INVESTIGATING THE STATE OF PEER SUPPORT WORK IN ONTARIO

FINDINGS AND IMPLICATIONS

PREPARED FOR

Ontario Peer Development Initiative
and
The Self-Help Alliance

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1. INTRODUCTION

1.1 Background and Context

Ontario has long history of mental health peer support. In the early 1990s, consumer/survivor initiatives (CSI) were formally funded as organizations led and run by consumer/survivors for consumers/survivors. The emergence of CSIs represented the beginnings of peer support as an essential and fundamental component of mental health service systems (O'Hagan, McKee, & Priest, 2009). Peer support definitions vary considerably, but a broad definition is "any organized support provided by and for people with mental health problems" (p. 42, O'Hagan, Cyr, Mckee, & Priest, 2010.). Other definitions are more explicit regarding the values and philosophy of peer support. For example, Davidson et al. characterize peer support as "…based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations" (Davidson, Chinman, Sells, & Rowe, 2006, p. 443). The Ontario Peer Development Initiative (OPDI) defines peer support as "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." OPDI also includes a definition *formalized peer support*, which occurs "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."

Peer support is often distinguished from traditional therapeutic forms of support in that it is reciprocal, mutually offered, and based on shared lived experiences of mental health difficulties, rather than on clinical knowledge (Gartner & Reissman, 1982, in Solomon, 2004). Peer support is also often grounded in grassroots political positions that are oppositional to and critical of mainstream mental health systems, which are viewed as oppressive and controlling (Beresford & Hopton, 2000; Everett, 2000). In this sense, peer support is an alternative existing outside the system and living in communities of experience. One essential feature of peer support is the willingness and necessity of self-identifying as someone with lived experience.

In current times, peer support has become a common feature of mental health service systems. In addition to consumer/survivor organizations, peer support can be found in various organizational contexts such as drop-in programs, crisis services, hospital emergency and inpatient units, supportive housing, support coordination, ACTT, and a variety of community mental health programs. The field of peer support has grown dramatically. Paid peer support positions, once considered antithetical to the informal and reciprocal ideals of peer support, are now commonplace. These are newer models and arrangements that blur the line between "peer support" and "service provision" and have been characterized as asymmetrical. For example, Davidson et al. suggest that peer staff working in mainstream organizations create a one-directional relationship with one person designated as a support provider and the other as a recipient (Davidson, et al., 2006). The authors do not suggest that this is not "real" support but rather acknowledge that research on these new peer-based relationships is needed to more fully understand how recovery can be promoted in these contexts.

Despite growth in the field, there lacks a general understanding of what these peer positions look like in terms of job descriptions, structure, pay levels, supervision, and other related issues. Because these are newer and unique positions there are many unanswered questions about how they work within contemporary organizations and systems.

With funding support from the Ontario Peer Development Initiative (OPDI) and the Evidence Exchange Network, The Self Alliance (Waterloo Region) and OPDI have collaborated to investigate the state of peer support in Ontario. The goal is to develop an active Community of Interest centred around peer support

worker positions. The first key step was to gather a comprehensive understanding of peer support worker contexts and experiences.

1.2 Purpose of the Current Project

The purpose of the current project was to gather information from both paid and volunteer peer workers about their experiences in the peer support context. Additionally, this project aimed to identify priority areas for further discussion and development in order to make recommendations for organizational and system-level policy regarding peer worker positions.

Taylor Newberry Consulting (TNC) was contracted to design and analyze a survey and focus groups in order to develop an initial understanding of this burgeoning field.

2. PROJECT METHODS

The project employed a combination of survey and focus group methodologies in order to gather information on the context and experiences of peer support workers (PSW) across Ontario.

2.1 Survey Design

In collaboration with OPDI and the Self Help Alliance, TNC designed separate online surveys for peer support workers and employers of peer support workers. Consultation with the project steering committee and a review of the relevant literature helped to identify appropriate question areas. The surveys focused on the following issues related to peer support workers and their organizational contexts:

- Peer worker job descriptions, roles, responsibilities, challenges, and boundaries
- Hiring practices and processes
- Organizations that employ peer workers
- Qualifications
- Training and certification
- Wages and benefits
- Contract details (full-time, part-time, permanent, contract, etc.)
- Management and supervisory structures
- Supports to peer worker employees in the work context

Survey questions for peer support workers and employers are provided in Appendices A and B respectively.

2.2 Survey Recruitment and Response Rate

Links to the surveys were posted through the OPDI Facebook and Twitter accounts a number of times beginning in July 2014. Invitation emails were additionally sent to members and other individuals using OPDI mailing lists. Invitation emails were also sent by OPDI to a list of individuals who participated in peer worker training sessions offered by OPDI. Additionally, the Self Help Alliance sent the invitation email to a list of individuals who registered for a Provincial Peer Support Symposium.

Although the exact number of peer support workers reached through the recruitment process is unknown, a total of 154 PSWs responded to the survey. Of these individuals, 111 were paid workers and 43 were

volunteers. Responses indicated that participants live in over 50 cities across Ontario and work for over 85 organizations[1].

A total of nine employers responded to the survey. While this is sample is small and cannot generalize to the full range of organizations that employ peer support workers, the data from employers was useful complement to the findings of the peer survey.

2.3 Focus Groups

In order to gain a further understanding of some of the issues facing peer support workers, four focus groups were conducted with a total of 16 peer workers from North Bay, Ottawa, Toronto and Waterloo.

- North Bay: 6 individuals
- Ottawa: 3 individuals
- Toronto: 3 individuals
- Kitchener/Waterloo: 4 individuals

2.4 Analysis

Both quantitative and qualitative analyses of survey data were conducted. Relative percentages of question responses were calculated from the data, and qualitative responses were reviewed to identify common patterns to provide context for the quantitative results. Focus group findings are also presented to provide additional context for the survey responses.

Data for paid PSWs, volunteer PSWs, and employers of PSWs were analyzed separately. Where applicable, paid worker responses and volunteer worker responses are presented side by side in order for comparisons to be made.

Some individuals chose not to answer all sections of the survey which resulted in a varying number of respondents for each question. In these cases, the number of respondents answering are presented.

3. SUMMARY OF FINDINGS

In the following sections a summary of the findings of the surveys and the focus groups is presented. We begin with basic descriptions of the participants and organizations involved, followed by common themes associated with the main areas of inquiry. Key findings are their implications are highlighted in each section.

3.1 Description of Peer Support Worker Survey Participants

3.1.1 Gender, Age, and Ethnicity

The sample of paid peer support workers included 77 females and 33 males. One participant chose not to disclose their gender. Paid workers ranged in age from 22 to 64 with an average age of 44.6 years. The volunteer sample included 33 females and 10 males who ranged in age from 21-64 with an average age of 50.

[1] Some individuals indicated that they work for more than one organization

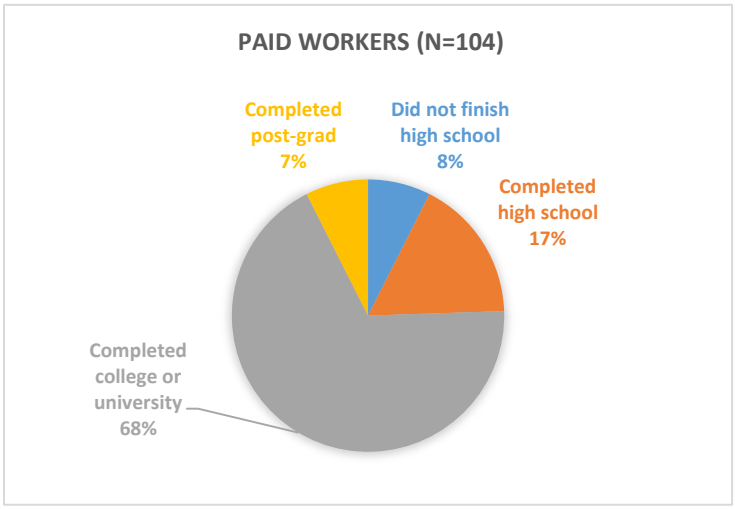
We asked respondents to self-identify their ethnic background. An open-ended approach was preferred because it was felt that pre-categorized ethnic categories can be constraining and frustrating to respondents. Of the total sample 139 answered this question and 15 declined to answer. We found that 62% self-identified in the related categories of "Caucasian", "White", or "Anglo-Saxon". An additional 14% self-identified as having European heritage, which included German, Portuguese, Scandinavian and Russian. A further 11% identified as "Canadian". Relative to the dominant majority, there were far few respondents representing visible minorities, which included Black/Caribbean (3%), Native Canadian or Metis (3%), East Asian (1.5%), and Middle Eastern (1.5%). About 2% identified as French Canadian.

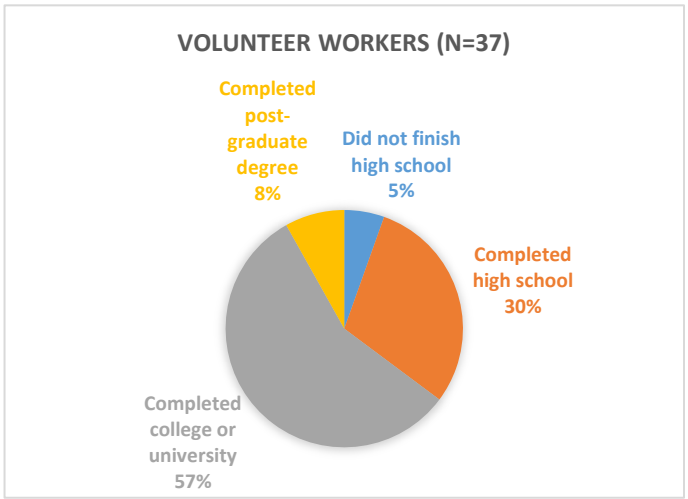
These results show a lack of ethnic diversity among the peer worker sample. This is problematic as we know that individuals from backgrounds, cultures, and language groups that are different from the dominant white majority may have greater challenges accessing mental health services. Peer support is much more effective in engaging diverse ethnocultural backgrounds when peer workers – and workers in general – reflect the diversity of the population.

3.1.3 Level of Education

Overall, the majority of both samples had completed post-secondary education, although a slightly higher percentage of paid PSWs indicated that they had completed college or university compared to the sample of volunteer PSWs. Results for paid workers and volunteer workers are presented in Figure 1 below.

Figure 1 – Education Level of Peer Support





3.1.4 Income

If individuals indicated that they are paid by the hour they were asked to specify their hourly wage. The average hourly wage for the sample is $21.00/hour[2] . Hourly wages ranged from $11.50/hour to

[2] Four respondents indicated that their hourly wage varies depending on the task they are doing. For example, one individual stated that they receive $20/hour on the ward, and $14/hour in an informal setting. To calculate the average value for this question, the higher of the two values was included.

$42.70/hour, with 13 respondents indicating that they make less than $15/hour. Only 4 respondents made over $30.00/hour. An average hourly wage of $21.00/hour works out to a full-time salary of approximately $40 000/year; however, many workers noted that they do not work full-time hours. On average, respondents reported receiving $29,494.64 per year from peer support work specifically. All paid peer workers were also asked to report their annual income from all sources. Among those who answered this question (n=75), on average they reported earning $33,774.32 annually.

Finding: It is commonly assumed that the peer support work force has lower levels of education. Our findings contradict this assumption. A full three-quarters of paid workers had completed post-secondary education, and less than 10% did not finish high school. These findings demonstrate that lower levels of education is not a sufficient explanation as to why peer support workers earn less income than other comparable positions in the mental health sector. (See section 3.4 for detailed information on wages).

3.1.5 Geographic Location

Responses indicated that participants live in over 50 cities across Ontario and work for over 85 organizations[3], providing fairly balanced representation of peer support workers in the province. A higher number of survey respondents reported that they reside in Toronto, Ottawa, North Bay and Richmond Hill. The number of participants from each city or town are presented in Appendix A.

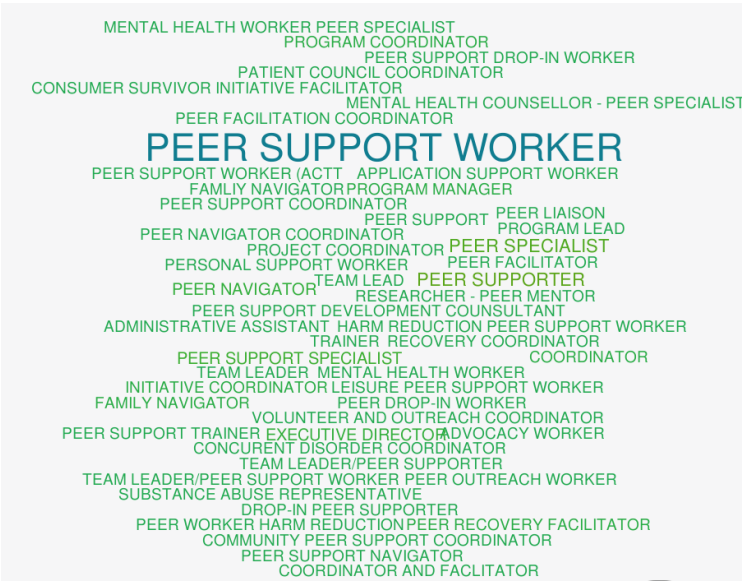
3.2 Description of Peer Support Positions

The breadth and depth of peer support worker roles appears to have grown in the recent years. A major goal of this project was to more fully understand the various positions, roles, and functions of contemporary peer support workers. We asked survey respondents to describe their positions and the day to day work they engage in.

3.2.1 Job Titles and Description of PSW Positions

The literature indicates that there are a range of job titles used in the field to express the roles of peer support workers. This range was evident among the survey respondents who listed over 40 unique job titles. Many of these titles include the term "peer" in relation to other role identifiers, such as Support Worker, Facilitator, Navigator, Counsellor, and so on. A smaller subset of individuals provided managerial or supervisory titles, such as Executive Director, Manager, Trainer, or Team Leader; however, these individuals reported carrying out tasks that are

Figure 2 – PSW Job Title "Word Cloud"



[3] Some individuals indicated that they work for more than one organization

typical of peer support work (see Table 1), in addition to their management and coordination duties. The most common job title was "Peer Support Worker", which is also a generic umbrella term that is commonly used to capture all the functions of peer-focused work. A "Word Cloud" of these titles is presented in Figure 2, with the more common terms represented by larger fonts.

Paid peer workers showed some variation in the main functions and roles of their work. Participants were asked to indicate if they engaged in a range of work functions and, if so, if they were formally paid for each function. These work functions are listed in Table 1.

The top five most common work functions clearly fall into conventional definitions of peer support, emphasizing emotional support, information provision, and awareness raising within the context of one-to-one support and group-based interactions. About two-thirds of the sample also commonly engaged in

Table 1 – Roles and Activities of PSW Positions (n = 90-106)

Job Description – Roles/Activities	% paid for this task	% "sometimes" paid for this task
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%
System navigation	64%	12%
Individual advocacy	60%	15%
Artistic and cultural activities	52%	17%
Instrumental (practical) support	45%	11%
Research and evaluation	37%	15%
Employment support	34%	9%
Support Coordination (Case Management)[4]	31%	4%
Political and legal advocacy	28%	9%
Financial support	23%	8%
Housing Support	21%	5%

other areas of support, such as crisis support, education and training, recovery, mentorship and system navigation. Interestingly, almost 20% of respondents engage in mentoring when they are less likely to be paid for it. This likely reflects the informal relationships that form within and become part of the mentoring process.

[4] Case management is a formalized term within Ontario's mental health and addictions system; the term "Support Coordination" is preferred as more consistent with principles of recovery.

Other activities not listed include a range of administrative work, volunteering in community events (e.g., participating in fundraising, attending local mental health events, etc.), contributing the peer perspective to internal staff education, and developing relationships with community agencies. Some respondents added that they help individuals complete the Ontario Common Assessment of Need (OCAN) and develop personal recovery plans.

Focus group respondents felt that peer support could look very different depending on the context. Thus, peer support works differently in a hospital as compared to an ACT Team or to an independent consumer-survivor organization. Areas of emphasis can be quite different. For example, employment support has quite different tasks compared to social recreation or recovery planning. This diversity of tasks can become confusing to outside observers, including co-workers, who may carry more narrow assumptions of what is entailed in the "peer support" role.

Finding: Peer Support Workers engage in a diverse set of work functions and roles. Functionally speaking, the peer support role is expanding beyond emotional support and information provision, although these remain as core and definitive areas of peer support. Contemporary peer support is highly similar and oftentimes mirrors the functions of mental health support workers in general.

Finding: Co-workers and the mental health system in general need greater education and awareness regarding the varied tasks of associated with contemporary peer support worker positions.

3.2.2 Organization Types

In order to determine the types of organizations employing peer support workers or retaining their services on a volunteer basis, respondents were asked to classify their organization based on the following list: consumer/survivor run initiative, general health organization, general social service organization, mental health organization, or "other". Percentages of respondents indicating that they work for each type of organization are presented in Table 2. The majority of the sample for both paid workers and volunteer workers indicated that they provide peer support at consumer/survivor run initiatives and mental health organizations. Focus group participants represented the full range of these categories.

Table 2 – Type of Organizations: Paid and Volunteer Peer Support Workers

Type of Organization	Paid Peer Support Workers (n=109)	Percentage of Volunteer Peer Support Workers (n=41)
Consumer/survivor run initiative	39%	49%
General health organization (health centre, hospital, etc.)	4%	5%
General social service organization (drop-in centre, shelter, etc.)	14%	5%
Mental health organization	37%	24%
Other	6%	17%

A small number of paid and volunteer workers indicated that they provide peer support in other types of organizations not listed. Among those who are paid for their work, one individual noted that they would classify their organization as a "mental health and the arts" organization. Another individual noted that their organization has a "recovery program for the homeless population with mental health and addictions". Another respondent stated that their organization offers "employment and training services for

women who are at risk or have survived domestic violence". Two also noted that they work at an addictions services organization.

Three volunteer peer workers noted that their organization can be classified as both a consumer/survivor run initiative and a mental health organization which may indicate that these categories are not mutually exclusive. One other respondent stated that their organization is a 'Patient' Council'. The employers surveyed represented general social service (4), general health (4), and mental health (1) organizations.

This distribution of organizations is helpful for our analysis as it reflects multiple contexts in which peer support is taking place, including non-CSI mental health, general health, and social service organizations.

3.2.3 Settings in Which Peer Support is Provided

Results of the survey show that paid peer support is provided in a variety of settings including public places, people's homes, peer-led settings, and health and social service locations. Table 3 presents the percentages of paid workers who provide support in different settings. Since respondents could provide support in more than one setting, the categories are not mutually exclusive. More than half the sample indicated that support is offered in public places, in peer-led settings, and health and social service locations.

A number of peer support workers added that they provide support in places that are most comfortable to the people they support and will go wherever their support is required.

Table 3 – Settings in which Paid Peer Support is Provided

Setting	Percentage of Sample Providing Support in Setting
Public places (e.g. cafes, parks, etc.)	51.4%
People's homes	33.3%
Peer led settings (e.g. consumer-run organization, a peer led space, etc.),	69.4%
Health and social service locations (e.g. emergency rooms, inpatient settings, offices, drop-ins, etc.)	68.5%
Other	22.5%

3.2.4 Required Qualifications: Education, Training, and Lived Experience

Results of the survey indicated that qualifications for peer support worker positions vary. Specifically, differences are found among educational requirements, types of training and, and types of lived experience necessary to be hired as a peer worker. Educational requirements for paid PSWs are provided in Figure 3. What is most interesting is that a significant proportion of workers were unaware of the qualifications for their positions. Within the paid sample, approximately 41% of respondents reported that they were not aware of the educational requirements for their current position. Just under a quarter of the positions required post-secondary education among those who knew of the qualifications. We note that 68% of paid workers and 57% of volunteers have completed post-secondary education.

Participants were also asked to report additional qualifications required for their current position, such as specific training or certification, job related experience, lived experience with mental illness, and lived experience as a user of the mental health system. Percentages of respondents indicating that specific qualifications are required are presented in Table 4. Participants could report more than one type of qualification so percentages sum to greater than 100%.

The majority of paid workers indicated that lived experience with mental illness (84%) and lived experience with the mental health system (60%) are necessary qualifications for their current position. The majority of the paid sample also indicated that training and/or certification (50%) and job related experience (52%) is a necessary qualification. The presence of required qualifications for the volunteer sample were less common.

Figure 3

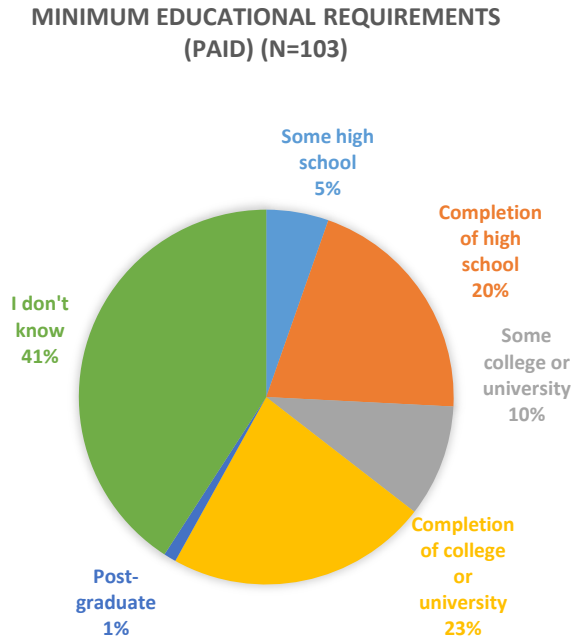


Table 4 – Qualifications for Peer Support Worker Roles

Type of Qualification	Paid	Volunteer
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%
Other	16%	23%

We should note that in retrospect this survey question was potentially ambiguous. The intent was to identify requirements or prerequisites that are explicitly named as necessary to obtain their position. It is possible that some respondents read the survey question ("What other qualifications are required for your current job?") as asking for skills or assets that are merely valuable or helpful to carry out their position. For example, the finding that 60% of people viewed lived experience with the system as "a qualification required for the job" does not necessarily mean that only 60% of the sample had this lived experience. It may only mean that 60% think it is important for their work.

Members of the PSW focus group generally felt that having a strong educational background helped them to obtain their jobs, but that it was not explicitly named as a requirement. Training was considered an asset although not typically a requirement, as hiring organizations will tend to provide or arrange training for their workers as needed. Peer workers identified a number of generic training areas that were required for peer workers (as well as other frontline staff) including ASIST, First Aid, CPR, Safe Food Handling, and Non-Violent Crisis Intervention. In addition, a number of training programs specific to peer support were identified including OPDI Peer Support Core Essentials Program, Wellness and Recovery Action Planning (WRAP), Pathways to Recovery, and Peer Recovery Education for Employment and Resilience (PREFER).

The disclosure of lived experience was a necessary prerequisite of peer support worker positions, by definition. Beyond lived experience, workers felt that employers were looking for strong interpersonal skills such as active listening, openness, compassion, flexibility, and empathy.

The feedback from employers generally aligned with that of the peer respondents. Two employers stated "some college or university" as a minimum requirement for their positions; one employer specified high school completion as the minimum. The remaining six said there were no minimal educational requirements. The main qualifications were lived experience with mental illness, which 8 of the 9 employers stated as a requirement (one reported that lived experience with a family member with a mental illness was also suitable). A bit surprisingly, only 4 employers stated that direct experience with the system (e.g., using services) was required. Three also required job related experience, specific training, and/or credentialing. In these cases, training and credentialing can be provided upon hiring.

There were a few other unique requirements for some employers. For example, one employer stated that a peer worker must be "graduated" from programming for two years to be considered for paid employment. It is unclear what the protocol would be if the person needed mental health supports. One employer required French/English bilingualism and another required having the employee secure their own transportation due to a lack of public transit (and presumably this would be a requirement of all other staff).

Beyond minimum requirements, employers also spoke of qualifications and skills that are seen as assets. Two felt that holding post-secondary education was an asset and provides an advantage over other applicants, with one organization looking at formalizing specific post-secondary education requirements. One employer noted that it is difficult to find individuals qualified for the job, in part because the requirements are not clearly mandated and communicated. This appears to be a symptom of managing new positions that are still evolving and become more defined. Another stated they are "inundated with applications" but "some do not list any lived experience".

Employers also suggested that demonstrated ability to manage self-care was important as was an ability to maintain health boundaries with other peers and to conduct themselves professionally:

> "[It is a challenge] *finding those that can competently deliver peer support using healthy boundaries, but also understand the level of professionalism required within the office and the importance of being dependable in the eyes of co-workers when you are part of a team*" - Employer

3.2.5 The Hiring Context and Application Process

In order to ascertain information about the recruitment process for peer support workers, respondents were asked how they heard about their current position. Sources of information and percentages are presented in Table 5. Roughly one fifth of both the paid PSW sample and volunteer PSW sample indicated that they were a volunteer at the organization prior to moving into their current position.[5] A far greater number of paid workers learned about their current position through a job posting compared to volunteers, while a much larger percentage of the volunteer sample indicated that they had used the services before becoming a volunteer. Employers similarly identified job postings and recruitment of past service users as the primary method of seeking out hires.

[5] Among volunteers who said that they were a volunteer at the organization prior to moving into their current volunteer role, it is likely that they moved into a different or additional volunteer position

Table 5 – How Peer Support Workers Heard About their Current Position

Source of Information	Paid Workers (n=105)	Volunteer Workers (n=33)
Job posting	42%	9%
A member of my social circle told me about it	23%	0%
I was a volunteer at the organization	22%	30%
A consumer organization connected me	7%	16%
I had used the services	5%	30%
Other	0%	16%

We asked peers if they experienced any particular challenges in the application process. Participants largely did not identify difficulties. A few cited lack of confidence, shyness, and discomfort in disclosing their own mental health challenges in the application process.

In the current sample a common pathway to peer support employment is to transition from volunteer positions within the organization. Overall, we heard from paid workers that their experiences as volunteers were positive and served as a "trial run" to understand the various challenges in doing this type of work. As volunteers, workers learned the skills to help them more comfortably move into paid employment. Below are some illustrative examples:

> *"[Volunteering] provided additional experience and an introduction to the organization. I transitioned from volunteering to employment in same role."*
>
> *"I volunteered my time at [name of organization]. Volunteering allowed me the time I needed to learn more about the system without the added stress of being employed. By volunteering I learned at my own pace how the system worked and to get to create a contact list of people who worked in the system."*
>
> *"Volunteering, for me, was a good bridge to paid employment. It had been over 10 years since my last good job (in a different field, no less) and volunteering was a good environment to build confidence, endurance, and readiness for paid work."*
>
> *"Volunteered on a Mental Health organization Board of Directors (6 years in total), and volunteered in a case management organization drop in for 1 year (prepare meals together and then do service user directed social activities). Board got me networking in the MH field and eventually connected me to drop in position. The drop in position helped me develop necessary skills required to work as a Peer Support Worker, reinforced that this was what I wanted to do with my life, confirmed that I enjoyed and excelled in what I hoped to do as a career and that it was a 'good fit', gave me confidence and experience which I sorely needed and wanted (without pressure of 'being paid' to do the work)."*
>
> *Before being employed as a peer support worker, I took the training at* [CSI organization] *in order to become a volunteer. Before I was matched with a peer, the job posting came up and I was hired. It was nice to do the training first as one of a group of volunteers, without the dynamic of some being paid and some not*
>
> *I worked as a volunteer peer support on a sexual assault crisis line. The work helped me understand the connection of trauma and mental health issues and providing support from a trauma informed approach. I also gained experience and feel confident in handling a crisis situation. Providing support on the phone, you really develop your listening skills.*

3.3 Employment Context

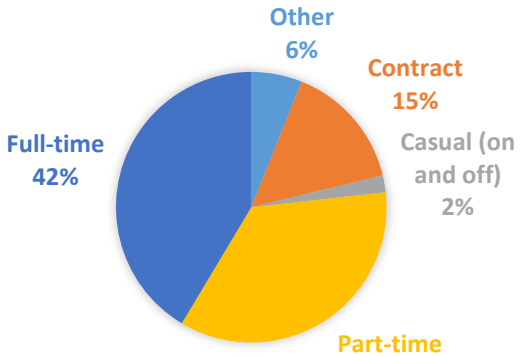
So far we have documented descriptive information regarding the peer worker sample, the types of positions and roles within peer support work, the types of organizations that employer peer workers, and associated qualifications. We now turn to some of the details of the employment and volunteer context of

our respondents, including employment status and hours worked, length of employment, training needs, and the context of supervision. These sections will be primarily descriptive of the context. Discussion of emerging issues and challenges experienced in the peer support role will be provided in section 3.5.

3.3.1 Employment Status

Paid workers were asked to indicate their current employment status. Results are presented in Figure 4. Approximately 75% of the sample is employed either part-time (35%) or full-time (42%). On average, paid workers reported working an average of 27 hours/week while volunteers worked an average of about 10.5 hours/week. Of the paid sample, 14 respondents reporting working as volunteers in addition to their paid work. While the number of volunteer hours varied, 10 of the 14 worked more than a full-time complement (37.5/week) when paid and volunteer hours are summed. This may indicate that some peer workers are asked to engage in work above and beyond that for which they are paid. Whether or not this is a requirement of their position or if it is voluntary remains unclear.

Figure 4 **EMPLOYMENT STATUS (N=110)**



Some peers may prefer and manage better with part-time level work, to promote balance and reduce stress, and flexibility associated with part-time work is appreciated. However, we heard in the focus groups that most peers prefer the option of full-time work and that financial stress is heightened when limits are placed on the amount of hours they can work.

> *"8 hours a week is an insult. What kind of position is this? How does this position fit with the world of work? It's not sustainable. I deserve more hours. My financial situation is so stressful, it depresses me and is a trigger."*

> *"Hours are very inconsistent due to changing roles. They are project based. It can be unstable."*

Finding: A total of 65% of the paid sample do not have access to full-time work. This represents a significant barrier to income security among peer support workers. See also section 3.4.

3.3.2 Length of Employment

Approximately 41% of the paid worker sample has been employed in their current position for 2 to 5 years and an additional 33% have been employed for over 5 years. Participants ranged in length of employment from less than 6 months to between over 20 years. A greater number of volunteer workers

had been involved in their current position for less than a year compared to those who are paid for their work. Percentages regarding employment tenure are presented in Table 6.

Paid workers were asked if there had been a period of unemployment before taking their current position. On average, participants answering this question (n=77) were away for just under 2 years (22 months). Responses ranged from 1 to 168 months.

Table 6 – Length of Employment for Paid and Volunteer Peer Support Workers

Time Spent Working in Current Position	Percentage of Paid Sample	Percentage of Volunteer Sample
Less than 6 months	9%	14%
6 months to a year	17%	21%
2 to 5 years	41%	28%
6 to 10 years	18%	23%
11 to 20 years	14%	7%
21-30 years	1%	5%

Finding: The peer worker sample is relatively experienced, with almost three-quarters of the paid sample in their current position for 2 years or longer. This experience affords a greater pool of personal experiences and reflections regarding the different areas of inquiry in this research project.

3.3.3 Training and Training Needs

As reported above, peer support training appears to be an important requirement for many peer support worker positions. Most often, training is provided on the job, although peer workers are better positioned to obtain employment if they already have training credentials.

Among the paid sample, 70% indicated that they have obtained peer support certification and 30% stated that they have not.[6] A slightly higher percentage of volunteer workers (78%) reported that they have received peer support worker certification, while 19% said that they have not.

The majority of respondents did not share the name of the course they participated in, perhaps suggesting that they receive internal job training. Table 7 lists the training courses completed by a subsample of 27 paid and volunteer workers.

Table 7 – Training Courses Completed

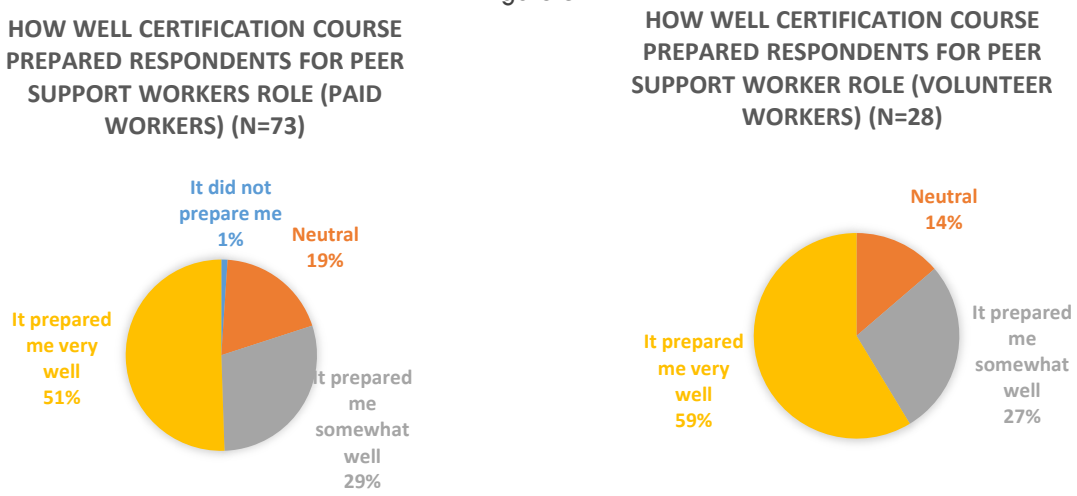
Name of Certification Course	# of Respondents Completing Training
OPDI Peer Support Core Essentials Program	19
WRAP	8
PREFER	3
Voices from the Street	2
TEACH	1
Peer to Peer Wellness	1
Facilitating Self Determination	1
Intergenerational Trauma	1

[6] n=104

Name of Certification Course	# of Respondents Completing Training
Anger and Assertiveness Awareness	1
Infinite Possibilities	1
Your Recovery Journey	1
PSETP	1
Peer Support Employment Training	1
Applied Suicide Intervention Skill Training	1
Non-Violent Crisis Intervention Training	1
ASIST	1

Respondents who participated in training courses were asked to indicate how well the courses prepared them for their role as a peer support worker. As can be seen in Figure 5 below, the majority (80%-86%) of respondents felt the training prepared them at least "somewhat well", with over half feeling it prepared them "very well".

Figure 5



Participants were also asked if they perceived a need for additional training. Results are presented in Table 8. More than half of both the paid PSW sample and volunteer PSW agreed that they require additional training to help them in their role as a peer worker.

Table 8 – Perceived Need for Additional Training

"I feel that I require additional training to help me in my role as a peer worker"	Percentage of Paid Sample (n=100)	Percentage of Volunteer Sample (n=43)
Strongly agree	19%	47%
Somewhat agree	36%	24%
Neutral	19%	17%
Somewhat disagree	17%	0%
Strongly disagree	10%	12%

Survey respondents further specified the types of training they would like to take part in. A list of the types of training and the percentages of each of the samples stating they would like to take part in specific types of training are presented in Table 9. Among paid workers the top three most desired forms of training are conflict resolution (37%), peer relationships and boundaries (35%), and training about the

mental health system (31%). The top three most desired types of training among volunteer workers are training related to the mental health system (44%), wellness and personal recovery planning/conflict resolution (40% each), and managing challenging situations (37%).

Table 9 – Percentages of Workers Desiring Types of Training

Type of Training	Paid Workers	Volunteer Workers
Conflict resolution	37%	40%
Peer relationships and boundaries	35%	26%
The mental health system	31%	44%
Managing challenging situations	33%	37%
Understanding differences and diversity	26%	28%
Mutual problem solving/solution focused skills	24%	28%
Working in a mental health service environment	24%	33%
Wellness and personal recovery planning	23%	40%
Project management	23%	23%
Codes of conduct and ethical issues	23%	21%
Running focus groups	22%	33%
Peer support - what it is and how it is distinct from other services	22%	19%
History and principles of the consumer/survivor movement	20%	28%
Negotiation	20%	23%
Networking	19%	35%
Other	19%	21%
Active listening and communication skills	18%	26%
Team work	17%	21%
Assertiveness	15%	30%
Record keeping	14%	21%
Managing personal information and disclosure	12%	19%
Using office equipment	9%	9%
Time management	1%	12%
Committee roles/processes	1%	23%

As mentioned, 30% of the paid sample and 19% of the volunteer sample have not yet received peer support focused training, accounting for much of the additional need identified in Table 9. Some training gaps that might not be covered by existing training include "the mental health system" and "working in a mental health service environment". As more and more peer workers enter formal health provision environments, this area of training and support will become increasingly important. In general, full training and refreshers regarding interpersonal skills appear important, including "conflict resolution", "peer relationships and boundaries", "understanding differences and diversity", "mutual problem solving/solution focused skills", and "codes of conduct and ethical issues".

Finding: Peer support workers desire additional training. Specific gaps or a need for refreshers centre around understanding the mental health system and service environment and interpersonal skills around conflict resolution and relationship boundaries.

3.3.4 Team Structures

The literature suggests that peer support workers can become isolated in their work place, with their positions being treated as separate from other parts of the organization, amounting to tokenism. We

began by first asking how common it is for workers to be part of an organizational team. Structurally speaking, the inclusion of peer support workers in our sample is quite common. As can be seen in Table 10, paid workers are more likely to part of a dedicated team in both non-CSI and CSI organizations than are volunteers.

Table 10 – Percentage of Respondents Who Work in a Team

	Non-CSI organizations	CSI organizations
Paid PSW	87%	81%
Volunteer PSW	74%	71%

The make-up of teams varied widely across the sample in terms of size and membership. In non-CSI contexts, there were many examples of multidisciplinary teams composed of counselors/therapists, case managers, psychologists, social workers, occupational therapists, vocational support workers, nurses, psychiatrists, and so on. In about 30% of the cases, the team within the non-CSI organization is almost or completely composed of peers. About 44% of paid workers in non-CSI organizations are the only identified peer worker on their team. Membership on ACT Teams or similar multidisciplinary teams – which tend to have only one peer position available by design – accounted for over two-thirds of cases where there was only one peer worker on the team. It was also rarely the case that peer support workers were the only peers employed by the organization as a whole. The explanations below give a sense of the diversity of team environments

> *"I have worked in both a formal and informal team environment. One team is an interdisciplinary treatment team and the other is an informal group of volunteers. The volunteer group has about a dozen people and the treatment team about the same, they have clinicians ranging from social worker to dieticians."*

> *"I work on a team of about 12 persons. The team includes case managers, OTs, RTs, chaplains, nurses and myself."*

> *"I am considered to be a part of the Allied Health team, which includes an Occupational Therapist, 2 Recreation Therapists, and 2 Social Workers."*

We emphasize that the presence of a formal team structure does not necessarily translate into effective and integrated practice regarding peer support. As we will see in later sections, many peer support workers continue to struggle with feelings of isolation in their work roles. We will return to this point in section 3.5.4

3.3.5 Supervision of Peer Support Worker Positions

Within the peer support worker context, supervision can be provided by a number of sources and through different organizational arrangements. In Ontario, the leadership of Consumer/Survivor Initiatives has led to new partnerships between CSI organizations and other local organizations, such as CMHAs and hospitals, in order to develop and implement paid peer support worker positions. In the context of these partnerships, the home CSI may have a role in co-supervising workers formally or informally. For the most part, however, various health and social service organizations have pursued the creation of peer support positions on their own and have subsequently developed their own internal supervisory processes.

We asked respondents to describe the context of their supervision. Table 11 shows the sources of supervision for peer support workers, both paid and volunteer. The majority of the paid PSW sample (59%) indicated that supervision is provided by someone in a non-CSI, with a small number stating that supervision comes solely from someone in a CSI organization (8%). Still others stated that they are supervised by individuals from both types of organizations (17%). Among paid workers selecting 'other' for this question, some indicated that they receive no supervision and some stated that they self-monitor or

supervise others while reporting to senior management. Another example included an individual who is supervised by an off-site executive director of a health centre.

Table 11 – Supervision Leads for Paid and Volunteer Peer Support Workers

Who Supervises You?	Paid (n=109)	Volunteer (n=37)
I am supervised by someone from a consumer led organization	8%	22%
I am supervised by someone from the non-CSI organization	59%	43%
I am supervised by both	17%	19%
Other	16%	16%

Responses from volunteers were similar, although a higher percentage indicated that they receive supervision from someone in a consumer led organization (22%). This makes sense as volunteers in our sample are more likely to hail from CSIs.

Survey participants were also asked to state how they are supervised using the categories provided in Tables 12 and 13. The tables divide the sample into CSI and non-CSI organizations. Since some respondents reported being supervised in more than one way, the percentages provided sum to greater than 100%. For both paid and volunteer PSWs, there are some obvious differences in the supervision. Non-CSIs appear to be far more structured and intentional than CSIs in terms of different modes of supervision. For example, both paid and volunteer PSWs are much more likely to have regular individual meetings, occasional meetings, and group meetings when working at non-CSI compared to a CSI. Non-CSI PSWs were also much more likely to participate in other modes of supervision than were CSI PSWs (75% vs. 8%).

Table 12 – Modes of Supervision for Paid PSWs

Mode of Supervision	Total Sample (n=111)	CSI (n=43)	Non-CSI (n=68)
Regular individual meetings with supervisor	51%	18%	54%
Occasional individual meetings with supervisor	31%	14%	73%
Group meetings with supervisor and others (i.e., on their team)	46%	17%	52%
Other modes of supervision	23%	8%	75%
Work is not supervised	9%	5%	8%

Table 13 – Modes of Supervision for Volunteer PSWs

Mode of Supervision	Total Sample (n=43)	CSI (n=20)	Non-CSI (n=23)
Regular individual meetings with supervisor	30%	15%	44%
Occasional individual meetings with supervisor	30%	40%	22%
Group meetings with supervisor and others (i.e., on their teem)	14%	5%	26%
Other modes of supervision	14%	15%	13%
Work is not supervised	14%	20%	4%

Those that indicated that their work is supervised in other important ways shared the following:

> *"Incident reports are written whenever anything serious happens- for example police involvement, phone calls when necessary to report on tricky situations or to ask for input from E.D."*

"The team meets once a week via OTN with a social worker supervisor."

"Statistics/Trackers submitted monthly to funder."

"My current manger sent me to someone else for weekly supervision who does not even work on the unit but is familiar with Peer Support work."

"Because we are an entirely peer based operation, all staff is open at any time to provide support for each other."

"We use One Note *and are connected all together to keep each other up to date and to track anonymously our peer support."*

"Annual Performance Review; Monthly Stats (i.e. all our monthly visits, calls, charting, and time spent is recorded on computer and stats are calculated for each worker)."

3.3.6 Satisfaction with Supervision

Participants were also asked how satisfied they are with their current level of supervision (on a scale from 1 = very dissatisfied to 5 = very satisfied). Percentages of respondents indicating each level of satisfaction are presented in Tables 14 and 15 for paid PSWs and volunteer PSWs respectively. Group differences are also presented for individuals working for CSIs and those working for non-CSIs.

Table 14 – Satisfaction with Supervision (Paid PSW)

Degree of Satisfaction	Total Sample (n=111)	CSI (n=43)	Non-CSI (n=68)
Very dissatisfied	16%	9 %	21%
Somewhat dissatisfied	11%	16%	8%
Neither satisfied or dissatisfied	7%	12%	5%
Somewhat satisfied	24%	19%	27%
Very satisfied	42%	44%	40%

Table 15 – Satisfaction with Supervision (Volunteer PSW)

Degree of Satisfaction	Total Sample (n=36)	CSI (n=13)	Non-CSI (n=17)
Very dissatisfied	11%	6%	10%
Somewhat dissatisfied	6%	0%	10%
Neither satisfied or dissatisfied	19%	0%	15%
Somewhat satisfied	11%	19%	10%
Very satisfied	64%	75%	55%

The majority of respondents in all samples indicated that they are somewhat satisfied or very satisfied with the supervision that they receive. Generally there were small only small differences in the degree of satisfaction with supervision between those working for CSI organizations and those working for non-CSI organizations. Across the total sample, average satisfaction ratings were 3.63/5 for paid PSWs and 4.11/5 for volunteer PSWs. What is notable is that almost 30% of paid PSWs at non-CSI organizations were somewhat or very dissatisfied with supervision. So while there appear to be ample supervisory opportunities in these contexts, satisfaction with supervision is low for a subsample of respondents.

To shed light on these ratings participants were asked for what ways supervision could be improved. A number of individuals stated that they did not feel that their current supervisor understands the nature of peer work and some stated that it would be beneficial for their supervisor to have lived experience of mental illness.

"If the supervising organisation was PEER oriented peer stuff would actually get done much more so we need a PEER SUPERVISOR"

"I think it would be helpful to have someone with lived experience also be involved in my supervision."

Others indicated that they would like more frequent contact and specific types of feedback from their supervisors:

"I think it would be better to have regular meetings even if monthly with all the facilitators to actually support one and other and find ways of increasing our strength."

"Definitely need more team meetings and a communications binder"

"Would like more input regarding 'Am I doing a good job? Are you pleased with my work?'"

"More specific time [for supervision] set aside, rather than on the fly"

Some respondents also commented on the quality and style of supervision, suggesting areas for supervisory improvement:

"I would like it to be positive experience, instead of highlighting the negative or things that haven't been done. I wish my opinion mattered."

"Being micromanaged about budgets and then unsupportive on issues could be improved"

"More debriefing with team about issues of concern about clients, so I don't burn out."

"An acceptable and accessible avenue for debriefing traumas, triggers, and emotions."

"The supervisor should understand the challenges peers face if there is mental health issues."

"I think our agency should provide peer support to the peers they hire."

In addition to some respondents who feel supervision timing and responsiveness can be improved, this feedback demonstrates that the supervision of peer support workers needs to also address the lived experience of the employees. For many workers, personal mental health and wellness can be challenged and jeopardized in times of stress. Support to peer workers is needed when individuals experience personal stress or are triggered by events in the workplace. This point was echoed by the focus group members who described the challenges of being supervised by someone without lived experience and detailed knowledge of peer support. We elaborate on the issue of emotional support in section 3.6.3.

Finding: Peer support workers want more frequent supervision and feedback in order to understand their performance. In addition they need more interpersonal, emotional support that is best provided by a peer. Non-CSI's need to provide access to peer support among the workers themselves. The availability of an external "home" CSI is very beneficial to peer support workers (also see section 4.4).

3.3.7 Mentoring

Mentoring is a key component of peer support. In CSI organizations, for example, members who engage in peer support to help better understand and manage their own mental health challenges and experiences with the health system may themselves grow into volunteer peer leader positions. This growth is supported by the informal mentoring roles of other peers who have been through similar experiences and become leaders themselves. This supportive relationship can also be found in the context of employment, where senior and more experienced employees mentor others.

Participants were asked to describe any mentoring they might have received or provided in their role. While mentoring relationships were typically informal, they were considered positive and useful. Some

illustrative examples are included below. It should be mentioned that, in non-CSI organizations, mentors are not necessarily peers – other team members in general can fulfil a mentoring role.

> "[I experienced mentoring] *a little bit when I first got hired. My 'buddy' was a nurse who had been informed of what peer support work is all about and she was there to help me adjust.*"
>
> "*All of my team members helped mentor me in this new position.*"
>
> "[I experienced] *casual mentorship through exposure to peers and systems of recovery within a mental health hospital setting.*"
>
> "[Mentoring] *was everything. She trained me to be a peer supporter, then advocate, then educator, and finally to team lead and run the program.*"
>
> "[Name] *has always showed me the way in hard times or good times, she was always there.*"
>
> "[Director] *was the best for this. It's just not happening often enough as this person has so much more to work on.*"
>
> "*I have received much support as I learned, and continue to learn, from the other staff I work with. We are given the opportunity to debrief, to ask questions and so on. Everyone who comes in is an individual with individual needs.*"
>
> "*I made friends with one of the other peer supporters at work who acts as a mentor, they aren't paid for it or required to do it.*"
>
> "*My first three weeks consisted of 3 hours/week with a one-on-one mentor who had previously worked in the same capacity.*"

Of the total sample of respondents, 56 individuals reported that they have taken on a mentoring role themselves. Some provided comments regarding this role:

> "*I have made myself available for informal conversations, long telephone calls, coffee, supported people's volunteer projects, encouraged and supported people in their projects practically, emotionally, etc.*"
>
> "*The team frequently seeks advice from each other regarding current cases.*"
>
> "*I do mentoring to all peer support staff as well as any members that have an interest in becoming a staff (a few of our current staff are individuals I have mentored from the membership).*"
>
> "*As the person working as a peer supporter the longest, I sometimes am requested to 'vent' to.*"
>
> "*Because we have team meetings, when a person has an issue I sometimes mention how I have dealt with a similar issue.*"
>
> "*I have had a few individuals job shadow me who have completed and received their peer support certificate.*"
>
> "*I have offered to be a peer mentor. The main challenge has been in finding time and deciding whether to ask for pay (it has been mostly volunteer at this point).*"

Individuals who were mentored were asked how valuable being mentored was. Unsurprisingly, we found that 80% of paid PSWs and 82% of volunteers found mentoring "very valuable". And additional 18% and 14%, respectively, found mentoring "somewhat valuable". For the most part, mentoring is an informal activity, although there are examples where formal arrangements are made.

Finding: Peer support mentoring is very common and very valuable but largely informal in character. Peer support workers could benefit from more consistent and intentional mentoring functions provided by their peers.

3.4 Wages and Benefits

Based on a review of the literature it appears that very little is known about the income of peer workers in Canada. Informally and anecdotally it is widely accepted that, on average, peer support workers are paid less as compared to other support workers who do similar work in the mental health system. One ongoing difficulty is arriving at a proper and fair comparison of similar work. Different organizations have widely different pay scales within existing support provision positions, independent of these new peer support worker roles. Pay scales of community mental health agencies may differ depending on whether they are unionized or not. In general, hospitals pay higher salaries than other organizations and some specialized services, such as ACTT, have higher pay rates for duties that are quite similar to other positions within other programs.

It was beyond the scope of this work to enumerate the full range of comparable positions across Ontario's mental health system. We were, however, able to inquire into the average pay scales and pay ranges of peer support workers in our sample, as well as the level of pay satisfaction experienced by paid PSWs.

3.4.1 Wages and Salaries of Peer Support Workers

To begin, modes of payment and relative percentages of the paid sample are presented in Table 16. The majority of respondents reported that they are paid by the hour.

Table 16 – Modes of Payment for Peer Support Workers

Mode of Payment	Percent Mode of Payment (n=106)
Honorarium	3%
By the hour	70%
Salary	27%

If individuals indicated that they are paid by the hour they were asked to specify their hourly wage. The average hourly wage for the sample is $21.00/hour[7]. Hourly wages ranged considerably, from $11.50/hour to $42.70/hour. Thirteen respondents indicated that they make less than $15/hour and only 4 reported earning more than $30.00/hour.

All paid peer workers were also asked to report their annual income from all sources. Among those who answered this question (n=75), on average they reported earning $33,774.32 annually. Respondents were also asked to report their annual income from peer support work alone. On average, respondents received $29,494.64 per year from peer support work with values ranging from $1,200 per year to $100,000 per year. This lower average value suggests that some peer workers supplement their peer support income with other employment.

It should be further noted that there is a significant discrepancy in annual salary for PSWs employed by CSIs ($22,000) vs non-CSIs ($35,548). Clearly, mainstream health and social service organizations are better resourced and able to pay peer support workers higher wages.

[7] Four respondents indicated that their hourly wage varies depending on the task they are doing. For example, one individual stated that they receive $20/hour on the ward, and $14/hour in an informal setting. To calculate the average value for this question, the higher of the two values was included.

Respondents were also asked to rate their satisfaction with their current level of pay on a scale from 1 ("very dissatisfied") to 5 ("very satisfied"). Percentages for each response category for paid workers are presented in Figure 6. Roughly half of each sample indicated that they are somewhat dissatisfied or very dissatisfied with their current level of income for peer support work. Average ratings were also fairly low at 3.02.

Figure 6

SATISFACTION WITH CURRENT LEVEL OF INCOME IN THE PEER SUPPORT CONTEXT (PAID WORKERS) (N=108)

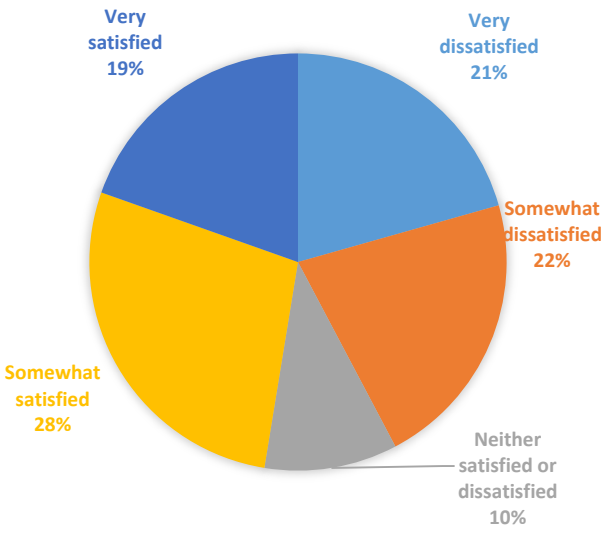
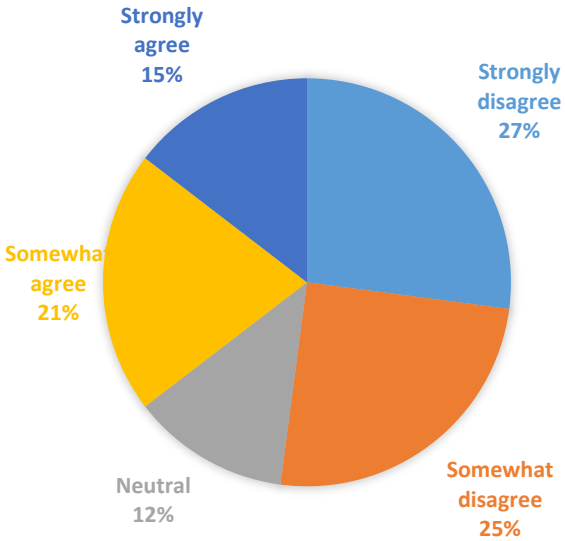


Figure 7

I FEEL THAT MY INCOME IS EQUITABLE IN COMPARISON TO NON-PEER EMPLOYEES WHO DO THE SAME TYPE OF WORK (PAID) (N=107)



Paid respondents were also asked to rate their level agreement with the statement "*I feel that my income is equitable with non-peer employees who do the same type of work*" on scale from 1 ("strongly disagree") to 5 ("strongly agree"). The relative percentages of the scale responses are displayed in Figure 7. Approximately half of paid PSWs reported that they somewhat disagree or strongly disagree with the statement. Average ratings of agreement were also low at 2.71, indicating that workers feel their pay is not equal to others in similar non-peer positions.

The focus group discussions revealed that wages can vary greatly depending on the role of the peer worker. An individual from the Toronto group mentioned that there is discrepancy in wages between peer workers employed by a drop-in centre and those working on ACT Teams. In one example, it was noted that peers working on ACT Teams get paid about $9/hour more than other peers doing highly similar work in other programs.

Some individuals stated that their level of income can cause stress within their lives. Financial insecurity is also exacerbated by limitations placed on the number allowable hours per week that they can work. Many peers only work part-time or less. As mentioned in section 3.3.1, part-time may be helpful for some individuals who cannot manage full-time hours. For many others, however, part-time employment is not made by choice and full-time hours are desired to improve their financial circumstances.

> *"There are power imbalances even on my own team—some of us are paid more and get more respect and attention because we have a degree, even though we all do the same work."*

"I do not feel the pay that I receive equals the work that I do in any form, I am underpaid and it affects my wellbeing."

"I often do similar work that my colleagues do I do not get credit or compensation for."

Finding: Paid peer support workers do not feel their pay is equitable as compared to similar positions in the mental health system. While this research has not standardized an independent salary range to which to compare the salaries of peer support workers, this sample's average annual salary is low – $29,494.64 for peer support work specifically and $33,774.32 overall. According to Statistics Canada's 2011 National Household Survey, the full-time single earner median income was $47,868 in 2010. Limits placed on allowable hours contribute to salary inequalities, as does the lack of resources available to CSIs to pay their workers more.

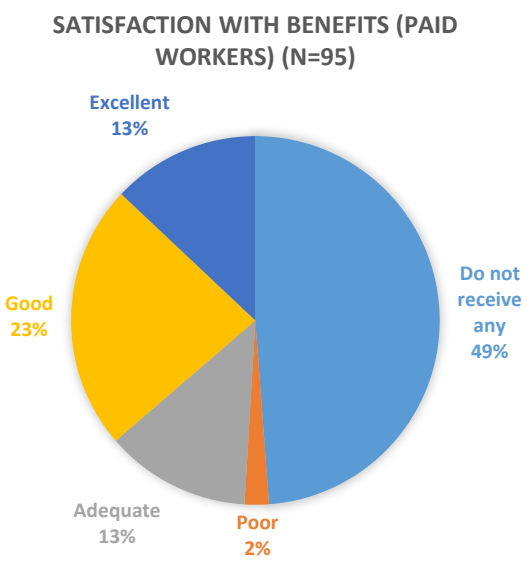
Finding: Not all peer support workers are poorly paid. In certain organizations and programs (notably hospitals), workers retain salaries that are equitable in comparison to their colleagues doing similar work. Of peer support workers who are employed by non-CSI organizations, 27% had salaries falling above the Canadian median income. New precedents are being set in establishing competitive peer support worker salaries.

3.4.2 Employee Benefits

Health and wellness is supported and promoted by the availability of health benefits beyond what Canada's universal health care provides. The availability of benefits is thought to contribute to work productivity and employee commitment. There are of course a range of benefits packages across many different employers, but most plans cover portions of dental health, physiotherapy, chiropractic, occupational therapy, massage therapy, and other health interventions.

Participants were also asked to rate the quality of any health benefits that are provided as part of their employment. Figure 8 presents the percentages. Approximately half of paid workers reported that they do not receive any benefits. Of the workers employed by CSIs, 41% receive benefits; of the workers employed by non-CSIs, 60% receive benefits.

Figure 8



Among those that receive benefits, 71% reported that the health benefits are good or excellent and only 4% felt their benefits were poor.

Finding: Approximately 65% of Canadians have some form of private health insurance, typically through their employers. In our sample, only 41% of CSI-employed workers have benefits. 60% of non-CSI employed workers have benefits, which is approaching the national rate. The lack of resources available to many CSIs likely make it difficult to establish stable health benefits plans.

3.5 Challenges Faced in the Peer Support Role

Through a review of the literature on peer support workers and consultation with our project committee, we generated a list of potential challenges faced by peer workers in their roles. Participants were asked to indicate the extent of each of the problems based on their experience using the following scale: "not a problem", "a mild problem", "a moderate problem", or "a severe problem". Tables 17 (paid workers) and 18 (volunteers) list the challenge areas and the response percentages. The categories of "moderate" and "severe problem" were combined to reveal which areas appeared to be most problematic. The tables are ordered according to this combined category from greatest to smallest percentage of respondents.

The extent of these challenges being problematic for workers varied considerably. The most problematic challenges among paid workers include a lack of opportunities for career advancement (59%), having unclear role expectations/not being involved in decisions that affect their roles (30% each), lack of clarity among other staff about their role as a peer support worker (29%), feeling isolated in the workplace/feeling power imbalances between peer workers and non-peer workers (28% each), and feeling stressed out (26%).

Table 17 – Challenges Faced in the Peer Support Role (Paid Workers)

Area of Challenge	Not a Problem	Mild Problem	Moderate or Severe Problem
Not enough opportunities to advance my career	21%	20%	59%
Having unclear role expectations	51%	19%	30%
Not being involved in decision making	52%	18%	30%
Lack of clarity among other staff about my role	48%	23%	29%
Feeling power imbalances with non-peer staff	49%	22%	29%
Feeling isolated	48%	23%	28%
Feeling stressed out	29%	45%	26%
Inadequate funding for peer support programs at my organization	29%	46%	25%
Feeling misunderstood	53%	22%	25%
Lack of standards and clarity regarding qualifications for PSW	52%	23%	24%
Nor receiving recognition for my role	55%	20%	24%
Feeling my concerns are dismissed by other staff	56%	21%	22%
Being treated unequally by coworkers	58%	20%	21%
Feeling stigmatized	59%	19%	21%
Feeling like I want to quit my job	64%	16%	20%
Feeling resistance from other staff about my role	60%	23%	17%
Feeling that my mental health is being negatively affected	63%	21%	16%
Being asked to take on other tasks outside my role	46%	30%	12%
Lack of clarity handling issues of confidentiality	71%	17%	12%
Feeling like the expression of my concerns is seen as mental health symptoms	65%	27%	8%
Discomfort regarding how much I am expected to disclose	75%	19%	6%
Maintaining appropriate boundaries with other peers I work with	69%	27%	4%

The most problematic challenges for volunteer workers include a lack of opportunities for career advancement (61%), unclear role expectations (60%), and not being involved in decision-making (57%). It appears evident that volunteers aspire to secure paid employment. After these top three, problematic challenges drop off considerably.

Table 18 – Challenges Faced in the Peer Support Role (Volunteer Workers)

Area of Challenge	Not a Problem	Mild Problem	Moderate or Severe Problem
Not enough opportunities to advance my career	21%	18%	61%
Having unclear role expectations	19%	22%	60%
Not being involved in decision making	61%	18%	57%
Lack of clarity among other staff about my role	43%	37%	20%
Feeling power imbalances with non-peer staff	56%	28%	19%
Nor receiving recognition for my role	51%	33%	18%
Feeling isolated	67%	18%	15%
Feeling stressed out	61%	24%	15%
Inadequate funding for peer support programs at my organization	61%	24%	15%
Feeling misunderstood	53%	31%	15%
Lack of standards and clarity regarding qualifications for PSW	70%	15%	15%
Feeling my concerns are dismissed by other staff	56%	31%	12%
Being treated unequally by coworkers	65%	24%	15%
Feeling stigmatized	58%	30%	12%
Feeling like I want to quit my job	70%	18%	12%
Feeling resistance from other staff about my role	69%	19%	12%
Feeling that my mental health is being negatively affected	51%	36%	12%
Being asked to take on other tasks outside my role	64%	27%	9%
Lack of clarity handling issues of confidentiality	67%	24%	9%
Feeling like the expression of my concerns is seen as mental health symptoms	70%	21%	9%
Discomfort regarding how much I am expected to disclose	63%	24%	6%
Maintaining appropriate boundaries with other peers I work with	58%	39%	18%

In general, paid workers were more likely to identify more of the listed challenges as problematic than were volunteers. We are also interested in two other group comparisons in order to further understand these challenges. On the left-hand side of Table 19 are selected challenge areas that showed the most discrepancy between new employees (under 2 years) and experienced employees (over 2 years). The right-side displays challenge areas with the most discrepancy between non-CSI and CSI organizations.

Table 19 – Group Comparisons of Selected Challenges

Area of Challenge	Moderate or Severe Problem	
	New Employees (n=69)	Experienced Employees (n=31)
Not enough opportunities to advance my career	43%	58%
Having unclear role expectations	33%	23%
Being asked to take on other tasks outside my role	19%	33%
Feeling power imbalances with non-peer staff	25%	37%
Feeling isolated	25%	36%
Feeling like I want to quit my job	23%	13%

Area of Challenge	Moderate or Severe Problem	
	Non-CSI Organization (n=62)	CSI Organization (n=38)
Inadequate funding for peer support programs at my organization	57%	47%
Lack of clarity among other staff about my role	36%	18%
Being asked to take on other tasks outside my role	27%	16%
Not receiving recognition for my role	27%	19%
Feeling stressed out	21%	34%

New employees were more likely to want to quit their jobs than were experienced employees which may say something about growing pains and feelings of instability in a new job. Unsurprisingly, new employees had greater problems with role expectations than did experienced employees. Experienced employees, perhaps recognizing a "glass ceiling" after not achieving career advancement, were more likely to see fewer opportunities to advance their career – although the percentage of new employees with this perception was also high. Experienced employees were also more likely to experience problems in being asked to take on tasks outside their role. We will return to this point shortly. A bit surprisingly, experienced employees were more likely feel power imbalances with non-peer staff and to feel isolated in their work. This may be due to greater expectations as more established staff. New staff may feel power imbalances and isolation but may view them as normal. Over time such power imbalances may become more recognized and viewed as problematic.

Non-CSI employees workers were more likely than CSI employees to identify inadequate funding for peer support programs as a problem, although both groups were high at 57% and 47% respectively. This speaks to the general need to expand peer programming, and more so in non-CSI contexts. Non-CSI employees were more likely to perceive a lack of clarity among other staff regarding their role and were more likely to be asked to take on other tasks outside the role. Non-CSI employees were also more likely to feel unrecognized for their role than were CSI employees. This makes some sense, since role clarity appears to be lower in non-CSI organizations; in CSI organizations, peer support is a central organizational identity and mandate.

Participants were asked to provide explanations of any of their ratings of challenges that they found particularly problematic. In the next few sections, we provide a summary of this qualitative feedback and comments from our focus group members.

3.5.1 Inadequate Funding for Peer Support

Respondents identified inadequate funding as particularly problematic and it relates closely to our previous discussion of perceptions of low pay and a lack of pay equity. While peer support as a function

in health and social services appears to be expanding, many programs are time limited or annualized. Meanwhile the demand for peer support continues to increase. As health providers recognize the usefulness of peer support, they may end up attempting to do more without a corresponding increase in resources. Below are some illustrative quotes:

> *"Funding and opportunities for peer support have long been an issue and I continue to advocate for change."*
>
> *"Needing more staff to handle work load and demands of membership, but not having funds to provide new employees."*
>
> "[The organization] *did not obtain funding for 2014/2015 which has resulted in my hours being cut and a member of my team being dismissed."*
>
> *"There are programs at* [organization] *that need peer support but these programs lack a budget to hire peer supporters."*
>
> *"Inadequate funding for peer support worker programs at my organization. It can take months for me to be reimbursed for mileage. And when a peer is in hospital and I work with other support personnel, no consideration is given for my out of pocket expense for hospital parking, even when meeting with them is at their request"*
>
> *"My hours can only be done at this agency by volunteering, however, this agency cannot afford to pay me. They expect other duties to be done with the one to one client peer support"*

Finding: The demand for peer support programs is not being matched by available funding. Health funding needs to continue to increase funding for peer roles as equally important components of mental health system infrastructure.

3.5.2 Limitations on Career Advancement

A common complaint among peer support workers is that the position is not upwardly mobile. Common peer support job descriptions seem to artificially narrow where the job can go. It is difficult, for example, to move into other programmatic areas unless "peer" is attached to the role. Short of moving into a position of management of other peer workers, options seem quite limited. This may change as more peer support workers join the workforce and demonstrate the wide range of skills they possess, but currently there are few options available.

> *"Small organization and no full time positions exist except for the manager's position which likely won't be vacated for some time."*
>
> *"I'm part of a small organization that I feel where I'm at the highest level I can be at."*
>
> *"Over the past six years I have never seen a peer worker promoted to another role."*
>
> *"I do not see opportunities within my current work place to move into a managerial position. I have been at the same position for 3 years and would really like to be offered a position that provides me with an opportunity to learn and grow as a peer support worker."*

Finding: The peer support role appears to place limitations on upward progression or lateral movement to other employment opportunities. Is "peer support worker" becoming a self-limiting label?

3.5.3 Maintaining Appropriate Boundaries of the Peer Role

In the earlier days of grassroots self-help/mutual aid movement, peer support was separate and often oppositional to mainstream mental health services. In fact, local peer groups viewed peer support as an alternative to the mainstream, overly medicalized system of care. In this historical context, peer support was informal and relationship boundaries were fuzzy and permeable. It was non-institutional and non-professional. Much has changed over the past few decades. Consumer/survivor organizations certainly retain their identity as alternatives or complements to mainstream services and gain strength from the relationship based informality of peer support. Peer support has become an integral element of provincial mental health systems. CSIs and peer support programs are specifically funded and often have formal organizational affiliations with other community based services. This evolution of peer support has led to a level of professionalism in the sense that peer support has an attendant set of skills, knowledge base, and best practices associated with it.

As peer support workers become more embedded in multidisciplinary teams, new pressures have emerged regarding the professional boundaries with the people supported. The professional, service delivery atmosphere creates new boundaries that are often not present in informal peer support contexts. Some peers do not want to lose the critical, advocacy orientation that is seen as necessary to help people navigate the system; yet this may put peer workers at odds with their professional employment roles. Peer support workers continue to wrestle with managing boundaries and a degree of professionalism in contexts that may be personally triggering or emotional. Below are some illustrative examples.

> *"A peer worker needs to establish rapport to be successful in peer support, but this is seen as unprofessional in clinical settings which makes it hard to be taken seriously by others.*
>
> *"You need to be able to speak about lived experience without triggering yourself. Being able to handle other people's crises and confusion requires some distance."*
>
> *"You need to create relationships to support someone but it can evolve into a connection. There is a tension because you want to have a professional boundary but you also have that intimate relationship."*
>
> *"I feel concerned about being swallowed up by the medical mental health system, and losing my values of independence in doing peer support and being able to advocate in relation to the system that employs you."*

Several employers also discussed challenges associated with boundaries and the "professional peer support role".

> "*We have had several workers who had significant boundary issues.*" [Employer]
>
> "[A challenge has been] *finding those that can competently deliver peer support using healthy boundaries, but also understand the level of professionalism required within the office and the importance of being dependable in the eyes of co-workers when you are part of a team*" [Employer]
>
> "[A challenge has been] *supporting workers to stay in peer mode and not to slip into medicalizing or becoming a social worker.*"

3.5.4. Feeling isolated in the work place

Some peer support workers feel isolated in their workplace. This appears more likely to be the case for people working in non-CSIs, and for some, these feelings persist even after years of experience. Isolation is structural product of a workplace and happens when the peer support function is not well-understood by other staff and is disconnected from other programs and functions, when the work of peers is not reviewed or recognized, and when there are no or few other peer workers.

> *"I have very little connection to other peers in my organization and elsewhere in the city"*

"Sometimes clients want peer workers to communicate messages to staff on their behalf but there's no real avenue to tell the staff."

"I have not been recognized for what I have done at my current position, in fact there has never been an annual review completed on what I have done. I would appreciate more guidance and at least be acknowledged for my successes. It is very discouraging."

"I see and hear about some staff treating patients in condescending, derogatory, and harmful ways and I feel too isolated in my workplace to use my voice about it. I am too shy by myself to take on that disruption and too exhausted by hearing so much pain."

"The single biggest challenge has been the feelings of isolation as I am the only peer worker on an inpatient unit at my facility and the only paid staff in a strictly peer role. There are currently efforts to connect peer workers from elsewhere in the city to create a network of practice to share insight and break the isolation but it is slow to form and hard to coordinate schedules."

"Having a team is really important. I initially felt isolated as I was the only peer worker at the hospital but having another peer join made a difference."

3.5.5 Resistance, Dismissiveness, Stigma, and Power

Peer support work requires a disclosure of one's own mental health difficulties. This self-labelling can lead to feelings of being stigmatized in non-CSI organizational environments. Peer support workers may feel they are less valued than other employees. In professionalized, clinical settings peer support workers may feel their contributions are dismissed or marginalized. The peer role can sometimes be experienced as tokenism. In some cases, anger or emotionality may be perceived as "symptomatic" of the peer workers personal mental health issues.

"I feel stigmatized by funding for the peer role within the agency, as it is significantly lower than any non-peer role, even though most peer roles with in the agency require previous education for working within the mental health system. At times I do not feel as accepted as a member of this agency or that I am not taken as seriously when working in partnership with another member of the agency for a shared client."

"The organization still treats me like a nobody at meetings that I have to go to."

"[Other staff] don't understand that just because we are 'non-clinical' does not mean that we are 'non-professional'"

"I raise up ideas and it just gets dismissed. It's like I am just getting humoured, or if I express myself I am always wrong in my tone or the way I speak to management."

"I have no voice in policy that affects my position and my clients."

"I feel like the scope of my work is not valued. I would like to have my opinion heard and valued."

"Sometimes I would like to communicate information about clients to staff but no one would listen to me."

"The staff seems to be thinking it's my illness that is making me do or say certain things. The problem is that they don't know me well. I'm very blunt and to the point therefore they think I'm manic."

"Sometimes staff use the same tone when talking to me as they do with clients. It reminds me of being spoken to like a child."

"When I say what my job is people treat me differently. It's triggering."

"I feel like I am taken less seriously because I am in a peer role, which means that I have been in contact with the mental health system as a patient and labelled with diagnoses. It triggers my own pain about the way I was treated by the mental health system."

It should be noted that these challenges and problems are not uniformly experienced by peer support workers. Others have acknowledged healthy, supportive, and equitable team based environments where their role are recognized and valued.

Finding: There is often a power imbalance between peer workers and mainstream health and social service staff. This is felt by peer workers as stigma, accompanied by dismissiveness and devaluing of the peer role. Some peers find that this imbalance is slowly breaking down, over time, in different organizations, provided there is organizational commitment to peer support, a sufficient number of peers, and intentional strategies to integrate the peer role in other programs and teams.

3.5.6 Lack of Role Clarity

Lack of role clarity is an ongoing theme in our findings. Peer support roles are relatively new additions to mental health services and programs. New peer support initiatives may have higher up organizational support but this does not translate into clarity in the day to day workings of programs. Respondents spoke of confusion among staff in early periods about what the peer workers role was and how it was to be integrated with existing services. In some cases this has led to the sort of separateness and isolation that some peers experience. Many peers commented that, over time, integration and role clarity begins to emerge, and daily practice and communication becomes much smoother. Role clarity is undoubtedly a challenge when any new program or service is introduced in an organization. However, attaining role clarity may be more complex in the realm of peer support, due to staff resistance, dismissiveness, and misconceptions about how peer support works.

"I am the fourth person to hold the position and everyone has taken it in slightly different directions. As such, it can be very difficult to describe what the position is, or expect others to know."

"There are multiple types of peer support within our agency. It makes role clarification difficult for those staff that just see 'peer' and assume a role."

"The expectations for my role change constantly, sometimes in unrealistic ways or ways that will impact the trust I have built up with my clients."

"I often feel my role is becoming too clinical, many computer programs use clinical language and I am expected to 'assess clients' in the new computer program for record keeping."

"*There are high expectations on peer support workers from staff and families. There is the expectation that we will 'cure' the person."*

"Peer support is not counselling yet I am expected to cross that line all the time."

"Because it is a new program, the majority of the clinical staff don't know what we do."

The focus groups led to some interesting observations regarding role clarity. As the peer support function becomes broadly accepted and integrated into practice, an unintended effect is the growing expectation of peer support workers to become the "go to" individuals for all things related to peer support. Many peer support programs are modest in size and sometimes growing demands and expectations can quickly outstrip capacity. On the other hand, it was also emphasized that some organizations establish a peer function and then move onto business as usual – as if merely having peer workers in the organization

represents a progressive recovery orientation. Without intentional integration and understanding of the peer support role, a peer program will not move beyond token representation.

Finding: Role clarity of peer support positions and programs is an ongoing problem. Over time, role clarity will tend to improve, but also requires the intentional support of organizational management to promote staff education and awareness of PSW roles and how they integrate and complement existing practice.

3.5.7 The Negative Impact of Peer Support on Personal Health

An ongoing risk of peer support positions is the potential for individuals to experience personal mental health difficulties as a consequence of their jobs. Peer support work can be highly stressful and certain events can act as emotional triggers that threaten personal well-being and coping. A number of respondents identified workplace stress as a consistent challenge:

> *"One day I was told* [about a suicide]. *This was difficult to digest and although the hospital did offer support I was completely let down by my own supervisor who took a long time to respond to my needs."*
>
> *"My health can be undermined by the work. There are people who trigger you."*
>
> *"Staff sometimes use passive aggression which can create stress."*
>
> *"Seeing individuals in crisis or mistreated by the health organization can be particularly triggering. There is a general feeling that personal reactions need to be hidden, to maintain the professional role. Stress gets bottled up."*

Peer support work may often require different levels and types of support and accommodations by employers to ensure that workers mental health is not adversely affected by the job. We discuss aspects of support in section 3.6.

3.6 Supports and Accommodations in the Workplace

3.6.1 Policies and Guidelines

Respondents were asked if their workplace has any specific policies or guidelines to promote a work environment that is accepting of people who may struggle with mental health difficulties. As can be seen in Table 20, responses were roughly equal between paid workers and volunteers, with over half of each sample indicating that policies or guidelines are in place. Only 8-9% of each sample indicated that there are no policies or guidelines. About a quarter of respondents were not sure.

Table 20 – Percentages of Respondents Indicating that Organizational Policies or Guidelines are in Place

Response	Paid (n=103)	Volunteer (n=34)
Yes	60%	59%
No	8%	9%
Sort of	9%	9%
Not sure	23%	24%

Participants were also asked to provide some details about any policies and guidelines that exist in their organizations. Some paid peer support workers indicated that specific policies do exist but may not necessarily be followed. For example:

> *"They exist but are not adhered to."*
>
> *"They are well laid out in the hospital policies, but there are differences between the policies and their interpretation/enforcement."*
>
> *"Often, sadly, nothing is done when they are broken."*
>
> *"We do have an anti-bullying policy. However it still continues."*
>
> *"My workplace is very supportive of the employees. Most of us have mental health issues. It's central to our philosophy but does not always play out in real life."*

Many respondents felt that their work environments were supportive of non-discriminatory, inclusive practices, even if there was sometimes uncertainty regarding formal workplace policies:

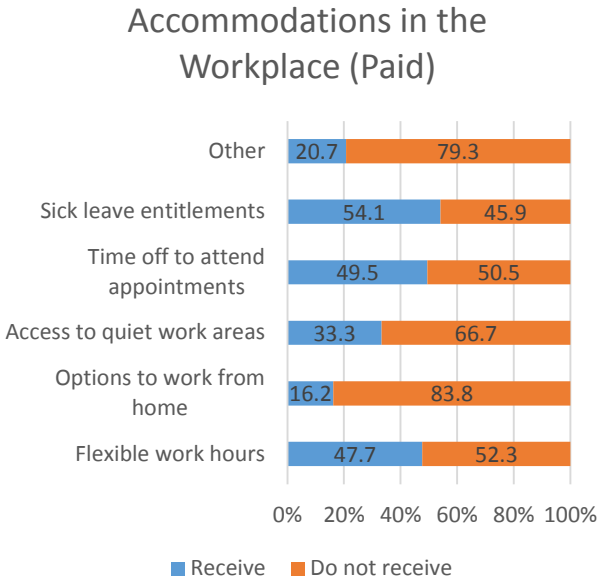
> *"We work to accommodate all people and will modify the position or what is required to allow it."*
>
> *"Good about specific policies but here in our team we are a community and culture of friends who support each other and openly communicate any problems that arise."*
>
> *"I am not sure if policy and guidelines are written about workers who struggle but there is definite compassion for those of us who do in most cases. I am not sure about how consistent and equal this may be in practice, although I think it has improved over the years."*
>
> *"We often check in with each other and share stories. There are many opportunities for us to connect with and support each other."*
>
> *"We are non-judgemental and promote active recovery"*

Some stated that there are workplace policies in place regarding anti-oppression, anti-racism, non-stigmatizing language, consumer rights, diversity, respectful workplace, workplace inclusion, etc.

3.6.2 Accommodations in the Workplace

Participants were asked to select which accommodations are currently in place at their workplace from a list. Percentages of paid workers indicating that each type of accommodation is provided are presented in Figure 9. Approximately half of paid workers surveyed indicated that sick leave entitlements, time off to attend appointments, and flexible work hours are provided to them within their organization. A smaller number of individuals said that they have access to quiet work areas (33.3%) and options to work from home (16.2%).

Figure 9



Although accommodations are offered to a large percentage of paid peer workers, a number still expressed concerns about taking time off from work if they needed to attend to their own recovery. Some expressed concerns surrounding stigma:

> *"The fact that I am the peer worker - people will think that the reason I am off work is because I am mentally not well."*
>
> *"I worry about judgement that I am not competent."*
>
> *"The view others have of me as a professional may be impacted in a negative way."*
>
> *"I would be concerned that it would affect how people see me, that my competence would be in question. When I had an issue previously I was told maybe this work wasn't for me. I disagreed. I just needed some accommodations met so I could perform at an optimal level for me and my clients."*
>
> *"I would feel very guilty because I am the only peer support worker in the hospital. I might be a disappointment to the program, and would probably feel nervous returning simply because it would feel new and scary again."*

Others stated that issues related to income and benefits would be a worry:

> *"I was supposed to be added to Health Benefits last September and that still has not happened so my concern would be the loss of income.*
>
> *"Whether or not I will still have a job when I come back."*
>
> *"Financial stability. I do not receive benefits, nor do I have a financial plan set in place if I need time off to support my own wellness."*
>
> *"I received a reduction in my hours after returning to work."*

Finding: About half of peer support workers have access to key accommodations (sick leave, time off for appointments, and flexible work hours). However, a number of workers expressed worry in using these accommodations for fear of stigma and negative judgement of competences, as well as concerns with income and job security. Given the stressful nature of peer support work and the unique vulnerabilities of workers, unhindered access to workplace accommodations needs to improve in some organizations.

3.6.3 Satisfaction with Emotional Support

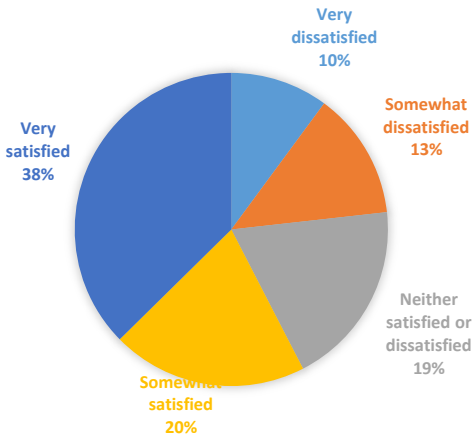
Peer workers often need additional support in the workplace to manage triggering or stressful events and interactions. While we argue that all employees would benefit from emotional support, a more intentional approach to emotional support for peer works may help prevent personal mental health distress and promote greater resilience in their jobs. Participants were asked to rate their level of satisfaction with the emotional support provided to them within their organization (on a scale from 1= very dissatisfied to 5=very satisfied). Most respondents appear to be satisfied with the level of emotional support they receive in their workplace with average ratings for the paid PSW sample and volunteer PSW sample of 3.62 and 3.96 respectively (see also Figure 10). Additionally, over half of both the paid sample and volunteer sample indicated that they are somewhat satisfied or very satisfied with the emotional support they are provided.

Although generally respondents were satisfied with the emotional support they receive, 23% of paid workers indicated that they are somewhat or very dissatisfied. Reasons for dissatisfaction were shared by some of the respondents, and often had to do with sense of isolation within their work.

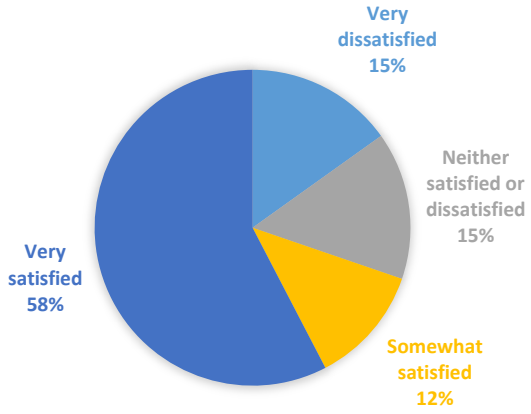
> *"When I can talk to colleagues it's wonderful but mostly I work in isolation. Management is not emotionally supportive."*

FIGURE 10

SATISFACTION WITH EMOTIONAL SUPPORT (PAID WORKERS) (N=99)



SATISFACTION WITH EMOTIONAL SUPPORT (VOLUNTEER) (N=33)



> *"I have had to seek my own support on a regular basis. I have felt no support from management for situations where I have been harassed and bullied by others in the work place. I have addressed the issues regularly with management and I receive no support."*

> *"My team is amazing. However, I don't get to see them as often as I would like, and others at my work can be emotionally needy/draining."*

> *"We are not provided any peer support within our agency. We do not meet with the other peers within the agency for support - must go externally."*

> *"I like having someone who is a phone call away, but it would really be nice to feel part of a team and see that team in person more often."*

> *"It seems at times we are the forgotten ones as we work outside of the organization settings."*

Finding: Some peer support workers feel they lack the interpersonal support they need to debrief their experiences and do their jobs well. When support within the organization is lacking, workers must get personal support outside of their work. This unmet need for support in non-CSI organizations reasserts the importance of having a home CSI organization to provide emotional and practical support regarding the peer support experience.

4. SUMMARY OF THEMES AND IMPLICATIONS

This research project yielded a tremendous amount of information regarding peers support workers including descriptions of common PSW roles and how they operate in multiple organizational contexts, issues and perceptions of pay equity, qualifications and training needs, approaches to supervision and support, and a range of challenges that peers experience in their work. Where appropriate we included the experience of volunteers and made comparisons between CSI and non-CSI contexts. Throughout we highlighted key findings that have implications for policies and practices to improve and expand the peer support role. In conclusion, we identify four major themes that aim to synthesize most of the key findings of the research in order to suggest useful implications and actions.

4.1 Peer Workers are Underpaid

In general, peer support workers feel underpaid compared to others who do similar work. Hours may be limited and contracts may be temporary. However, there are recent precedents in paid peer support workers' wages comparable to other mental health support positions. ***An important next step will be to examine the functions of several comparable support positions to which peer support wages can be fairly indexed.***

4.2 Successful Peer Support Programs Need Organizational Commitment and Intentional Integration

Peers spoke of small teams, working in isolation, and a general dismissiveness of their contributions. This is essentially a problem of structure. Peer support programs delivered in health and social service organizations should not be designed as separate functions, but as embedded parts of a whole. ***The peer support function needs to be part of multidisciplinary approaches, in alignment with principles of integrated health delivery. This not only requires organizational vision and endorsement, but consistent support and education to front-line staff.*** Where this is already happening, peers are satisfied and engaged with their work and feel supported and valued.

We sometimes heard that management expected new peer support workers to explain their role to staff – as if a newly arrived peer worker comes armed with a fully developed program and plan for organizational integration. ***New peer workers need an orientation to the organization and how the system works, and staff need to know what peer support is and how it is supposed to function.***

4.3 Peer Support is Underfunded

Another contributor to tokenism is a lack of funding to peer support programs and positions. Many peer support programs have unstable annualized funding. It is difficult in these circumstances for organizations to fully commit to structural integration and to their new peer support employees. ***Health and social service funding for peer support programs needs to match the need and the demand, which is significant.***

4.4. Peers Want Ongoing Support, Supervision, and Feedback

Many peer supporters felt they lacked the supervision and feedback required to know that they are being effective in their roles. Some peer supporters feel isolated in their roles and a lack of supervision can lead to feeling undervalued and unrecognized. Desired support also has an emotional dimension – many workers may feel vulnerable to stress and triggering events that take place at work and are therefore looking for peer support themselves. In non-CSI organizations, that level and type of support may not be available and peers may feel that their supervisors and colleagues lack the lived experience necessary to fully support them. ***Peer support workers can greatly benefit from having access to a "home" CSI that can provide them with the support they need to manage and thrive in their positions.*** Ideally, there should be

strong inter-organizational partnerships between non-CSIs that employ peer support workers and local CSIs. ***Both organizations can engage in co-supervision of peer support workers. CSIs can also lead training initiatives to ensure that peer support workers are fully trained in best practices and provide education to managers and front-line staff of the employing organizations.***

In Conclusion: Reasons for Optimism

We would like to end with the observation that the number of peer support positions that now exist in health and social services is unprecedented and continues to grow. In some places it is working really well – peers are fully integrated into teams and their roles are clear. As mentioned, there are new pay precedents and wage levels for peers in some organizations have become quite competitive. Respondents commented that some organizations are witnessing changes to their organizational culture in which staff are more open and expressive, understanding of peers' experience, and are recognizing the importance of the role. We asked employers to describe some of the benefits of employing peer support workers and the replies were illustrative of this change:

> *"Individuals feel welcome and safe in a non-judgemental environment, with workers that understand the challenges they face."*
>
> *"Peer staff help to keep our agency recovery focused, and are able to keep the voices of our clients loud."*
>
> *"Better understanding of community needs, increases ability to provide innovative services and resources, improve accessibility of the organization to our service users, improves our ability to meet service users' needs"*
>
> *"Provides insight into how the organization can improve services based on what the clients have stated they require from the organization. The peer workers also have a huge role in quality improvement to ensure that services meet the needs of the clients we serve."*
>
> *"We see the creation of a community of people for whom having lived experience is the norm and it does not stop them from having a life. We are all reminders and supports to each other."*

The backdrop to these developments is the fact that peer support has become formally enshrined in health policy as a key component to an effective mental health system. An important takeaway from this research is that organizations are beginning to adapt to more fully and effectively integrating peer support roles into their practices.

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Appendix A: Locations of Survey Respondents

Town, City or Region	Number of Paid Workers in Area	Number of Volunteer Workers in Area	Employers
Alliston	2		
Aurora	1		
Bancroft	1		
Bellville	4		1
Blind River		1	
Bracebridge	2		
Brampton	5		1
Brantford	1	1	1
Cambridge		1	
Dryden	1		
Durham Region	1		
Elliot Lake		1	
Fort Frances	1		
Goderich		1	
GTA	1		
Guelph	2		
Hamilton	2	3	
Huntsville	2		
Kenora	1		1
Kingston	1		
Kirkland Lake	1	1	
Kitchener	5	2	
London	2	1	
Milton	1	3	
Mississauga	1		
Napanee	2		
New Market	1		
North Bay	6	2	1
Norval		1	
Oshawa		1	
Ottawa	11	3	1
Owen Sound	1		
Parry Sound	2	1	
Penetanguishene	6		1
Peterborough	1		
Picton	1		
Red Lake	1		
Region of Halton			1

Town, City or Region	Number of Paid Workers in Area	Number of Volunteer Workers in Area	Employers
Richmond Hill	9		
Sault St. Marie	1		
Seaforth		1	
Simcoe	1		
Smith Falls	2		
South Ontario		1	
St. Catharine's	0	1	
St. Thomas	2		
Stratford	1	2	
Sundridge	1		
Thunder Bay	1	5	
Timmons	1		
Toronto	19	4	1
Trenton	1		
Wawa	2		
Welland	3	1	
Whitby	3	1	
Windsor	0	1	