services.

While there are considerable benefits to hiring consumers, there are also challenges and barriers. It is important to put structures and supports in place to "level the playing field" for consumers. Some of these are described below:

- Need for reasonable accommodations and supports, for example:
  - Adequate disability and medical insurance.
  - Adequate vacation and sick leave.
  - Flexible time, job sharing.
  - Help in time of stress or crisis.
  - Supervision to assist the consumer to master the particular requirements of the job, effectively execute relevant policies and procedures and manage their time and productivity.<sup>3</sup>
  - Ongoing job support including coaching and listening; ways to do this include providing for:
    - Mentoring, as distinct from supervision, which is designed to assist the consumer to master the demands of organizational life; A mentor is a senior individual (perhaps a senior consumer worker or other staff member) who the consumer can turn to for support, listening, trouble-shooting, wisdom, or extra problem-solving assistance.<sup>4</sup>
    - Connection to a peer support network which would be validating for consumers in terms of how peer support is implemented.
- Potential Confusion with Dual Roles

Dual relationships arise when a consumer is hired as a provider and is currently or has been in the past a client of the same agency. Another dual relationship is that between consumer employees and their peers. Conflicts can result when the boundaries between friendships and professional relationships become blurred. While being able to

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<sup>3</sup> C.T. Mowbray et al, *Consumers as Community Support Providers; Issues Created by Role Innovation. Community Mental Health Journal*, 32, 1 (1996), 63.

<sup>4</sup> Ibid.



draw on one's personal experience is essential to peer support, it also requires being able to transcend one's own experience. Some strategies to address this situation identified in the literature (Carlson et al, 2001) include:

- Facilitating communication about dual role situations with all people involved.
- Addressing this issue during orientation and training of a new employee.
- Developing guidelines and policies for staff/client interactions. (e.g., Supervisor and consumer should not have a past treatment relationship).
- Providing consistent supervision in addition to mentoring will ensure that consumers have confidants available to them when they need assistance in addressing role and organizational demands.<sup>5</sup>

- Stigma and Organizational Culture

Even in a mental health agency, negative attitudes towards those with psychiatric disabilities are commonly faced by consumers. The low profile of consumers and the lack of respect they receive are significant barriers. To combat this mental health organizations can create a consumer-provider friendly culture by providing training to staff members (including office/clerical staff) on stigmatization and how to recognize and avoid negative stereotypes in the work place.

## What is Peer Support?

The B.C. Peer Support Resource Manual<sup>6</sup> defines peer support as:

- A process in which consumer/survivors offer support to their peers. Peer supporters experience their own mental health issues and therefore are in a unique position to offer support to others in order to improve the quality of their lives.
- A helping relationship between consumer/survivors that promotes respect, trust and warmth and empowers individuals to make changes and decisions to enhance their lives.
- An enhancement of existing mental health services; peer support is not intended to replace any existing mental health services, but rather to enrich the provision of mental health services.

The primary role of peer support includes:

- Helping individuals understand their illness and learn how to move towards recovery;
- Listening (not counseling);
- Offering emotional support and coping strategies;
- Giving hope;
- Providing information / options and assistance with “navigating” the system;

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<sup>5</sup> Ibid.

<sup>6</sup> “Peer Support Resource Manual”. British Columbia Ministry of Health. July 2001.



- Acting as a mentor/role model for self management and personal responsibility;
- Helping individuals follow through on goals and action plans;
- Advocating for individuals (e.g., on systemic barriers);
- Supporting individuals to advocate for themselves;
- Helping individuals re-establish social networks and create a sense of community;
- Decreasing isolation of individuals;
- Teaching interpersonal skills;
- Facilitating the building of community; and
- Building a sense of safety, security and trust.

The attributes of successful peer supporters are<sup>7</sup>:

- Acceptance of self;
- Taking responsibility for action on wellness and recovery;
- A positive attitude toward mental health professionals;
- Effective coping skills and strategies for dealing with stress;
- Enjoy working with people;
- Tolerance of individual differences;
- Ability to learn from others;
- Good interpersonal skills themselves;
- A personal sense of self-worth in a team setting;
- Adequate literacy skills and problem solving abilities;
- Motivated and generally stable in their personal life;
- Knowledge of the consumer/survivor culture; and
- Participation and involvement in activities in the community.

Some other specific qualifications that are important for the peer support position include:

- A sound grasp of disability issues;
- Understanding of barriers that clients face;
- Understanding of empowerment; and
- Ability to work with both caregivers and clients alike.<sup>8</sup>

## Types of Peer Support

The B.C. Peer Resource Manual describes a classification of peer support into four major categories based upon degree of structure. These range from the least formal volunteer structure to the most formal structure complementary to clinical team. In

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<sup>7</sup> Adapted from "Best Practices: B.C.'s Mental Health Reform; Psycho-social Rehabilitation and Recovery". British Columbia Ministry of Health and Ministry Responsible for Seniors. 2000

<sup>8</sup> Technical Advisory Panel (TAP) of ACT Teams. *Peer Worker Position Discussion Paper*. (December 2001).



reality, a number of blended categories are also possible. As well, peer support positions that provide community development leadership are not well reflected in these categories. Nevertheless, the classification is useful in examining the range of peer support options in the system. The following table compares the key elements:

	<b>Informal Structure</b>	<b>Moderate Structure</b>	<b>Formal Structure</b>	<b>Complementary to Clinical Team (formal structure)</b>
Purpose	Basic support; one-on-one or in a group	Basic support; usually in a group	One-on-one support and problem-solving; support for group members through group meeting and a coordinator	One-on-one support, problem-solving and goal setting; support from wider team
Nature of Involvement	Rehabilitation /Volunteer	Rehabilitation Volunteer Basic Training	Rehabilitation Training Work	Rehabilitation Work
Self-help	Yes	Yes	Yes	Yes
Support	Group / one-on-one	Group	One-on-one / team meetings	One-on-one / team meetings
Membership	Voluntary	Voluntary	Screened	Selected
Leadership	Consumer; person may change	Trained facilitator; consumer	Coordinator – consumer	Coordinator - consumer
Training	None	Basic	Extensive	Extensive with a practicum
Referral	None (self)	None (self)	Self or Professional	Self or Professional

Source: Adapted from the "B.C. Peer Support Resource Manual", pages 16-17.

In the Champlain District, various peer support worker positions exist. For example, in the most formal structure, the Peer Support Position on the Assertive Community Treatment Teams is defined within the context of each team and is fully integrated with other team members as per the ACT Team's compliance/monitoring (accreditation) document. Qualifications for this position include a requirement of hands-on or academic experience in psychosocial rehabilitation. The least formal structure peer support positions may be within the self help support groups. And somewhere between the ends of the range, are other models such as the Peer Support Worker at CMHA – SDG / Prescott- Russell branch which focuses on the "development of peer support systems for consumer-survivors and their support networks through education, information sharing and the development of resources."



## Training

Training curriculum for peer support workers should encompass a core set of subjects and skills; depending upon the type of peer support position, there might be a difference in the depth to which each topic is covered and there might be additional topics. Below is a sample of the topics:

<b>Subjects Explored</b>
Basic Human Needs
Confidentiality
Ethics
Values and Beliefs
Supporting vs advising & counseling
Empowerment
Boundaries; setting limits
Mental Illness – Recovery
Depression
Bi-polar Disorder
Schizophrenia; other psychotic illnesses
Anxiety Disorders
Personality Disorders
Eating Disorders
Concurrent Disorders (substance abuse and mental illness)
Dual Diagnosis
Managing Difficult Behaviours
Advocacy
Relevant legislation (Mental Health Act, etc)

<b>Communication Skills</b>
Conflict Resolution
Active Listening
Feedback
Paraphrasing
Probing
Challenging
Body Language
Problem Solving
Goal Setting
Feelings
Suicidality
Grief and Loss
Geriatrics
Knowledge of services (local, regional, provincial, federal)
Crisis Intervention
Medications and Side Effects

Source: Adapted from the B.C. Peer Support Resource Manual, Tables, pages 34 & 123.

Boston University, colleges in Niagara and Hamilton as well as Mohawk College offer courses designed for Peer Support worker positions; some the programs can be accessed via the Internet.

There is also a need to provide opportunities for ongoing education; peer support workers should have equal access to continuing educations as members of the team; peer support workers outside of the formal mental health system should also be invited to attend in-service education offered at other mental health programs; there needs to be an infrastructure in place to allow peer support workers to attend continuing education (e.g. backfilling positions).



## Recommendations

1. That the mental health system demonstrate a commitment to the hiring of consumers across the system in both professional, and peer support as well as other positions.
2. That peer support workers be employed across the mental health system within a range of work opportunities and models within every mental health organization.
3. That the Ministry of Health and Long-Term Care develop benchmarks/guidelines for the number of peer support workers to be employed, taking into account the kinds of services/functions, size, etc. of the organization.
4. That the mental health system cultivate an awareness and respect for peer support by<sup>9</sup>:
  - a) Knowing and learning about peer support.
  - b) Valuing peer support as an essential staff position.
  - c) Understanding the contributions of peer support and professional support.
  - d) Being honest about the limitations of professional knowledge.
  - e) Trusting experiential knowledge.
  - f) Learning from experiential knowledge of others.
  - g) Influencing service delivery to support peer support programs.
5. That mental health professionals:<sup>10</sup>
  - a) Use peer support as resources.
  - b) Be informed about the range of peer support.
  - c) Involve the person referred to peer support in the referral decision.
  - d) Make referrals to peer support.
  - e) Keep updated on advances in the field of peer support and meaningful consumer/survivor participation.
  - f) Share as much information as possible with peer support workers.
  - g) Give specific and understandable information.
  - h) Provide consultation on request.
  - i) Educate other professionals.
  - j) Integrate peer support workers into the multi-disciplinary care team and approach.
6. That a centralized clearinghouse and training centre for peer support be established for the Champlain District.

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<sup>9</sup> Adapted from "B.C. Peer Resource Manual", page 59 which lists conditions, attitudes and skills required of professionals as described in *Competencies for Professionals Working with Consumers and Families* (Anne Bowles, 1993).

<sup>10</sup> Ibid. points a through i.



7. That there be annualized and sufficient funding for the development of peer support programs to cover:
  - Training, including language training (French and English)
  - Staff Salaries (coordinator, etc.)
  - Wages and benefits and/or incentives for peer support workers
  - Administrative expenses
8. That careful consideration be given to the type of remuneration that peer support workers receive ensuring that they are not penalized for their involvement in a peer support program.
9. That the salaries for peer support workers respect “equal pay for equal work”, reflecting the expectations of the job, including, if required, the expectation of owning a car. That benefits (medical, disability, etc) be ensured and work accommodations addressed.<sup>11</sup>

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<sup>11</sup> The CDMHITF’s Human Resources report made the following recommendation: “The feasibility of a regional (or provincial) job evaluation system which would measure all jobs and ensure equal pay for work of equal value must be studied. There is a need to explore other jurisdictions such as British Columbia, Alberta and Québec. There must be parity across community programs for like roles and functions .” Page 14.

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