



Peer Support and its Evidence

It is impossible to know exactly how each person experiencing a mental health problem feels, or how they see their lives and perceive the world around them; everyone's circumstance is unique. Connecting with another person who has lived with similar problems (or is perhaps still doing so) — a peer — can be a vital link for someone struggling with their own situation.ⁱ

Peer support can help navigate the intricacies of treatments and other available assistance, which, to someone with mental illness, can seem to be an overwhelmingly complicated maze – as it often does for so-called “normal” individuals. Peer support can also help people regain independence and mastery over their own mental health recovery processes, literally transforming lives and enabling people to participate fully in, and contribute to, their families, jobs, and society.

The impact of mental illness and workplace psychological health challenges is further compounded by the fact that stigma hinders help-seeking behaviours. **Research has shown that peer support assists greatly to alleviate stigma and foster healthier coping strategies.**ⁱⁱ This outcome is linked to what is called experiential knowledge.

Experiential knowledge, the capacity to draw from one's lived experience to guide a peer, creates a shift in attitude and increases empathy and connectedness to a higher level than what is usually observed in the patient-therapist relationship.ⁱⁱⁱ These elements combine in a synergy that appears to not only enhance empowerment^{iv} but also assists in gaining control over one's own symptoms.^v

Studies on depression have shown that peer support can be, in some cases, as effective as group cognitive behavioural therapy.^{vi} Seven randomized control trials (RCTs) on the effectiveness of peer support, reported by Repper and Carter (2011), yielded evidence showing that it translates into **stronger social networks, increased self-confidence, lower readmission rates, and longer community tenure.** The RCTs also highlight the fact that receiving peer support is associated with a higher rate of employment. The sense of hope for a better future conveyed by the peer supporter further along in their recovery should not be underestimated. Having a positive role model often provides the needed impetus to make constructive, life-changing choices.^{vii}

A workplace peer support program is a formalized approach to **develop, foster and maintain a workplace environment of mutual trust and available assistance.** Its implementation requires (and represents) a corporate-level commitment to empower specially selected and trained employees (who provide peer support on a volunteer basis) from all levels of the organization to be able to support others (peers) who may be struggling with mental health or addiction issues.

Peer support is conducted above and beyond their normal work-related duties. In a unique relationship, peer supporters are held accountable to MHI in the performance of this function. Through our service, **MHI provides your peer supporters the required policy framework, code of conduct, mentoring and coaching to maintain good boundaries and respect the principles of practice for peer support in Canada.**

Peer support is a complement to clinical healthcare and other existing services and programs available in your organization. It is based on the principle of creating trust through the commonality of lived experience and being able to relate to one another within a culture of recovery and wellness.

From a research perspective, the evidence base is clear:
Peer support is an effective compliment to clinical mental healthcare.

Workplace observations after a program is created include:

- o General reduction in absenteeism
- o Reduction in long- and short-term disability claims citing mental health reasons
- o Increase in clinical access by employees, as determined by EAP utilization rates

When employees seek mental healthcare sooner, their recovery is accelerated, which generally keeps employees on the job and on the mend.



This evidence base only continues to grow as workplace Peer Support is ascending in usage and application.

Peer Support and its Evidence – References

- ⁱ Creamer et al. (2012). Guidelines for Peer Support in High-Risk Organizations: An International Consensus Study Using the Delphi Method. *Journal of Traumatic Stress*, 25, P.134–141.
- ⁱⁱ O'Hagan, M. Cyr, C. McKee, H. Priest, R. (2010). Making the case for peer support: Report to the Mental Health Commission of Canada. Mental Health Peer Support Project Committee. Calgary: Mental Health Commission of Canada.
- ⁱⁱⁱ Provencher, Gagné & Legris. (2012). l'intégration de pairs aidants dans des équipes de suivi et de soutien dans la communauté: points de vue de divers acteurs. Rapport final de recherche (version sommaire). Université Laval.
- Chinman, Young, Hassell & Davidson. (2006). Toward the Implementation of Mental Health Consumer Provider Services. *The Journal of Behavioral Health Services and Research*, 33(2), P.176-195. DOI: 10.1007/s11414-006-9009-3.
- Coatsworth-Puspoky, R. Forchuk, C. Ward Griffin, C. (2006). Peer support relationships: an unexplored interpersonal process in mental health. *Journal of Psychiatric and Mental Health Nursing*, 13, P.490-497.
- ^{iv} Corrigan, P.W. (2006). The impact of consumer-operated services on the empowerment and recovery of people with psychiatric disabilities. *Psychiatric Services*, 57, P.1493-1496.
- Dumont, JM. Jones, K. (2002). Findings from a consumer/survivor defined alternative to psychiatric hospitalization. *Outlook*. P. 4-6
- Sandra, G. Resnick. Robert, A. Rosenheck. (2008). Integrating Peer-Provided Services: A Quasi-experimental Study of Recovery Orientation, Confidence, and Empowerment. *Psychiatric Services*. DOI: 10.1176/appi.ps.59.11.1307
- ^v Ochocka, J. Nelson, G. Janzen, R. Trainor, J. (2006). A longitudinal study of mental health consumer/survivor initiatives: Part III - A qualitative study of impacts on new members. *Journal of Community Psychology*, 34, p.273-283.
- ^{vi} Pfeiffer, Heisler, et al. (2011). Efficacy of peer support interventions for depression: A meta-analysis. *General Hospital Psychiatry*, 33(1), P.29-36.
- ^{vii} Ratzlaff, S. McDiarmid, D. Marty, D. Rapp, C. (2006). The Kansas consumer as provider program: Measuring the effects of a supported education initiative. *Psychiatric Rehabilitation Journal*, 29(3), P.174–182.