



Peer Support Specialist Development

Exploratory Discussions Final Report

Ontario Peer Development Initiative

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Introduction and Project Background

At its 2004 Creative Directions Conference, the Ontario Peer Development Initiative (OPDI) explored the need for developing local organizations' ability and interest in designing and delivering effective peer support initiatives within the consumer/survivor context. Over 60% of conference attendees participated in this session. The conference reiterated the commitment of OPDI's membership toward the development of Peer Support as a fundamental value of consumer/survivor organizations and further identified the need for additional information and support resources. As a result of this conference session as well as follow up consultation with local Consumer/Survivor Initiatives (CSI), OPDI received clear direction from its constituents and Board of Directors to continue to develop resources to support the creation of peer support strategies and resources to be used at the local level.

To that end OPDI initiated an extensive research and literature review in the area of Peer Support and consumer/survivor initiatives with the intent to identify effective models and best practices in this area. The research report, "Peer Support Resources: A report for consumer/survivors and partners in Ontario" was disseminated to all CSI's and the first exploration meeting took place on June 3, 2005. This meeting was the first step in determining OPDI's role in assisting CSI's to develop Peer Support strategies across the province, what the nature of that role is, and what supports, resources and training CSI's need and expect from OPDI in this area. Twenty-two representatives from 14 consumer/survivor organizations participated. The meeting's results were presented to OPDI delegates during a plenary session of the Annual General Meeting Conference on June 21, 2005. Further discussion and exploration of this issue took place at the AGM session.

This exploratory project had the following objectives:

1. To review the OPDI document "Peer Support Resources: A report for Consumer/Survivors and Partners in Ontario (2005)"
2. To determine what OPDI's role is in developing Peer Support capacity for CSI's
3. To discuss what an "OPDI Peer Support Resource" should look like
4. To establish how participants would like to be involved in the future development process of a Peer Support Resource
5. To make recommendations to OPDI regarding how to proceed with future development in the area of Peer Support Specialists.

Discussion and results is summarized below according to each objective.

Review of “Peer Support Resources: A report for Consumer/Survivors and Partners in Ontario”

Strengths and Weaknesses of the Report

Participants had positive first impressions of the report indicating that it was an excellent piece of work, providing a thorough list of resources. The inclusion of international web based resources as well as article abstracts was seen as a good feature. Many felt the use of a lighthouse on the cover was an appropriate symbol for the Peer Support process. There was some confusion around the intention of the document, as several participants were unclear about its purpose mistaking it for an OPDI position paper on the issue of peer support. It was suggested that providing more information to CSI's about the context of the report in the introduction (a resource document) would be helpful. Participants thought the report was a good “foundational document” but not a “how-to” guide for developing peer support programs. It was suggested that reorganizing the document according to issue may have been helpful, for example, Resources exploring the role of Peer Support in Recovery; Peer Support and Economic Development; Peer Support and Community Integration etc. Also, some reported the document was difficult to understand and digest in its current format, especially for consumer/survivors with reading difficulties. It was suggested simplifying the data, how it was organized and perhaps colour coding sections of the report would assist in disseminating information. Participants also suggested providing the report in an electronic version would allow CSI's adapt it to meet local distribution needs.

The report provides a good balance between academic research and grass roots knowledge and experience. Missing from the report is a clear definition of what “peer support” is and its value-added role in mental health service delivery.

Report Uses

The document was seen as useful for a number of activities including:

- Proposal and program development
- The creation of an OPDI/provincial position paper on Peer Support
- Local dissemination of information to local consumer/survivors who do not have access to the internet and web-based resources and
- The creation of a provincial training manual.

An OPDI Peer Support Program Blue Print

Participants agreed this report was the foundation of crafting a consumer/survivor “blue print” of peer support programs at local CSI's. Any blue print created should clearly articulate what values and principles local CSI's should adhere to when

developing and providing peer support programs to consumer/survivors. It should provide a “step-by-step” guide for developing such programs locally and should allow for customization as well as provide “templates” as examples. Essential to the blue print is the definition of peer support in the consumer/survivor context. Without this, the blueprint cannot be created. Much discussion took place regarding this vital piece and some noted resources for creating a definition included the Connections Project and advocate Sherry Mead. Participants suggested the provision of the blue print in an electronic version, again to allow each piece to be modelled into an appropriate, localized program.

Although some saw the blue print as a tool for assisting CSI’s deal with resistance received from the traditional mental health system to consumer/survivor Peer Support Specialists, others did not agree believing this awareness issue was a separate concern. There was consensus however, regarding the importance of demonstrating that consumer/survivor peer support is a key and central element of the mental health system.

Finally, the blue print should include methods of marketing and information dissemination regarding the role of peer support and Peer Support Specialists within local CSI’s.

Role of OPDI in Peer Support Development

All present agreed that OPDI should take a leadership role in the development of provincial resources, providing OPDI has (or can access) the human and financial capital to do so. It should facilitate a collective vision of what peer support means, looks like and is to consumer/survivors within the Consumer/Survivor Movement. Ultimately, any resource created will be designed and owned by Consumer/Survivor Initiatives (i.e. consumer/survivors) with OPDI acting only as the vehicle for that development.

What an OPDI Peer Support Resource Should Look Like

A two-pronged approach to the development of an OPDI Peer Support Blue Print was discussed:

- 1. To assist in the creation of peer support programs and a Peer Support Specialist role within CSI’s who do not currently provide this to consumer/survivors**

Those present recognized that not all CSI’s are at the same developmental stage in terms of the supports they do, and can offer. Consequently, there is a need to develop a resource that assists CSI’s in developing effective peer support specialist roles (for those who are interested) within the consumer/survivor value context.

2. To be the means to create and accredit Peer Support Specialist positions at local Consumer/Survivor Initiatives

Some participants believed there is a need for accreditation of those CSI's who have, and are offering peer support programs and a Specialist role on staff. Peer support in itself already happens at CSI's in everyday interaction with consumer/survivors. To be clear, it is the position of the Peer Support Specialist that should be accredited and not the process of peer support itself. Another concern with accreditation of Peer Support Specialists is the danger of "professionalizing recovery". By professionalizing Peer Support Specialists CSI's may end up "professionalizing" self-help. Also, CSI's are concerned about becoming like traditional service providers and losing their consumer/survivor grass-roots perspective. There is also concern that by professionalizing Peer Support Specialists, consumer/survivors will be less likely to utilize CSI supports seeing them as "more of the same" traditional services thereby contributing to stigma surrounding use of mental health supports. Further, it is important to acknowledge, explore and respond effectively to potential legal issues and ramifications of accrediting consumer/survivors in a "specialist" role. Also, some had an aversion to the use of the term "specialist" seeing it as elitist and inferring a hierarchical relationship that does not fit with the consumer/survivor model.

In examining the accreditation process, participants thought it was important to discuss what purpose accreditation would serve, why accreditation is necessary and what value it will offer CSI's. Some saw accreditation as a means to improving consumer/survivors credibility in providing mental health supports (*i.e. I have the right to do this job. I am certified and so have earned respect as a professional*). Others disagreed, believing that over the last 14 years CSI's have obtained a solid level of credibility through their funding relationship with the Ministry of Health. There was also a concern that specialist accreditation will not hold the same value as other diplomas or certifications. Some saw accreditation as a means to ensuring the consumer/survivor approach to peer support becomes a mandatory piece of Mental Health Worker training and credentials. Accreditation was seen as a way to remove systemic barriers encountered by Peer Support Specialists who work within the larger mental health system. Some thought accreditation may help remove barriers and discrimination faced by consumer/survivor Peer Support Specialists.

Others were concerned that accreditation would sacrifice the essence of consumer/survivor peer support. The organic sense of the recovery process, and support within that process may be lost through adherence to a formalized process. By moving to an accreditation process are CSI's "selling out" and becoming part of the oppressive system from which they are meant to be an alternative? Are CSI's losing their humanity by using "traditional language (accreditation) and approaches"?

Another real concern was how a consumer/survivor working within a CSI moves from being a consumer/survivor peer to a peer support specialist. Will accreditation as a specialist become mandatory and what if people don't see themselves as specialists

(or don't want to)? How will CSI's ensure people with the "right skills" become specialists? Who will create, train individuals in and enforce the new standards? Will a new governing body need to be created?

In terms of how accreditation, if pursued, would be facilitated some suggested that a partnership with colleges and universities would be an effective means of creating an accreditation process. However, some participants were concerned with this approach believing that the Consumer/Survivor Movement (through OPDI) would lose control over curriculum development, content and facilitation of training. Also, by working with a college or university, OPDI would lose control over who accessed the Peer Support Specialist Training and Accreditation and it may no longer be training by, and for, consumer/survivors. The cost associated with providing training through a college or university was also seen as a major barrier to consumer/survivors.

The ultimate question that needs to be answered by OPDI members is "***Is accreditation where we need to go?***" Members believed that the accreditation discussion was really about trying to achieve the following:

- **Legitimacy** – trying to convince policy makers the consumer/survivor approach to peer support was effective
- **Advocacy** – systemic level advocacy was needed immediately and is a role for OPDI
- **Access** – to assist consumer/survivors in their recovery regardless of "where they are" in the mental health system

Tool Development

Participants were not in agreement about accrediting Specialists but did see the need for peer support tools and resources. Tools should create a basic framework of what it means to be a peer support specialist. Tools would result in a common understanding of the specialist role including information about: preserving privacy/confidentiality, stigma-busting, various methods for facilitating peer support, active listening skills, how to expand self-help groups and practical legal issues. Also, the tool should acknowledge the many different ways peer support can be given including: self-help groups, one-on-one support, support through art and music etc.

All agreed that any tool created should be framed within the consumer/survivor context and should be internally driven. Some participants were concerned about duplication of service and efforts as CAMH is developing similar tools in regards to peer support. However, many participants were concerned that if OPDI did not move forward on this issue internally, expectations of Peer Support Specialists (or Workers or Facilitators) could be thrust upon CSI's by government agencies or traditional service providers who have moved faster.

Essentially the question becomes ***“if not here (through OPDI) then, where”?*** Many saw an OPDI strategy on the issue of Peer Support being directly linked to CSI’s ability to maintain influence on government policy and secure future funds from government sources. The concern expressed was ***“If CSI’s don’t move on this issue, someone else (e.g. CMHA’s, Ministry of Health/Long Term Care) will”.***

Future development will be based on trust – do we trust each other and do we trust OPDI? To develop trust participants agreed further discussion of a Peer Support Resource was needed within the larger group of Consumer/Survivor Initiatives. Common goals, objectives, outcomes and standards need to be developed before pursuing this initiative further. Also, by achieving a “common vision” systemic advocacy will be more effective. CSI’s and OPDI will have a unified position and solid foundation from which to move forward. Common approaches and resources will also help CSI’s provide justification for additional funds from the government and will provide ammunition to deal with objections from traditional service providers who see consumer/survivor peer support as “encroaching” on their “territory”.

Future Development Process of a Peer Support Resource

To move forward in the development phase the following approaches were discussed:

- Create a Development Task Force – with clear Terms of Reference and Work Plan
- Set up a web-based Discussion Board – to facilitate further debate and exploration
- Communicate with CSI’s on a regular basis – invite others (who were not present in the consultations) to participate, offer suggestions and dialogue.

Final Recommendations

This consultation process has identified the following recommendations in order to move forward with this initiative:

1. OPDI should create a provincial Peer Support Development Task Force with a clear Terms of Reference and Work Plan/Timeline set out by the Board of Directors
2. OPDI should, in consultation with all member organizations, create a definition of Peer Support within the consumer/survivor context which can be supported and endorsed by all members.
3. OPDI should initiate deeper discussion regarding its role in supporting the development of Peer Support Programs (and Specialists) within local CSI's as not all CSI's were represented in this consultation.
4. OPDI should, through the provincial Peer Support Development Task Force, create a Provincial Toolkit to support local development of peer support and specialist roles. CSI's appear more accepting of, and ready for, the creation of tools and resources at this point and do not appear ready to initiate a formal accreditation process. The creation of a toolkit may be a starting point to creating trust and dialogue between OPDI and its member organizations. The toolkit should include information about: preserving privacy/confidentiality, stigma-busting, various methods for facilitating peer support, active listening skills, how to expand self-help groups, the different ways peer support can be given (self-help groups, one-on-one support, support through art and music etc) and practical legal issues. The toolkit should be available in print and electronic formats.
5. OPDI should introduce dialogue around the issue of accreditation after the toolkit has been created, disseminated to, and in use by local CSI's. This dialogue may be facilitated by the formation of a provincial task force to examine all related issues including: the pro's and con's of an accredited peer support role at CSI's, the naming of the role (specialist vs. facilitator), the nature of CSI participation (voluntary vs. mandatory), legal issues, curriculum development/design, guidelines and standards, training and facilitation methods and vehicles, and enforcement.
6. OPDI should initiate movement in the area of Peer Support development as a matter of urgency as the present political climate has demonstrated this issue as "topic of interest" by both government and traditional mental health service providers.