Youth peer support in a mental health context

Date: June 2016

Suggested citation

Ontario Centre of Excellence for Child and Youth Mental Health (2016, June). Youth peer support in a mental health context. *Evidence In-Sight.* Retrieved from http://www.excellenceforchildandyouth.ca/resource-hub/evidence-in-sight-database.

Overview of inquiry

A child and youth mental health agency based in Ontario contacted the Centre's Evidence In-Sight service for information related to peer support as it is an emerging practice within the sector. Specific questions that were answered by this report include:

1. What are the benefits of peer support for youth?

2. Are there any cautions related to peer supports for youth (both the youth receiving the support and the youth providing the support)?

3. Are there well researched training programs for youth peer support workers?

4. Are there examples of youth peer support programs in mental health?

Summary of findings

- Peer support is a term that encompasses many different practices and programs with varying degrees of involvement and support.
- The benefits of peer support are still not well known, especially within youth peer support in child and youth mental health. The practice is promising but there is a scarcity of literature examining its effectiveness.
- Youth peer support workers may have a variety of roles and responsibilities depending on the program. The key is to clearly define the role and ensure responsibilities and value are clearly articulated across the organization.
- There are a number of key considerations one should make when implementing a youth peer support program such as becoming aware of stigma, providing a welcoming environment and ensuring adequate support for peer support workers.
- Adequate training, supervision and support is important to the success of a youth peer support program.

Findings

Peer support has become increasingly popular in mental health services. Historically, peer support developments began in the 1970s, although some peer support models (e.g. Alcoholic Anonymous) started well before that time (Ansell & Insley, 2013; Jones 2015). Today, while there are multiple examples of peer support for adults in mental health services and for families of children and youth in mental health services (e.g. Repper & Carter, 2011; Walker et al., 2012) there are fewer examples of peer support for youth themselves. Indeed, there is a demand for more peer support programs in mental health services (Ellis, 2013), along with some evidence to support the promotion of peer support programs (Jackson, Walker & Seibel, 2015). The following report focuses on peer support for youth based on international

evidence of youth peer support and examples where pertinent. Given that the literature specific to youth peer support is limited, at times, information and examples are pulled from literature regarding adult peer support or peer support in other sectors.

Defining youth peer support

Historically, within the literature a number of different terms have been used to describe peer support including mutual support, consumer-delivered services and self-help groups.

Mutual support is a voluntary process in which individuals join together to help one another by sharing their challenges and problem solving together (Ansell & Insley, 2013). Examples include community cleanups and recovering from a natural disaster (Davidson, Chinman, Kloos, Weingarten, Stayner & Tebes, 1999).

Consumer-delivered services are services in which consumers (i.e. people who are currently experiencing a mental illness or who have lived experience of a mental illness, and who have received mental health services) interact with other consumers of mental health services. Consumer-delivered services may involve consumers exclusively, in the form of self-help groups or other independently functioning peer support programs, or they may be integrated into services involving both consumer and non-consumer staff, such as case management (Ansell & Insley, 2013). Consumer-delivered services appear to be the same or similar to consumer run services (Davidson et al., 1999) and peer-delivered services (Solomon, 2004).

Self-help groups such as Alcoholics Anonymous are one of the oldest forms of peer support. Self-help groups are created by peers for mutual, face-to-face support. Internet support groups offer anonymity as they lack face-to-face interaction (Solomon, 2004).

Current definitions of **peer support** refer to a helping relationship that is based on shared lived experience in which at least one of the individuals in the relationship is recovering or has recovered from a mental health issue (Ansell & Insley, 2013). SAMHSA (2015) defines peer support as mutual support involving sharing experiential knowledge, skills and social learning to support recovery.

What constitutes peer support varies throughout the literature with some holding a narrower view (Davidson, Chinman, Sells & Rowe, 2006) and others considering peer support more broadly (Ansell & Insley, 2013). One way to view peer support is as existing on a continuum of helping relationships (Davidson et al., 2006). On one end of the continuum, mutually beneficial relationships are represented (e.g. self-help groups, mutual support programs and consumer run services). This form of support is often naturally occurring and closely resembles friendship. On the other end of the continuum, relationships are more one directional, such as support offered by other professionals (e.g. psychotherapy, case management) (Ansell & Insley, 2013; Davidson et al, 2006). Davidson and colleagues (2006) suggest that ideally, peer support should fall in the centre of this continuum to include both safe self-disclosure and positive role modelling, where peer workers have a valued voice in conventional treatment programs.
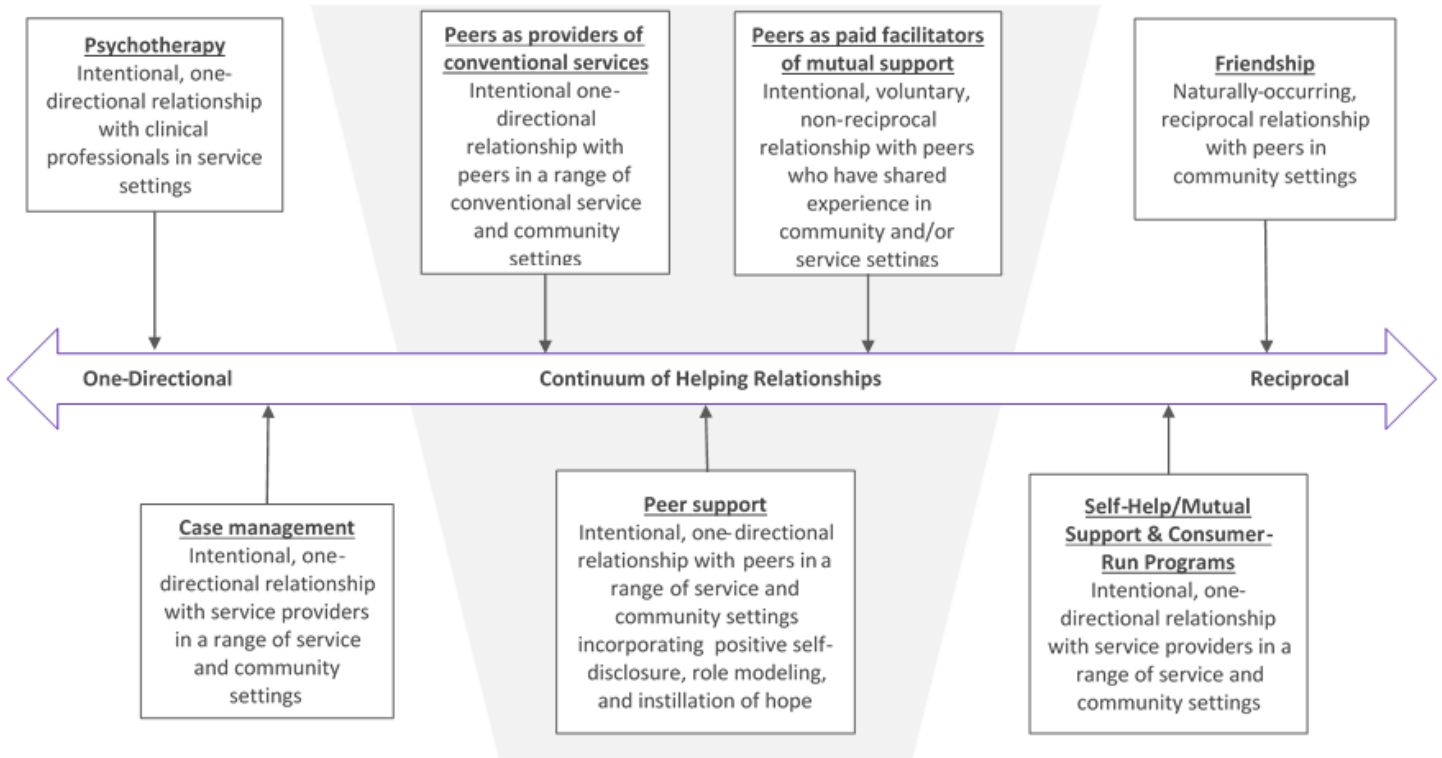
Figure 1. Continuum of helping relationships
Adapted from Davidson et al., 2006, p.6 and Ansell & Insley, 2013 p. 6

Benefits of peer support

There is a growing body of literature on the advantages of peer support in mental health care services, including peer support for youth and young adults. However, at present, most literature is focused on adult populations and less information is available for youth specific peer support programming in the mental health context.

Benefits of peer support for those receiving services

Youth peer support programs may help to engage young people in mental health services. This would address a critical need since services are under-utilized by youth, resulting in mental health issues going untreated (Biddle, Donovan, Sharp, Gunnell, 2008; Vogel, Wade & Haake, 2006). It may also be helpful for youth and young adults because adolescence and young adulthood is a time of personal identity and social development. Since adolescents are invested in same-age peer relationships and are affected negatively by social exclusion (Branje, Laninga-Wignen, Yu & Meeus, 2014), youth peer support may be another effective program addition to youth mental health care services. Youth peer support programs may also help to reduce youth's self-stigma (Alvarez-Jimenez et al., 2012) and provide youth with support, encouragement, hope and belief in themselves to help overcome personal barriers (Christiani, Hudson, Nyamathi, Mutere & Sweat, 2008).

Only one study has looked directly at outcomes related to youth peer support in mental health. Through a survey, the researchers for this New York state study asked youth ages 9 and up about their satisfaction with mental health services and if they had worked with a peer advocate. They found that youth who had access to peer support were more satisfied with mental health services compared to young people who did not have access to peer support (Radigan, Wang, Chen & Xiang, 2014). They also found that youth were more satisfied with the appropriateness of services, their participation in services and reported improved outcomes in some areas of functioning (i.e. understanding their medication choices and being able to face challenges and make friends) (Radigan et al., 2014). A limitation of this study is that it did not assess the level of the relationship with a peer advocate so it is difficult to attribute findings purely to this relationship.

Youth peer support has also been examined in contexts outside of mental health. Homeless youth believe that few service providers in health care and social service systems understand their needs, which prevents them from accessing services. In one study, homeless youth stated peer advocates could help them navigate services, reduce their feelings of distress and alienation and help develop training programs for service providers (Christiani et al., 2008). Similarly, a study on sexual health care services for adolescents found they were sometimes unlikely to seek services because of concerns about confidentiality or fear of embarrassment (DeLisle & Wasserheit, 1999). Youth expressed a preference for working with other youth rather than adults (DeLisle & Wasserheit, 1999).

A best practices publication for youth with substance use problems suggests that peer support workers have several advantages, most notably in outreach activities (Health Canada, 2008):

- addressing barriers associated with mistrust of adults or professional service providers
- having *insider* knowledge of existing youth networks and of social norms
- potentially being more easily accepted by youth who are homeless or otherwise outside of mainstream services
- relaying innovative insights into the design and implementation of outreach activities, operations and evaluation elements

We also know from adult literature that peer support programs may help individuals feel more comfortable when they access services or encourage them to attend appointments (Jones, Corrigan, James, Parker & Larson, 2013). A three-year Ontario study of adult clients accessing community-based and hospital services found that peer support can also provide individuals with more social support, reduce distressing symptoms, reduce hospitalizations and emergency services and promote better community integration (Nelson, Ochokca, Janzen, Trainor, Goering & Lomorey, 2007).

Benefits of peer support for those providing services

People who provide peer support also benefit (Jackson, Walker & Seibel, 2015). A study in Belgium on an adult population found that providing peer support was more beneficial than receiving it (Bracke, Christiaens, & Verhaeghe, 2008). Adults who are employed as peer support workers have a better sense of wellbeing, increased confidence, increased self-esteem, feel less stigmatized by themselves and others, are better able to advocate for themselves and increase the chance of their future employment (Cook et al., 2012; Davidson, Bellamy, Guy & Miller, 2012; Repper and Carter, 2011; Trachtenberg, Parsonage, Sheperd, & Boardman, 2013). Although similar effects have not been found in youth peer support evaluations or research, researchers and advocates of peer support (e.g. Jackson et al., 2015; Jones, 2015) think benefits to youth will be considerable and worthwhile, although not necessarily analogous.

Benefits of peer support for organizations

There has been some demonstration that adult peer support may benefit organizations as a whole (Janzen, Nelson, Trainor & Ochocka, 2006; Janzen, Nelson, Hausfather & Ochocka, 2007; Nelson et al., 2007). For example, adult peer support workers may help staff better understand the issues clients face, increasing staff awareness and sensitivity (Janzen et al., 2007). Adult consumer run self-help organizations have been found to positively impact mental health program directors and policy makers when they interacted with one another. Specifically, there was an increase in recovery-based and client-friendly approaches in clinical practices and service planning, as well as some funding allotments (Janzen et al., 2006; Janzen, et al., 2007). Researchers concluded that policy makers and mental health program directors that interacted with consumer-run self-help personnel were more likely to understand their value (Janzen et al., 2006; Janzen, et al., 2007).

In addition, if youth peer support workers are integrated into the planning, development and evaluation of programs they can ensure attention to variables and factors that would otherwise be neglected, keeping client-centred outcomes prominent and sparking innovation (Jones, 2015).

General benefits of peer support

The National Endowment for Science, Technology and the Arts (NESTA, 2015) reviewed over 1000 articles on peer support in an effort to learn what types of peer support exists, if it works and what needs to be investigated further. Articles reviewed primarily came from the United Kingdom, Europe, and North America, were published between January 2000 and January 2015, and focused on some type peer support. This means articles varied greatly on target population, support type, support activities, mode of delivery, location, duration and frequency. To answer the question, does peer support work, the authors looked at 524 studies explicitly exploring impact. Generally, they found that peer support:

- has the potential to improve experience, psychosocial outcomes, behavior, health outcome and service use among people with long term physical and mental health conditions
- is most effective for improving health outcomes when facilitated by trained peers
- is most effective for improving health outcomes when delivered one to one or in groups of more than ten people
- works well when delivered face-to-face, by telephone or online
- is most effective for improving health outcomes when it is based around specific activities and focused on education, social support and physical support
- works well in a range of venues (NESTA, 2015 p.8).

In short, while there are some noted benefits to peer support across populations and contexts it is a challenge to demonstrate that youth peer support in a mental health context, specifically, is indeed an evidence-informed practice. The quantity of evaluation and research is low in both adult and youth populations and the quality of research is varied. Several researchers believe more systematic research on youth peer support is warranted (Davidson et al., 2006; Repper & Carter, 2011; Walker et al., 2012). However, it is important to note that little published evidence does not necessarily mean that something is not effective, just that limited research is available (NESTA, 2015).

Roles and responsibilities of youth peer support workers

Who provides peer support?

There are a variety of terms used to describe adults and youth who provide support in paid or voluntary positions.

Peer navigators help their clients navigate the mental health care system, and find the treatment and supports that are the right fit for each individual. They are known to work with and through barriers, and liaise with services, professionals and people seeking services. Youth peer navigators may also assist clients with areas and aspects of their life outside of mental health care, such as registering for secondary or post-secondary classes, discussing accommodations with faculty or completing financial aid applications (Jones, 2015).

Peer specialists may facilitate groups, support clients on one-to-one basis and represent the voice of clients during team meetings. In some cases, they may have components of case management in their work such as assessing client's needs, service coordination and reviewing client progress, although Hopper (2015) warns against leaving youth workers with less valued work such as case management. They may also sit on hiring or steering committees, or participate in organizational change (Jones, 2015). Jones (2015) further differentiates embedded peer specialists from vocational/educational peer specialists.

> *Embedded peer specialists* are individuals who work within a coordinated mental health treatment team in mental health services.
>
> *Vocational/educational peer specialists* work in community settings to support clients to reach goals related to their work or school. They often work as navigators and may also provide wraparound services (e.g. facilitate work/study groups, create on-site support groups, coordinate services, etc.).

This report uses the term *youth peer support worker (Y-PSW)* to describe the role of youth in employed or volunteer support roles. This term is modelled after the Mental Health Commission of Canada's adult peer support guidelines (2013) as the term captures the breadth of activities that may be provided, especially in the initial stages of implementing peer support services.

The roles and responsibilities of Y-PSWs may vary depending on the agency, program, clientele served and Y-PSWs' skills and background (Jackson et al., 2015). Y-PSWs may fulfill the following activities and responsibilities (Building Bridges Initiative, 2012; Jackson et al., 2015).

- coaching youth individually
- facilitating groups
- encouraging young people to engage in services (e.g. participate in meetings, ask questions about their treatment plans, advocate or themselves)
- helping youth navigate services
- coordinating community events
- sharing elements of their personal story of recovery to inspire hope for other young people
- participating in public policy discussions and decisions
- representing the wisdom of lived experience in legislative discussions and systems activism

- staff a drop-in centre (Pathways RTC, 2013a)
- facilitate groups on leadership, employment issues, etc. (Pathways RTC, 2013a)
- ensure young people seeking services feel less outnumbered when they meet with adults about their mental health issues (Pathways RTC, 2013a)

From the literature on adult peer support, peer support workers may:
- provide case management (Repper & Carter, 2011)
- serve on treatment teams (Repper & Carter, 2011)
- provide both community and inpatient services (Repper & Carter, 2011)

Considerations for the development and implementation of a youth peer support program

Integrating youth peer support workers into your organizational context

Developing and implementing a peer support program may require a fundamental shift in service provision since peer support workers interact with clients differently from other service providers (Ansell & Insley, 2013; Pathways RTC, 2013c). Ultimately, peer support should complement professional support and this message should be communicated with staff so they are clear on the role of the Y-PSW (Faulkner & Kalathil, 2012). In order to support agency staff and youth peer support workers through the transition and beyond, below are some key considerations.

Be aware of stigma

Youth peer support workers have reported facing stigma in their role working with young people, including systemic stigma that hinders youth from being hired and social stigma from other professionals within an organization (Pathways RTC, 2013c).

To support employees in their efforts to create an environment free of stigma it may be beneficial to provide education on microaggressions (brief and unintentionally offensive or negative messages to a person or group of people; Sue, 2010).

Understand and communicate the role and value of Y-PSWs

Some professionals within an organization may think Y-PSWs are not qualified to support clients' mental health and even stigmatize or disrespect Y-PSWs (Davidson et al., 2012; Jackson et al., 2015). Y-PSWs may be viewed as cheap labour (Faulkner & Kalthil, 2012; Jones 2015) or be assigned to housekeeping or case management duties (Hopper, 2015). The idea that they are not qualified to support clients' mental health may even persist among Y-PSWs themselves through habitual language, and individual notions about recovery (Hopper, 2015).

To avoid these perceptions, it is important to educate staff and Y-PSWs on their role and the value they bring to the organization. Ensure they are respected by other mental health professional by educating team members about the benefits of peer support and recovery models, and conveying that peer support workers are important members of treatment teams (Davidson et al., 2012; Jackson et al., 2015). Encourage staff to not make any assumptions about Y-PSWs, for example, that they have a limited formal understanding of the mental health system, or do not have a formal education (Jones, 2015). Agencies also need to help Y-PSWs understand how their roles are different from both traditional mental health care services and friendships (Jackson et al., 2015). Avoiding youth tokenism is important.

Remember that each Y-PSW will bring individual experiences and background so it is key to not make assumptions about what they can offer (Jones, 2015).

Create a welcoming environment for youth peer support workers

It is important that a number of youth are employed in an organization or program (at least two youth, but ideally more) in order to effectively capture the contributions of Y-PSWs (Jones, 2015). Youth who are isolated may feel uncomfortable or unassertive, especially if the other professionals they are working with are older and/or have seniority in the organization (Jones, 2015). Ensuring that youth have a *critical mass* (Jones, 2015, p. 14) means youth are more likely to feel confident in sharing their perspective and empowering other youth. They will also be able to check in with other youth peer support workers if they are feeling disempowered or conversely, to ask if other youth think they are being overly sensitive or overreacting if problems arise (Jones, 2015). These principles are important to keep in mind even for the most experienced and older peers.

Professional staff should be conscientious of not excluding Y-PSWs by using clinical jargon or socializing in cliques (Jones, 2015).

Adult peer support literature has demonstrated some challenges with relationships between staff and peer support workers (e.g. power dynamics, role confusion). If this occurs, it is important to use it as an opportunity to understand and support all involved through a mutually transformative process of reflective practice (Cambell, 1997; McLean, 1995).

Provide required supports for Y-PSWs

Working as a Y-PSW may be the first formal employment experience for many young people. Y-PSWs may need time to develop new skills and knowledge such as time management, professional communication and office appropriate dress (Jackson et al., 2015; Pathways RTC, 2013c). Help youth develop youth professional skills by providing opportunities for them to build relationships with community partners and participate in ongoing trainings (Pathways RTC, 2013c). Y-PSWs have themselves acknowledged that unlike their mental health team counterparts, they may not come to their work with an educational background. As a result, they value employers that equip them with training and resources (Pathways RTC, 2013c).

Youth peer support workers are valued for their lived experience but drawing on their past experiences may be stressful, especially when combined with the pressures of working as a peer support provider (Pathways RTC, 2013b). They are often expected to share their own experiences, though this can be difficult (Jackson et al., 2015). It is critical for agencies who employ Y-PSWs to provide guidance on sharing personal stories and how to strategically disclose elements of their own recovery (Jackson et al., 2015).

While no harmful outcomes of peer support have been reported (Jackson et al., 2015), many individuals and agencies have heard stories of Y-PSWs becoming overwhelmed and relapsing (Jones, 2015). Peer support workers may struggle with vicarious trauma, how to self-disclose personal information strategically and managing their jobs while simultaneously managing their own mental health (Hopper, 2015; Pathways RTC 2013b; Pathways RTC, 2013c; Walker, Gowen, Jivanjee, Moser, Sellmaier, Koroloff & Brennan, 2013). Therefore, it is important to plan for medical leaves of absence, and work with each Y-PSW to discuss individual supports or potential supports and create an individualized crisis plan (Jones, 2015). The Youth and Family Training Institute in Pennsylvania suggests that Y-PSWs create their own wellness plans to inform their professional teams when they may require more support themselves, which helped

reduce youth turnover (Pathways RTC, 2013b). Remember that accommodations should not be misinterpreted to incorrectly mean Y-PSWs are unreliable or unable to complete sophisticated work. Rather accommodations are expected to be implemented when needed, usually only under certain circumstances or some of the time (Jones 2015).

Finally, as youth begin to age out of the Y-PSW role it will be important to consider how to support them through this transition. They may move into other employment roles or could be provided with college credit for facilitating youth peer support trainings (Pathways RTC, 2013b).

Peer support program development

Planning support programming is a multi-step process and includes considerations such as including how to engage stakeholders, create collaborations and decide on a course of direction. Jones (2015) considers the following components to be best practice when planning and developing youth peer support services.

1. **Emphasizing community strengths**

   During a time when funding cuts abound, focusing on strengths and assets may help to move a project forward. Creating peer and professional advocacy coalitions may also be helpful.

2. **Engaging stakeholders in the community as leaders of the project rather than passive recipients**

   Youth peers and family members may be counted on to lead or co-lead service planning and development.

3. **Building a sense of connection and shared purpose in the project**

   Host activities that create solidarity among youth peers, family members and professionals.

4. **Mapping the community's existing strengths and assets systematically**

   Identify peer-run organizations, trainers and youth peers and identify and build on existing programs, skills and knowledge.

5. **Partnering with existing peer-run agencies to utilize their strengths, knowledge and services (where appropriate)**

   Partnering with peer-run organizations can support a project's stability and funding via advocacy efforts. Partnering with peer-run organizations may also be helpful in providing more services or better tailored services and increasing their reach.

6. **Maintaining an open and transparent process**

   For example, advisory board members or steering committee members may be selected through an open application process with transparent selection criteria. Avoid *behind the scene* processes wherever possible.

7. **When forming a committee or representation of stakeholders, strive to include members/stakeholders whose experience, background, skills and abilities *match* the project**

> Diversity is key: Stakeholders may include youth, planners, organizers, evaluators and others whose knowledge, skills and backgrounds may be diverse or may at times overlap (e.g. youth/young adults may be involved as evaluators or researchers and people in multiple roles may have lived experience in the mental health sector).

As another consideration, MacNeil and Mead (2003) advocate that developing fidelity standards could help to build peer support as an effective, thoughtfully implemented therapeutic component. However, they note that before fidelity standards can be developed, there needs to be agreement on what peer support is and what peer support is not (MacNeil & Mead, 2003). MacNeil and Mead (2003) developed the following fidelity standards for adult mental health peer support programs using a trauma informed approach.

1. Peer support promotes **critical learning** and the re-naming of experiences (e.g. understand distress is an appropriate response to distressing situations, take power in relationships, develop well-being strategies, etc.).

2. The culture of peer support provides a sense of **community** (e.g. convey that it is more important to witness and validate someone's experience than *fix* their problems, assure peers seeking support that they are not alone, ensure that members of the community are both leaders and followers, etc.).

3. There is great **flexibility** in the kinds of support provided by peers (e.g. explore various possibilities to include people, work with individuals to accommodate their personal needs and preferences, strive to showcase people's talents and interests, etc.).

4. Peer support activities, meetings and conventions are **instructive** (e.g. create an atmosphere where individuals can figure out things on their own terms, embrace new approaches to generating and sharing knowledge, use conflicts or tension as an opportunity to explore and improve existing systems of work, use feedback to inform program development, etc.).

5. There is **mutual responsibility** across peer relationships (e.g. discard unhelpful labels, develop honest relationships, take charge of one's own daily routine, take shared responsibility for shared physical space, establish an environment where people can assert themselves and express their needs and preferences to be well, etc.). The concept of mutual responsibility also helps to shift the victim/rescuer paradigm.

6. Peer support involves sophisticated levels of **safety** (i.e. safety can be individually-defined and negotiated in a group, establish consequences to making others feel unsafe, discuss safety policies and procedures, etc.).

7. Peer support is being clear about and **setting limits** because peer support workers are not bound by formal professional boundaries but their work should be similarly honourable and ethical (i.e. honour confidentiality, reflect on and assert one's personal limits, acknowledge and respect that individuals will vary in how much personal information they disclose, etc.).

Asset-based community development (ABCD) may also guide planning efforts for a strength-based and community-involved approach. ABCD uses local assets to build and sustain community development identifies and develops local and regional strengths (including the power of local organizations and the skills of residents) to explore how strengths

can be channeled into grassroots efforts and organizational collaborations (Asset-Based Community Development Institute, 2009). ABCD may be relevant to youth peer support program planning as it is based on engaging stakeholders as leaders to develop policy and service directives (Jones, 2015). The Asset-Based Community Development Institute (2009) at Northwestern University in Illinois has a number of tools and resources that are available free of charge, including asset mapping tools and a toolkit (found here) to assist with planning efforts.

Given youth peer support programs involve youth engagement at their core, it is especially important to include youth at all stages of program development and implementation. It may be helpful to consider involving youth in hiring committees, related research projects and external collaborations. Since it is critical to engage youth in a meaningful way, it is important to openly and honestly reflect on how to thoughtfully engage with youth, keeping interpersonal dynamics and power dynamics in mind (Jones, 2015).

Ideally, youth engagement occurs at multiple levels of an organization, so that youth participation is not limited to specific programs or positions. Similarly, youth peer support may be integrated throughout organizations and regions so that Y-PSWs can inform and enhance services (Jones, 2015). Jones (2015) provided a structural breakdown on how youth peer support can be integrated into five domains of mental health services: program development, policy and planning, direct service delivery, public outreach and engagement, clinical education and quality improvement, evaluation and research.

Program development, policy & planning	Direct service delivery	Public outreach & engagement	Clinician education	Quality improvement, evaluation & research
Service planning	Integrated peer specialist(s)	Speaker's bureau	Continuing education/short workshops	QI & evaluation planning/advisory committees
Program development	Peer-led programming	Community outreach and psychoeducation	Involvement in university-based clinical training programs	Designing surveys & selecting outcome measures
Innovation/new programming	Peer support groups	Anti-stigma projects	Internal townhalls & referendums	Direct involvement in interviewing/focus groups
Administrative committees	Peer supported education specialists	Social media outreach	Internal feedback sessions with clinicians & clients	Independent youth-peer-led research projects

Figure 2. Involvement domains with examples of activities and roles (Jones, 2015)

Clearly, youth perspectives should help to guide the format and delivery of youth peer support services, including both the youth seeking services and the youth providing support. For instance, California youth expressed their interest in a drop-in centre where they can access resources and socialize in one place. In 2013, the YES! program created a cloud platform for youth to store virtual documents for youth with unstable housing and/or a lack of resources (Pathways RTC, 2013c).

Training

Developing training and specific supports for peer support workers can help to improve their work environment and integrate their supports into agencies' work (Davidson et al., 2012). Peer support training programs often include the organization's general training and orientation. If organizations are not focused on mental health or child and youth populations, additional mental health or developmental information and/or resources may be provided. Training may also include the following domains:

1. **Structural competence** to familiarize Y-PSWs with structural and institutional factors (e.g. socioeconomic barriers, racism, welfare policies, etc.) and how these interact with mental health issues (Jones, 2015).

2. **Information on the variability of symptoms, course of mental health disorders, treatment and recovery trajectory** will help to inform and guide Y-PSWs. Explain that some mental health disorders are episodic, and the range of both symptoms and symptom domains (e.g. voices can present as auditory, feelings or mental images, physical symptoms of anxiety may include racing heart, excessive sweating, difficulty breathing, etc.). Also explain that treatments (i.e. psychotherapy, medication, etc.) are variable and that side effects of medication could minimize the success of treatments. Information and awareness may help Y-PSWs to validate clients' experiences, even when those experiences differ from their own (Jones, 2015).

3. **Setting boundaries** with youth and family members may be difficult for employees who are youth themselves. Based on an evaluation of a youth peer project in the US, Y-PSWs felt they had difficulty setting boundaries with other youth (Lomonoco & Wu, 2014), so discussing boundaries in training appears to be especially important, along with ongoing feedback on how boundaries should be negotiated with clients.

4. **Strategically disclosing personal information** may similarly be difficult territory for Y-PSWs. While supervision may help, discussing strategic disclosure during training is recommended, especially since challenges have been reported in past peer support programs (e.g. Parachute NYC; Hopper, 2015). If supervision, training and ongoing support are not sufficient, peer support workers may feel exposed or vulnerable if they are not guided and supported (Marino, Child & Kasinski, 2014). In general, adult peer support workers find self-disclosure difficult but potentially helpful for recovery, including reducing their shame and contributing to less societal stigma (Marino et al., 2014). Adult peer support workers are advised to only disclose when the timing is appropriate, coping strategies for their own well-being are in place and they are connected with other individuals who have themselves self-disclosed (Marino et al., 2014).

   The Honest, Open, Proud program is a three-session peer-led intervention that aims to support self-disclosures about mental illness. Honest, Open, Proud is adapted for high school and college environments, and includes a manual and resources. More information about Honest, Open, Proud is available at http://comingoutproudprogram.org/ .

5. **Information on youth development, including its theories and/or principles, can provide a foundation** for Y-PSWs who have minimal additional training or education in youth development. This component of the training should include identity formation and typical, developmentally-specific risk-taking behaviours as well as how youth experiences may have life-long impacts (e.g. education, community engagement, etc.) (Jones, 2015). If possible, include an overview of positive youth development and a recovery oriented intervention for youth

that builds on the individual's strengths and community assets. Other potential topics include moral development, sociocultural identity and spirituality (Jones, 2015).

Example youth peer support training models

The training for youth support partners (YSPs), a type of youth peer support worker at Pathways RTC in Portland, Oregon, is comprised of online trainings, webcasts and an annual workforce day (Pathways RTC, 2013b). Participating agencies provide individual supervision and coaching to YSPs. Additional support is provided by the institute through a youth support partner specialist who works to train, coach and provide credentials for YSPs, as well as connect with them about their work, concerns and suggestions over conference calls four times per year.

The Youth and Family Training Institute in Pennsylvania is also considering how to support youth as they age out of the role of youth support partners by moving into other employment or providing college credit for YSP trainings (Pathways RTC, 2013b). Agencies can begin to support youth workers by ensuring that the workload and training for youth support workers focuses on transferrable skills and experience (Pathways RTC, 2013b).

Recruitment

Youth peer support workers can be recruited through self-recruitment, services (including mental health and partner services) or referring their peers (Pathways RTC, 2013c). When initiating new programs, Y-PSWs may be recruited by asking local consumer-run groups for suggestions or posting notices in their organizations (Jones, 2015). Job announcements may be posted in community mental health centres, youth organizations and local schools, colleges and universities. Job fairs and campus career centre listservs or databases may also be used (Jones, 2015).

Good human resource practices should be used when posting job descriptions for Y-PSWs. Specifically, job descriptions should clearly state lived experience is required and sensitivity to mental health and developmental issues is essential. Also state the benefits of work, including both traditional benefits (e.g. compensation, health care, etc.) and potential professional development opportunities (e.g. commitment to career mobility, supervision, etc.) (Jones, 2015). Programs experiencing difficulties with recruitment may ask consultants to help with postings and hiring (Jones, 2015).

Some youth applying for peer support worker roles may have a history of criminal activity and some organizations may be prohibited from hiring people with a criminal history. This could be a barrier for programs that may benefit from peer support workers who have criminal histories. If applicable, agencies may want to work with administrators to address this barrier (Pathways RTC, 2013b). Other youth peer support programs require all youth to pass criminal background checks, along with drug screenings (Pathways RTC, 2013c). These factors may also warrant individual consideration and potential accommodations.

Recruiting for diversity

Jones (2015) recommends reaching out to racially, ethnically and culturally diversity youth, as well as socioeconomically disadvantaged youth and lesbian, gay, bisexual and transgender (LGBT) youth, as these minority groups are often underrepresented in mental health services, both as clients and professionals who provide services (Alergeria, Vallas & Pumariega, 2010; American Psychological Association, 2016; ICES, 2015; Rapid Response Service, 2014; Robinson, 2012). Recruiting diverse Y-PSWs may be especially pragmatic because of their firsthand understanding of issues. For instance, a study in the United Kingdom found that young adults with first episode psychosis tended to use spirituality to help

them cope with their experiences of psychosis. While professionals were often unaware of clients' religious or cultural needs, and sometimes unable to distinguish between clients' coping strategies and cultural practices (e.g. speaking in tongues) from symptoms of psychosis (Islam, Rabiee & Singh, 2015), peers may have other insights. Since mental health issues present and are understood differently by different cultures, Y-PSWs from key communities may be able to relay culturally relevant information (e.g. Luhrmann, Padmavati, Tharoor & Osei, 2015).

Another study in the United Kingdom found that 55% of adults seeking mental health services wanted peer support workers who shared their gender, ethnicity, sexual orientation, faith and were in the same age group (Faulkner & Kalathil, 2012). Shared ethnicity and culture may be especially important for ethnic and cultural minorities, as 66% of individuals from black and ethnic minority communities reported valuing peer workers who shared their ethnic and cultural backgrounds (Faulkner & Kalathil, 2012). Other clients reported similarly valuing peer support workers who shared their unique background and experiences (e.g. experience in the justice system, shared identities as members of the LBGT communities, etc.) (Faulkner & Kalathil, 2012). Recruiting youth from other diverse community groups who are able to relate to and support clients' personal identities may be similarly helpful.

Supervision

The most successful peer support programs equip peer support workers with appropriate supervision (Jackson et al., 2015; Hutchinson, Anthony, Ashcraft, Johnson, Dunn & Lyass, 2006; Turner, 1999). Ideally, supervisors should have experience of peer support or extensive experience training and/or supervising peer staff, preferably young people (Jones, 2015). When supervisors do not have such experience, supplementary supervisors should be made available. For example, Y-PSWs may attend workshops, meet with experienced peer consultants on occasion and/or participate in regional, national or international peer organizations (e.g. Mental Health Commission of Canada, International Association of Peer Specialists) (Jones, 2015).

Supervisors who do not understand the intent and role of peer support workers or their distinction from traditional clinical work will likely not be able to help peer support workers disclose personal information strategically or negotiate boundaries in a mutually beneficial fashion (Marino, Child & Krasinski, 2014). The lived experiences of Y-PSWs may mean they require more support from their supervisors to create a safe space and encourage debriefing (Pathways RTC, 2013c) especially in light of self-disclosure, vicarious trauma and coping with a mental health issue while responding to a job in the mental health sector (Pathways RTC, 2013b; Pathways RTC, 2013c; Walker, Gowen, Jivanjee, Moser, Sellmaier, Koroloff, & Brennan, 2013). For example, Parachute NYC, an adult-based peer support program in New York City, had challenges trying to hire experienced peers for team supervision on topics that were in-demand, such as how to manage boundaries in a way that honours peer support workers' unique role while maintaining consistency with organizational requirements (Hopper, 2015).

Supervisors should encourage leadership in new initiatives in which Y-PSWs express interest (Jones, 2015). Y-PSWs may be co-supervised by other peers, family support specialists or clinical supervisors, such program managers or directors (Pathways RTC, 2013a). Ideally, organizations will consider the youth they employ as potential future leaders across different programs including clinical services, policy and research arenas (Jones, 2015).

Ages and experiences of youth peer support workers

While some programs require Y-PSWs to be of a specific age (e.g. YouthFocus (2010) stipulates that youth must be age 21 or older to work with youth ages 12 to 25), there was no empirical research as of 2015 that explored the pros and cons of hiring younger versus older peer support workers to provide guidelines on recommended ages of Y-PSWs (Jones, 2015). However, Jones (2015) states that older youth may be more likely to have training or more experiences that could be advantageous in their work.

Distinctions can also be made in terms of the experiences and roles of Y-PSWs. Youth who are presently receiving or recently received services are likely very informed of current services and programming, but *alumni* may be able to provide insights on their previous experiences as they look back on them from an older age. Also, alumni may be better able to relay information based on past experiences, such as their transitions to school, work or mental health services in the adult sector (Jones, 2015).

Y-PSWs who have received or participated in *local* services may have valuable connections to local programs and communities, such as youth communities and groups (Jones, 2015). On the other hand, young people who received services in another region may be able to provide a fresh perspective and compare a region's existing services with the model of programming with which they are familiar (Jones, 2015).

Remuneration

Financially compensating Y-PSWs is important to demonstrate their value and the value of their expertise, responsibility and contributions. However, when Y-PSWs are involved on a voluntary basis (e.g. unpaid internships), remuneration may take the form of skill-building and enriching experiences combined with non-financial compensation such as academic credit wherever possible (Jones, 2015).

In addition, providing training, experience and skill-building opportunities that may increase youth's chances of future employment may be worthwhile to explore. For instance, organizations may sponsor travel to conferences and fund or provide ongoing trainings. Conferences, workshops and cross-modal training (wherein training or personal development is provided to people outside of their current specialization) can support career development. Y-PSWs may also benefit from having *protected* project time to pursue projects they initiative themselves or serve on internal and external committees (Jones, 2015).

Evaluation

Evaluating Y-PSWs may involve community-based participatory research, participatory action research and peer-led research (Jones, 2015). Youth peers may lead evaluation or quality assurance projects, collect or analyze client/family feedback or select measures. Even Y-PSWs who have little evaluation experience are likely to have more experience completing client surveys than many clinicians and evaluators (Jones, 2015), and thus are advantageous when choosing or developing measures.

Unfortunately, there is little in the published literature that discusses how to evaluate peer support programming. For information on how to evaluate youth support programming the following resources may be helpful:

1. My-Peer toolkit is an Australian resource designed to support agencies to implement and evaluate peer-based programs for young people. It includes a sample evaluation framework that may be particularly useful.

2. Walking the talk: A toolkit for engaging youth in mental health is a resource created by the Ontario Centre of Excellence for Child and Youth Mental Health. Its focus is on youth engagement more broadly but there is information on co-evaluating programs with young people.

While not directly related to evaluation, Jones (2015) included the following questions in their guidance manual, *Peer Involvement and Leadership in Early Intervention in Psychosis Services.* These would be useful questions to ask yourself before involving Y-PSWs in evaluation:

Consideration	Self-assessment question
Timing	Have attempts been made to include youth peer support workers *as early as possible* when planning a new initiative or program?
Power sharing	Do youth peer support workers have the *power to make decisions* and shape policies or are they limited to "advisory" roles?
Compensation	Are youth peer support workers *financially compensated* in a manner equal to non-peers?
Numbers	Is there a *critical mass* (or sufficient number) of youth peer support workers involved to make a difference?
Wellness	Have steps been taken to ensure that *peer wellness* is prioritized?
Investment	Has the program or organization invested in *peer capacity building* (e.g. paying peers to attend conferences and workshops to learn new skills?)
Organizational culture	Have program leaders or administrators taken explicit steps to ensure that peer perspectives are valued and that resistance to peer involvement is *systematically* addressed?

Examples and Resources

Given the limited amount of literature pertaining specifically to youth peer support, it may be useful to connect with directly with others who run peer support programs to learn more about their lessons learned and best practices. Below are a few youth peer support programs and youth serving organizations that were mentioned in the literature or in discussions with other professionals. Also, below is one of the more heavily drawn upon resources in this report that is openly accessible and has templates and checklists that may be useful in program development.

Examples of youth peer support programs

1. http://teentalk.ca/peer-support/

   Teen Talk is a peer support program in Winnipeg wherein teens provide education and resources to their peers on a volunteer basis. The Teen Talk website includes information about their peer support training and volunteer activities. Their peer support program includes different topics, several of which are focused on sexuality and reproductive health. They provide peer support on mental health, substance use and suicide prevention.

2. www.lainghouse.org/

   Laing House is a peer support organization in Halifax for young people aged 16-29 who have a diagnosis of mood disorder, psychosis and/or anxiety disorder. They provide programming in the areas of employment, healthy living, education, outreach and peer and family support. The goal is to help young people living with mental illness recognize and develop their strengths, talents and resources in a safe atmosphere.

3. http://www.mindlink.org/young_adult_pgms.html

   Advocacy Unlimited, Inc. (AU) provides support to help people in Connecticut recover from mental illness. AU has young adult initiatives including Join Rise Be, a peer-run program for people ages 18-29, and Super Advocate, a program for young adults ages 18-25 that teaches people to how to recover or enhance their recovery, as well as how to provide peer support to other young adults with mental health or addiction issues. The Super Advocate course includes 12 lessons is held one day a week for 12 weeks. A total of 15 courses have been held throughout Connecticut.

4. http://www.parecovery.org/services_teams.shtml

   In Pennsylvania's **Youth and Family Training Institute**, the role of youth support partner (YSP) was created to help young people find their voice within the High Fidelity Wraparound Planning Process (Pathways RTC, 2013b). For instance, youth exiting residential services may seek support from YSPs to gain independence in order to manage their own daily activities if staff previously helped them to manage school work or arranged appointments for them. YSPs also advocate with youth and help them find pertinent resources in their community, accompanying young people when they could use extra support.

Youth peer support in a mental health context

June 2016

5. https://copelandcenter.com/wrap-children-and-youth-seminar-i

   Copeland Center's youth-adapted WRAP® is a "personalized wellness and recovery system born out of and rooted in the principle of self-determination". The person who experiences symptoms develops their own WRAP® and if they choose, receives support from supporters and health care professionals. They learn to use WRAP® through a peer-led and peer-engaged process.

Programs that serve youth

1. http://www.tipstars.org/Home.aspx

   Transition to Independence Model (TIP) is not a peer support program. Rather, it is a model of support for transitional aged youth and young adults (ages 14 to 29) with emotional behavioural difficulties. The focus and goal of the program is to help youth transition to independent adult life. To accomplish this goal, TIP provides trauma-informed supports to youth and young adults in their education, employment/career, living situation, personal well-being and community-life.

2. http://www.youthmovenational.org/

   Youth M.O.V.E. National (YMN) is an American youth-led organization that works to improve services and systems that promote positive growth and development by bringing together the voices of individuals who have lived experience in various systems. They advocate for youth rights and a voice in mental health across the systems that serve them. The purpose is to empower youth to be equal partners in the process of change. Their peer to peer support work involves developing national, youth-drive standards developed for all states implementing peer to peer services. In 2013, they worked to develop a National Commission on Youth Peer to Peer Support, practice standards and key values. These standards and key values provide information to all states wishing to develop their own peer-to-peer curriculum.

3. http://www.youthpower.ca/

   YOUth POWER is a career event put on by the Government of Alberta in partnership with PlanIt Sound Inc. and supported by community partners (e.g. Children and Youth Services, Alberta Human Services, Big Sisters, Big Brothers, etc.). The main objective is to provide a platform for youth to be able to learn about the various career, employment and education opportunities available to them.

4. http://www.activeminds.org/index.php

   Active minds is an American non-profit organization founded by a post-secondary student to raise awareness and address the stigma of mental illness on campus. It has student-run chapters on campuses that promote a dialogue on mental health and educates about available resources within and around the campus community.

5. https://www.jedfoundation.org/about

The Jed Foundation is an American non-profit organization addressing mental health and suicide in the college population. They collaborate with leaders in mental health, higher education and research to create and enhance initiatives related to promoting awareness of emotional well-being, knowledge of warning signs of suicide and emotional distress, foster help-seeking, build and strengthen resilience, facilitate community-based approaches to emotional health on campus and raise importance of mental health services in the college selection process.

Youth peer support resources

1. http://www.nasmhpd.org/sites/default/files/Peer-Involvement-Guidance_Manual_Final_0.pdf

Peer Involvement and Leadership in Early Intervention in Psychosis Services: From Planning to Peer Support and Evaluation is a document on how to include peer support workers, including youth, in leadership and advisory roles (e.g. psychoeducation, peer support providing direct services, etc.). The guide includes example services, resources and individual stories and projects. It is intended for a range of stakeholders including system-level administrators, clinical directors and youth. This guide was one of the most helpful resources for developing this report.

Report context

This Evidence In-Sight report involved a non-systematic search and summary of the research and grey literature. These findings are intended to inform the requesting organization, in a timely fashion, rather than providing an exhaustive search or systematic review. This report reflects the literature and evidence available at the time of writing. As new evidence emerges, knowledge on evidence-informed practices can evolve. It may be useful to re-examine and update the evidence over time and/or as new findings emerge.

Evidence In-Sight primarily presents research findings, along with consultations with experts where feasible and constructive. Since scientific research represents only one type of evidence, we encourage you to combine these findings with the expertise of practitioners and the experiences of children, youth and families to develop the best evidence-informed practices for your setting.

While this report may describe best practices or models of evidence-informed programs, Evidence In-Sight does not include direct recommendations or endorsement of a particular practice or program.

For more information on the Centre's Evidence In-Sight program, visit http://www.excellenceforchildandyouth.ca/how-we-help/evidence/evidence-in-sight.

References

Algeria, M., Vallas, M. & Pumariega, A. (2010). Racial and ethnic disparities in pediatric mental health. *Child and Adolescent Psychiatric Clinics of North America*, *19*, 759-774. doi:10.1016/j.chc.2010.07.001

Alvarez-Jimenez, M., Gleeson, J.F., Bendall, S., Lederman, R., Killackey, E., & McGorry, P.D. (2012). Internet-based interventinos for psychosis: A sneak-peek into the future. *Psychiatric Clinics of North America, 35*, 735-747.

American Psychological Association (2016). *Health disparities & mental/behavioral health workforce*. Retrieved from http://www.apa.org/about/gr/issues/workforce/disparity.aspx

Ansell, D.I., & Insley, S.E. (2013). *Youth peer-to-peer support: A review of the literature*. Retrieved from http://gucchdtacenter.georgetown.edu/resources/Webinar%20and%20Audio%20Files/YouthPeertoPeerLiteratureReviewFINAL.pdf

Asset-Based Community Development Institute (2009). Retrieved from http://www.abcdinstitute.org/

Biddle, L., Donovan, J., Sharp, D., & Gunnell, D. (2007). Explaining non-help-seeking amongst young adults with mental distress: A dynamic interpretive model of illness behavior. *Sociology of Health & Illness, 29*(7), 983-1002.

Branje, S., Laninga-Wijnen, L., Yu, R., Meeus, W. (2014). Associations among school and friendship identity in adolescence and romantic relationships and work in emerging adulthood. *Emerging Adulthood, 2(1),* 6-16.

Bracke, P., Christiaens, W., & Verhaeghe, M. (2008). Self-esteem, self-efficacy, and the balance of peer support among persons with chronic mental health problems. *Journal of Applied Social Psychology, 38*, 436-459.

Building Bridges Inititive (2012). Promoting youth engagement: what providers should know about best practices and promising strategies. Retrieved from http://www.buildingbridges4youth.org/sites/default/files/Promoting%20Youth%20Engagement%20%20What%20Providers%20Should%20Know.pdf

Campbell, J. (1997). How consumers/survivors are evaluating the quality of psychiatric care. *Evaluation Review, 21*, 357-363.

Christiani A., Hudson H., Nyamathi A., Mutere M., & Sweat J., (2008). Attitudes of homeless and drug-using young adults regarding barriers and facilitators in delivery of quality and culturally sensitive health care. *Journal of Child and Adolescent Psychiatric Nursing, 21*, 154–163.

Cook, J. A., Copeland, M. E., Floyd, C. B., Jonikas, J. A., Hamilton, M. M., Razzano, L., ... & Boyd, S. (2012). A randomized controlled trial of effects of Wellness Recovery Action Planning on depression, anxiety, and recovery. *Psychiatric Services, 63*(6), 541.

Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: a review of evidence and experience. *World Psychiatry, 11(2),* 123-128.

Corrigan, P.W., Lundin, R.K., Nieweglows, K., & Al-Khouja, M.A. (2015). Honest, open, proud to eliminate the stigma of mental illness. Manual for program facilitators and participants. Retrieved from http://comingoutproudprogram.org/images/Honest_Open_Proud_ManualBooster_FINAL_2.9.16.compressed.pdf

Davidson, L., Chinman, M., Kloos, B., Weingarten, R., Stayner, D., & Tebes, JK. (1999). Peer support among individuals with severe mental illness: A review of the evidence. *Clinical Psychology: Science and Practice, 6*, 165-187.

Davidson, L., Chinman, M., Sells, D., & Rowe, M. (2006). Peer support among adults with serious mental illness: A report from the field. *Schizophrenia Bulletin, 32*, 443-450.

DeLisle, S., & Wasserheit, J.N. (1999). Accelerted Campaign to Enhance STD Services (ACCESS) for youth: successes, challenges, and lessons learned. *Sexually Transmitted Diseases, 26 (4 Suppl)*, S28-41.

Ellis, C. (2013, February 11). Peer support services: Essential to whole health recovery. *Mental Health Weekly, 23,* pp. 5.

Faulkner, A. & Kalathil, J. (2012). *The freedom to be, the chance to dream: Preserving the values and principles of peer support*. London: Together for Mental WellBeing. Retrieved from http://www.together-uk.org/wp-content/uploads/2012/09/The-Freedom-to-be-The-Chance-to-dream-Full-Report1.pdf

Health Canada. *Best Practices: Early Intervention, Outreach and Community Linkages for Youth with Substance Use Problems.* William Morrison, Cynthia Doucet, & Maurice LeBlanc. Ottawa: Health Canada, 2008. Catalogue number H128-1/08-531E

Hopper, K. (2015). Peer involvement in Parachute NYC. In N. Jones *Peer involvement and leadership in early intervention in psychosis services: from planning to peer support and evaluation*. Technical Assistance Material Developed for SAMHSA/CMHS. Retrieved from http://www.peersupportvic.org/index.php/2014-12-15-22-42-26/2014-12-16-02-20-10/Resources/Peer-Involvement-and-Leadership-in-Early-Intervention-in-Psychosis-Services-From-Planning-to-Peer-Support-and-Evaluation/

Hutchinson, D. S., Anthony, W. A., Ashcraft, L., Johnson, G., Dunn, E., Lyass, A., & Rogers, E. S. (2006). The personal and vocational impact of training and employing people with psychiatric disabilities as providers. *Psychiatric Rehabilitation Journal, 29,* 205-213

ICES (2015). Child and youth mental health and addictions in Ontario briefing note. Retrieved from http://www.ices.on.ca/~/media/Files/Atlases-Reports/2015/Mental-Health-of-Children-and-Youth/MHA%20scorecard%20briefing%20note%20final12.ashx

Islam, Z., Rabiee, F. & Singh, S. P. (2015). Black and minority ethnic groups' perception and experience of early intervention in psychosis services in the United Kingdom. *Journal of Cross-Cultural Psychology, 46*, 737-753. doi: 10.1177/0022022115575737

Jackson, S., Walker, J. S., & Seibel, C. (2015). *Youth & young adult peer support: What research tells us about its effectiveness in mental health services*. Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University.

Janzen, R., Nelson, G., Trainor, J., & Ochocka, J. (2006). A Longitudinal study of mental health consumer/survivor initiatives: Part 4—Benefits beyond the self? A quantitative and qualitative study of system-level activities and impacts. *Journal of Community Psychology, 34*(3), 285-303.

Janzen, R., Nelson, G., Hausfather, N., & Ochocka, J. (2007). Capturing system level activities and impacts of mental health consumer-run organizations. *American Journal of Community Psychology, 39*(3-4), 287-299.

Jones, N. (2015). Peer involvement and leadership in early intervention in psychosis services: from planning to peer support and evaluation. Technical Assistance Material Developed for SAMHSA/CMHS. Retrieved from http://www.peersupportvic.org/index.php/2014-12-15-22-42-26/2014-12-16-02-20-10/Resources/Peer-Involvement-and-Leadership-in-Early-Intervention-in-Psychosis-Services-From-Planning-to-Peer-Support-and-Evaluation/

Jones, N., Corrigan, P. W., James, D., Parker, J., & Larson, N. (2013). Peer support, self-determination, and treatment engagement: a qualitative investigation. *Psychiatric Rehabilitation Journal, 36*(3), 209-214.

Lomonoco, C. & Wu, J. (2014). *Evaluating an innovative approach to transition age youth self-sufficiency and recovery: the TAY INN model*. Santa Clara County Mental Health Department.

Luhrmann, T.M., Padmavati, R., Tharoor, H., Osei, A. (2015). Differences in voice-hearing experiences of people with psychosis in the USA, India, and Ghana: interview-based study. *The British Journal of Psychiatry, 206*, 41-44. doi: 10.1192/bjp.bp.113.139048

MacNeil, C. & Mead, S. (2003). Discovering the fidelity standards of peer support in an ethnographic evaluation. In review with the Journal of Community Psychology. Retrieved from http://www.intentionalpeersupport.org/wp-content/uploads/2014/02/Discovering-the-Fidelity-Standards-of-Peer-Support-in-an-Ethnographic-Evaluation.pdf

Marino, C., Child, B. & Krasinski, V. (2014). *Sharing experiences learned firsthand (SELF). Lived Experience Research Network (LERN)*. Retrieved from https://www.academia.edu/9943129/Sharing_Experience_Learned_Firsthand_SELF_Project

McLean, A. (1995). Empowerment and the psychiatric consumer/ex-patient movement in the United States: contradictions, crisis and change. *Social Science and Medicine, 40,* 1053-1071.

Muscari, K. (2015). *The Wellness Recovery Action Planning (WRAP) for youth project*. WRAP and Recovery Books. Retrieved from http://mentalhealthrecovery.com/info-center/the-wellness-recovery-action-planning-wrap-for-youth-project/

Nelson, G., Ochocka, J., Janzen, R., Trainor, J., Goering, P. & Lomorey, J. (2007). A longitudinal study of mental health consumer/survivor initiatives: Part V – outcomes at 3-year follow-up. *Journal of Community Psychology, 35*, 655-665. doi: 10.1002/jcop.20171

National Endowment for Science, Technology, and the Arts (2015). Peer support: what is it and does it work? Retrieved from https://www.nesta.org.uk/sites/default/files/peer_support_-_what_is_it_and_does_it_work.pdf

Pathways RTC (2013a). *Defining, supporting, and sustaining the peer support specialist role*. Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University.

Pathways RTC (2013b). *Implementing the peer support specialist role: youth peer support in wraparound.* Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University.

Pathways RTC (2013c). *Implementing the peer support specialist role: providing direct, individualized support in a local program*. Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University.

Psychiatric Disability Services of Victoria (2010). Terms of reference training advisory group. Retrieved from file:///C:/Users/vrepta/Downloads/Training_Advisory_Group_TOR_2010_November_V31.pdf

Radigan, M., Wang, R., Chen, Y., & Xiang, J. (2014). Youth and caregiver access to peer advocates and satisfaction with mental health services. *Community Mental Health Journal*, *50*(2).

Rapid Response Service (2014). *Rapid Response: Facilitators and barriers to health care for lesbian, gay and bisexual (LGB) people.* Toronto, ON: Ontario HIV Treatment Network. Retrieved from http://www.ohtn.on.ca/Pages/Knowledge-Exchange/Rapid-Responses/Documents/RR79.pdf

Repper, J. & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of Mental Health, 20*(4), 392-411. doi: 10.3109/09638237.2011.583947

Robinson, M. (2012). LGBTQ mental health. Rainbow Health Ontario. Retrieved from http://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads /2011/06/ RHO_ FactSheet_LGBTQMENTALHEALTH_E.pdf

Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits and critical ingredients. *Psychiatric Rehabilitation Journal*, *27*, 392-401.

Substance Abuse and Mental Health Services Administration (2015). Core Competencies for Peer Workers. Retrieved from: http://www.samhsa.gov/brss-tacs/core-competencies-peer-workers

Sue, D. W. (2010). Microaggressions, marginality, and oppression: an introduction. In *Microaggressions and marginality: manifestation, dynamics, and impact* (pp. 3-24). Hoboken, New Jersey: John Wiley & Sons.

Sunderland, K., Mishkin, W. & Peer Leadership Group, Mental Health Commission of Canada (2013). *Guidelines for the Practice and Training of Peer Support*. Calgary, AB: Mental Health Commission of Canada. Retrieved from: http://www.mentalhealthcommission.ca

Trachtenberg, M., Parsonage, M., Shepherd, G., & Boardman, J. (2013). Peer support in mental health care: is it good value for money? Retrieved from http://eprints.lse.ac.uk/60793/1/Trachtenberg_etal_Report-Peer-support-in-mental-health-care-is-it-good-value-for-money_2013.pdf

Turner, G. (1999). Peer support and young people's health. *Journal of Adolescence, 22,* 567-572.

Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology*, *53*(3), 325-337.

Walker, J., Gowen, K., Jivanjee, P., Moser, C., Sellmaier, C., Koroloff, N., & Brennan, E. M. (2013). *Pathways to Positive Futures: State-of-the-science conference proceedings.* Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University

WRAP and Recovery Books (2015). Youth WRAP. Retrieved from http://www.mentalhealthrecovery.com/store/youth-wrap_moreinfo.html