

Understanding and Implementing Peer Support

By Eduardo Vega, M.Psy.

What is Peer Support and how does it relate to mental health care?

Peer support is arguably the oldest form of help in nearly every area of human endeavor. On a fundamental level it includes any situation in which a person is sharing their experience and knowledge with another on the level of equals. This can be as simple a neighbor helping another replace the air filter in her car, or a friend consulting with another on a family problem, or a high schooler assisting their peer in creating a web site.

Peer support is especially valuable in areas of personal struggle and challenge, either in adjunct to or instead of professional counseling-style services. Beyond the most informal type of peer support, which occurs naturally in break rooms and happy hours everywhere, access to skilled peers in the workplace has great potential to reduce mental health impacts including depression and anxiety. Connecting on a peer basis eases healing connection and can 'normalize' experiences that would be unfamiliar to those outside the workplace or industry.

As practiced around the world today, peer support services are a well-established, inexpensive and relatively simple way to provide mental health support resources to individuals in nearly any milieu. In addition to low barriers to implementation, peer support services, when properly designed, reduce some of the practical and psychological barriers to help-seeking, and can be available nearly any time and place.

Unlike external professional counseling, peer support can readily happen adjacent to or within the workplace milieu, if trained peers are available at the site. An added benefit to peer support also occurs through the 'helper effect' –those that provide support to others feel empowered and valued in this role, bolstering a sense of leadership and enabling a renewed and positive relationship to 'work life' as well.

It must be clear that peer support is not a replacement for psychotherapy, psychiatric services or even quality self-care. In cases of serious mental illness or crisis, it should be seen as a valuable addition to professional care. Peer supporters can help peers in this area to explore help-seeking, treatment options, personal coping strategies, to find the mix of services and supports that works best for them.

For most people, most of the time, a skilled peer supporter can make a tremendous difference through hard times and recovery. As someone who can naturally relate to their situation, peer supporters provide their peers with the best antidote to despair and isolation – genuine caring connection to ensure that one feels heard, cared for and valued.

Peer Support Principles and Practices

Like almost every form of care, the most central beneficial aspect of peer support for people at hard times is the quality of the relationship between the individuals. The psychology of peer support is distinct from professional counseling services, however, in two important ways.

- 1) **Shared experience:** The central element of peer support is a relationship based on shared experience. The specific experience could be profession, age, race, even locality. Where the peer support is focused on helping a peer with personal challenges, that challenge forms the core of the 'peerness'. Meetings for people recovering from addiction in the 12-step model of AA, then, is quite clearly a form of peer support. Cancer patients, loss survivors, individuals experiencing divorce, parents of children with disabilities, even star athletes engage in peer support of this kind, in a variety of formats.
- 2) **Power/status equality:** Peer support revolves on the premise of equality. As a result, because the only requirement to provide another with peer support is shared experience, disparities in education, philosophy and 'power' are less significant as barriers. Regardless of other aspects of the relationships between peers, a dynamic in which one person has authority or privilege in the subject at issue represents a challenge, because these issues may be relevant in multiple ways. (see below).

Equality and Mutuality

Mutuality and equality need to be considered distinctly in peer support, especially where peer support 'services' are at play. Mutuality refers to the idea of benefit provided 'both ways' between peers in the form of shared mutual benefit. It is essential to many informal peer supports including those among friends, people in peer support networks and groups, etc. It is not always in play, and may even be problematic, where peer supports involve a structured professional element, such as a peer specialist. (see below).

On the other hand, equality is as essential to effective peer support as the shared experience itself. For instance, a police peer support network is created to enable officers to openly discuss their challenges with the job with their peers. By design this might take place regardless of rank. After all a patrol officer shares significant experience with a police commander that neither does with their dentists.

If the commander were the patrol officer's direct supervisor or a senior in the same police force, however, it could be hard for open communication to happen. If their ability to support each other as people with shared experience would be complicated by the power dynamics inherent in their positions.

Sometimes, where training and profession are specific to the peer support model, difference in status are inherent and unavoidable. Peer specialists, for example, (discussed below) are people trained and employed to support others based on some shared experience. This means that when they are meeting with a peer support 'recipient' they are acting as a provider of services, hence not entirely equal. So long as this disparity is acknowledged up front, though, peer specialists are usually able to work around it. Similarly, for a paid peer specialist to receive 'mutual support' from the peer they are working would be considered problematic in certain ways.

Defining and delimiting “Peerness”

It should be clear given the above that people can be peers in many ways, and in multiple ways. Discovering this ‘peerness’ is often a very natural process. In fact it might be said that a central aspect of getting to know anyone in any social situation lies in identifying ‘shared experience’.

This process can be engaged more intentionally as well, through simple exercises used to examine where one’s life experience intersects with another’s. (Such a procedure is a structured activity in HumanoVations’ “Growing Through” training for example.)

Some peer support experts warn, however, about the danger of ‘overidentified peerness’, a situation where one assumes to share or understand more about another than is really valid. Although this is rarely significant in informal settings, it may be a source of misunderstanding that leads to problems later.

Where peer support work is specialized or highly focused, however, ‘overidentified peerness’ can create barriers. Because peer support, more than other modes of coaching or counseling, depends on relationships built on commonality (‘shared experience’) risk may exist in ‘assuming too much’. Peer support is most effective when it is based in listening, learning and compassion, that avoids assumption or advice-giving.

PEER SUPPORTER AND PEER SPECIALIST TRAINING

Many people are naturally good in roles as mentors or peer supporters. Without formal training however, natural talent is limiting and can lead to mistakes or mishaps. While the basics of peer support are intuitive, the skills and confidence needed to be an excellent peer mentor require substantial training. In the mental health services domain, for example, certification as a professional “Peer Specialist” can require more than sixty hours of training, along with substantial work experience. (These standards are set at the state level in the US.)

Peer support has evolved as a legitimate mental health support service worldwide, and is available today in many forms, communities and workplaces. Many nuances come to bear in designing, implementing and evaluating peer support programs, regardless of the setting, however. Along with clear goals and outcomes, a clear understanding of these at the outset minimizes the risk of recalibration and correction down the line.

Nonetheless, the fundamentals of good peer support can be acquired by anyone who is motivated to help others in a spirit of compassion. Practice in connecting and active listening, along with structured approach to sharing personal experience where and when it is helpful, enable individuals to develop the skills to be truly helpful to their peers. Tools for recognizing when situations require a more intense intervention or professional services, and confidence to collaborate with a peer if things become urgent is also essential, in case imminent harm arises.

THE SPECTRUM OF PEER SUPPORT

Peer support models can be classified along a continuum of “modes” from casual to highly structured. In this scheme, key elements vary including format, level of training, temporality (synchronous/asynchronous) and format. Start-up, implementation and management of these should be seen as varying more or less directly with the mode as well. Ie. casual projects such as a What’sapp chain or online group are easy to

start and require less management or skill expectations than peer support groups which require less than professional peer support (peer specialist) services.

PEER/MUTUAL SUPPORT PROGRAMS					
	Mode	Temporality	Format	Structure	People
Online group , open chat, thread groups	Casual	Asynchronous	FB Group, Listserve, Chat/text group, Blogging, “office hours” chat	Low	Moderators
Peer or Mutual Support Group	Structured	Synchronous	Live online, in person or phone meeting	High	Facilitators
Peer Partner/ Ally (mutual)	Informal	Both	Facilitated Support Group	Medium	Peers, Mentors
1:1 Peer Support (Services)	Semi-structured	Both	Phone, text, DM	Varies	Trained Peer Supporters Mentors
Crisis Peer Support	Structured	Synchronous	Phone, text, DM	High	Advanced Peer Specialists Supervisors

Although distinct in form and practice, these models, appropriately developed, are generally complementary to each other and non-exclusive. Organizations or communities seeking to implement peer supports, then, should be encouraged to consider different and multiple models, perhaps beginning with casual and planning for more highly structured supports down the line.

PEER SUPPORT MODELS AND SERVICES

1) Peer support networks

Often quite informal, peer support networks provide a way for people with shared experience to meet and discuss items with each other, individually, collectively or both. A private Facebook group for survivors of clerical abuse might be one example. Others include a listserv for broad email communications with peers around the world, a phone-tree or What’sapp text group, etc. Web-based chat groups are currently among the most widespread example of this model, including some which include moderators, professional or volunteer.

2) Peer support groups

Every day thousands of peer support groups meet regularly around the world. As previously mentioned, addiction recovery groups based in Alcoholics Anonymous, are the most prevalent example of peer support in a group format. Others include groups for survivors of all sorts, professional and career-related meetings, etc.

The defining aspect of a peer support group is people meeting in a single place and time to converse on their shared experience. Classically this happens at a defined locations. However, many such groups are now conducted by remote via telephone conference, video chat or even text.

Most peer support groups have some elements of structure that may include a written format, participant guidelines, readings, limits on time etc. Some are very highly structured and others less so.

Peer support groups are commonly offered as services as well, whether paid or not. In addition in many settings a trained individual, often a clinical specialist, provides expert facilitation for the group. If the facilitator does not themselves share the core peer experience, the group is usually considered a form of 'treatment' rather than pure peer support (as related to the status and power dynamics discussed above). Notwithstanding, these 'hybrid' model peer support groups can be highly beneficial for some.

3) One-to-one peer support:

Again, widely provided and available informally, one-to-one peer support is the most direct form of the practice. Increasingly, a variety of training programs are available to professional and non-professionals in practices that maximize the benefit of peer support, by helping people develop skills for listening and connecting.

Peer Support Service Programs: Example of peer support programs include the above as well as

- *Peer Specialist Services:* trained specialists who are able to use their lived experience of struggle, disability, recovery and service usage to support others, peer specialists are employed in many settings including inpatient, community care, mobile crisis, street outreach etc. Peer specialist professionals evolved within behavioral health, but are increasingly used as providers in a broad array of human services
- *Peer Navigators:* individuals who help others 'find their way' among services and systems, such as public benefits, treatment programs, or court-mandated services
- *Peer Advocacy:* in this role someone with shared experience works in collaboration with another to advocate with systems, authorities and/or providers, to help their peer express their needs and wants, access desired resources, and to ensure due process and rights protection.
- *Cultural Brokers:* People whose shared experience of culture, ethnicity, immigration status, etc. allow them to connect with others to bridge barriers of language and culture. Sometimes called 'promotores'
- *Peer Bridging:* people who support another in their transition between service or institutional settings and, most commonly, the community. This support is used for those moving from inpatient treatment to home, for example, or from corrections facilities to the community.
- *Peer Respite:* specialty settings for individuals who are encountering distress or crisis, peer respite houses serve as an alternative to traditional urgent care settings such as emergency or inpatient units. In most cases, these programs are staffed by peer specialists.
- *Peer Warm Lines:* blending one on one peer support with networking, warm lines allow for focused supportive conversations between peers over the phone, via text or chat. Like most of the above they may be staffed by trained volunteers or peer specialists. Unlike hot lines, warm lines often provide a combination of real-time availability, with call-back and outreach functions.
- *Peer Support Apps:* to date several of these, which principally act in the form of warm lines, exist. With a variety of modes, they can range from direct conversation, to asynchronous communication (through app-specific text, etc.)

CONCLUSION

Whether in the classic mutual aid form or through highly structured programming, peer support is an excellent mental health resource for communities, workplaces and organizations everywhere. As mid-stream behavioral health prevention with naturally low barriers to access, peer supports fill an gap between professional services 'external' to communities and 'local' need, simultaneously empowering and engaging members of the community as helpers. Implementing peer support is simple and low-cost in comparison with many traditional interventions and/or clinical supports, and should be seen as fully complementary to those. What is more these models are readily adapted to the culture and structure of organizations and communities.

Informed planning and decision-making relating to the modes and models of peer support programming is key to effectiveness. Evaluation of implemented efforts should be based on specific objectives and outcomes, and include participants at each phase to ensure the peer support program is serving the community. In most modes, skills training is essential for quality outcomes, as is support to help individuals negotiate the complexities of peer support relations. Orientation for leadership, consultation for management, human resources and health partners is extremely helpful, as well, to connect internal and external resources (including workplace wellness programming) and maximize the power of peer support for everyone in the community.

ABOUT HUMANNOVATIONS

Humannovations is an international social impact organization serving the vision of a future in which societal injustices and mental health challenges never limit anyone's ability to contribute to their communities and achieve their potential. The mission of Humannovations is to create a healthier future through innovative solutions that empower people and communities, and reduce the global burden of mental ill-health and suicide.

Humannovations bends the curve of social change by bridging policy and program expertise, technology, training and organizational strategies, with leadership for social justice and health equity fueled by the "lived experience" of communities and people who have been there. Through expert consultation, custom technical assistance and specialized training programs like [Growing Through](#), Humannovations empowers communities with solutions to the world's most pressing problems.

Current and past clients include: The World Health Organization/ Pan American Health Organization, The US National Suicide Prevention Lifeline, The US State Department, Fiji National University, Asana, Inc., The Corporation for Supportive Housing, The State of California, Educational Development Corporation/Suicide Prevention Resource Center, The US Substance Abuse and Mental Health Services Administration (SAMHSA), The New Zealand Health Promotion Agency, Beyond Blue (Australia), Suicide Prevention Australia, Ginger.io, Movember International, The International Bipolar Foundation and California Mental Health Services Authority, Facebook, Yale University, GROW New Zealand.



Eduardo Vega, M.Psy.: Eduardo Vega is CEO and founder of Humannovations, a consulting and technical assistance collective focused on social change, social justice and health systems transformation fueled by the "lived experience" of people who have been there. An internationally recognized thought leader in suicide prevention, mental health services and advocacy, peer support and peer specialist services, community participatory research, his work continues to drive the forefront of progress for mental health worldwide. Former President and CEO of Mental Health Association of San Francisco, he also founded the groundbreaking Center for Dignity, Recovery and Empowerment, the national Destination Dignity project and United Suicide Survivors International. Uniquely bridging his professional expertise and personal experience as a suicide attempt survivor who lived with serious mental health conditions since childhood, Vega's work has empowered communities and fostered change worldwide. Vega is the Project Director of the international Activating Hope program and the creator of Growing Through crisis support training. He serves as Advisory Faculty to Yale University and University of Michigan Department of Psychiatry, on the Steering committee of the National Suicide Prevention Lifeline and the Executive Committee of the National Action Alliance for Suicide Prevention. Vega has been recognized by the World Health Organization, the Office of the White House of President Obama, the United States Senate, the International Initiative for Mental Health Leadership, the US Surgeon General and the Substance Abuse and Mental Health Services Administration among others.

CONTACT: e.vega@humannovations.net

415-933-0980