



## Peer Support Values in Action- Infrastructure & Implementation

### **PRESENTER:**

Betty-Lou Kristy, Director, Centre for Innovation in Peer Support

The Centre for Innovation in Peer Support, embedded in Support & Housing – Halton, promotes and facilitates the meaningful engagement, empowerment and enhanced capacities of and support to people with lived experience and their families as well as effective peer support services regionally, provincially, nationally and internationally.



# Meet the Team:

## Centre for Innovation in Peer Support



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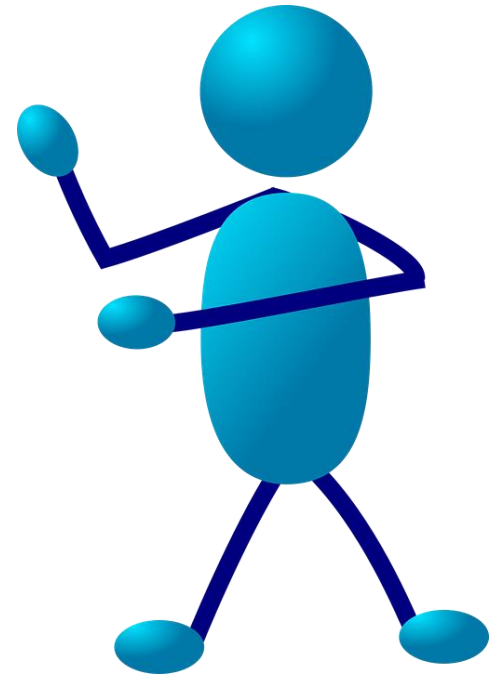
The Centre for Innovation in Peer Support is a system-wide initiative that provides infrastructure support for Peer Staff implementation in over a dozen Health Service Providers in the Mississauga Halton LHIN, and systems/services across the province.

Currently support:

- 60 peer support staff
- 30 peer support supervisors
- across 30 programs



We provide system support to organizations who have peer support staff, through training, implementation, evaluation & research, capacity building, knowledge brokerage, and quality Improvement.



<p><b>Direct Service</b></p> <p>Recognized Consumer Survivour Initiative (CSI)</p> <p>Best Practice in Peer Support Programming</p> <p>Groups and volunteer programming</p>	<p><b>Train &amp; Support</b></p> <p><b>Focused on TEACH Volunteers</b></p> <p>(To support sustainable recovery, meaningful activity &amp; build safe stigma free space that promotes recovery culture)</p>	<p><b>Evaluation</b></p> <p>Program Evaluation</p>	<p><b>System Support</b></p> <p>Infrastructure Supporting 11+ Organizations</p> <p>(Recognized as a Provincial Promising Practice from Evidence Exchange Network)</p>	<p><b>Train &amp; Support</b></p> <p>Peer Staff Roles &amp; Supervision</p> <p>Communities of Practice</p>	<p><b>Evaluation and Research</b></p> <p>-Focus on system wide measurements/data</p> <p>-Quality Improvement initiatives</p> <p>-System Wide Service Integrity &amp; Impact</p>
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# The Beginning of the Journey (approx. 2013/14)

What did the leaders and change agents of the Mississauga Halton LHIN Mental Health & Addiction providers identify as the biggest gap in service?



What did people with lived experience, patients, family, caregivers, community, citizens, residents & peer experts feel was the biggest gap in service when they were consulted?

Everyone agreed that the answer was...

Recognition and integration of peer supports as a viable and valued part of health treatment and recovery



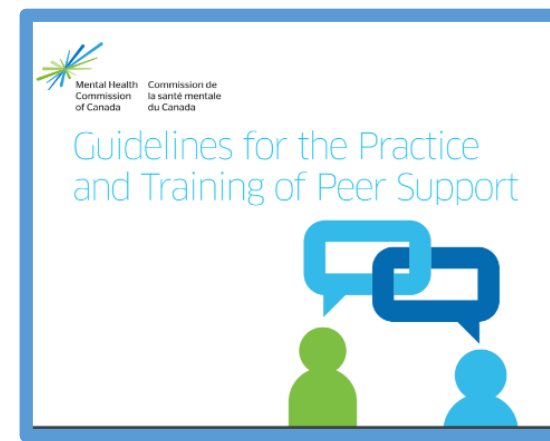


What is Peer Support?  
What it is NOT.



# Peer Support Core Values

Mental Health Commission Canada MHCC



# Definitions from the Centre

**What is peer support?** “Peer support is intended to be rooted in hope through an empowering and empathetic relationship between people who have a similar life experience or circumstance in common” – *Centre for Innovation in Peer Support\**

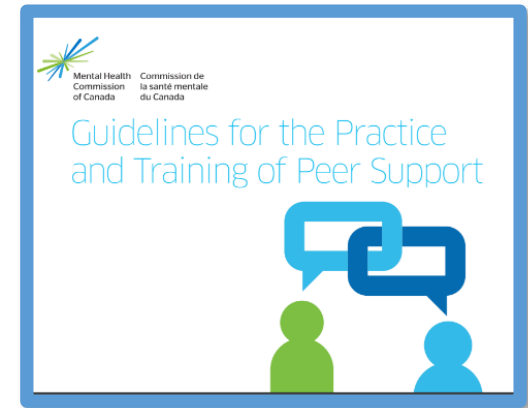
**Who is a peer worker?** “Someone who has a similar life experience or circumstances to yours. They have engaged in special training and skill development to enhance their ability to support you in living the life you want.”  
– *Centre for Innovation in Peer Support\**

\* These definitions were created with the collaboration of the Peer Position Network (40+ peer staff from over 11 organizations) and Peer Positions Supervisor Networks (25+ Peer Supervisors from over 11 organizations)

FIGURE 1 - SPECTRUM OF TYPES OF PEER SUPPORT<sup>28</sup>

Mental Health Commission Canada MHCC

## Spectrum of Peer Support



These guidelines are focused on this segment that provides a more formal and intentional style of peer support



CENTRE for  
INNOVATION  
in PEER SUPPORT

FRIENDSHIP

PEER SUPPORT

CLINICAL CARE

### Informal PEER SUPPORT

Naturally occurring, voluntary, reciprocal relationship(s) with peers one-to-one or possibly in a community

### Clubhouse/ walk in centre

Mainly psychosocial and social recreational focus with peer support naturally occurring among participants

### Self-Help, Mutual PEER SUPPORT

Consumer operated/run organizations/activities/programs, voluntary, naturally occurring, reciprocal relationships with peers in community settings e.g., housing, social/recreational, arts/culture, traditional/spiritual healing, recovery education/work, anti-discrimination education/work, human rights/disability rights education work

### Formalized/Intentional PEER SUPPORT

Consumer run peer support services within community settings (either group or one-to-one) focusing on issues such as education, employment, MH systems navigation, systemic/individual advocacy, housing, food security, internet, transportation, recovery education, anti-discrimination work, etc.

### Workplace PEER SUPPORT

Workplace-based programs where employees with lived experience are selected and prepared to provide peer support to other employees within their workplace

### Community clinical setting PEER SUPPORT

Peer support workers are selected to provide support to patients/clients that utilize clinical services, e.g., Outpatient, A&T teams, Case Management, Counselling

### Clinical/conventional MH system-based PEER SUPPORT

Clinical setting, inpatient/outpatient, institutional peer support, multidisciplinary groups, recovery centres, or Rehabilitation Centres Crisis response, Crisis Management, Emergency Rooms, Acute Wards

# Intentional PEER SUPPORT.....

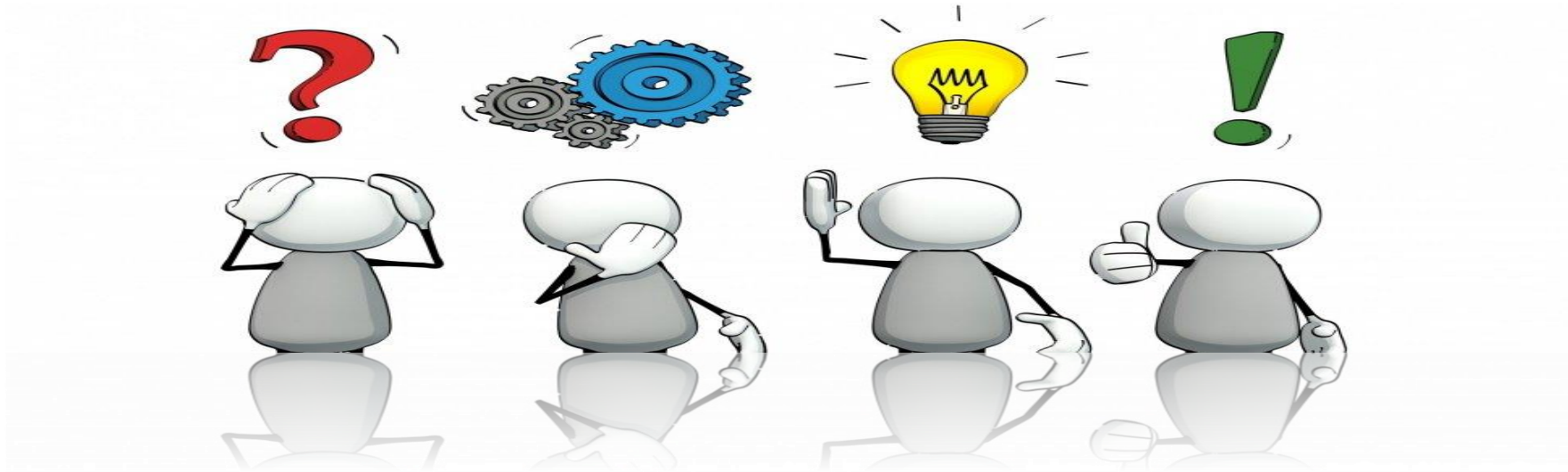
## IS

- Skilled expertise
- Trained and mentored
- Experiential knowledge
- Intentional
- Unique role in the system
- Identified as a core service
- Completes a multi disciplinary team
- Authentic engagement
- An equally valued staff member

## is NOT

- Helping/Enabling (a driver, medication drop off etc.)
- Friendship
- Tokenism
- Someone who needs special treatment
- Anyone with lived experience
- Therapy/counselling/sponsor
- Pushing an agenda
- Being a mole/spy
- Having “superior” recovery/wellness
- ONLY VOLUTEER POSITIONS

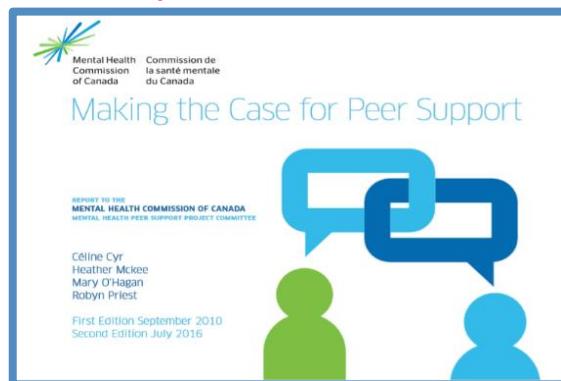
# So what does the evidence say about Peer Support?



# The evidence ...

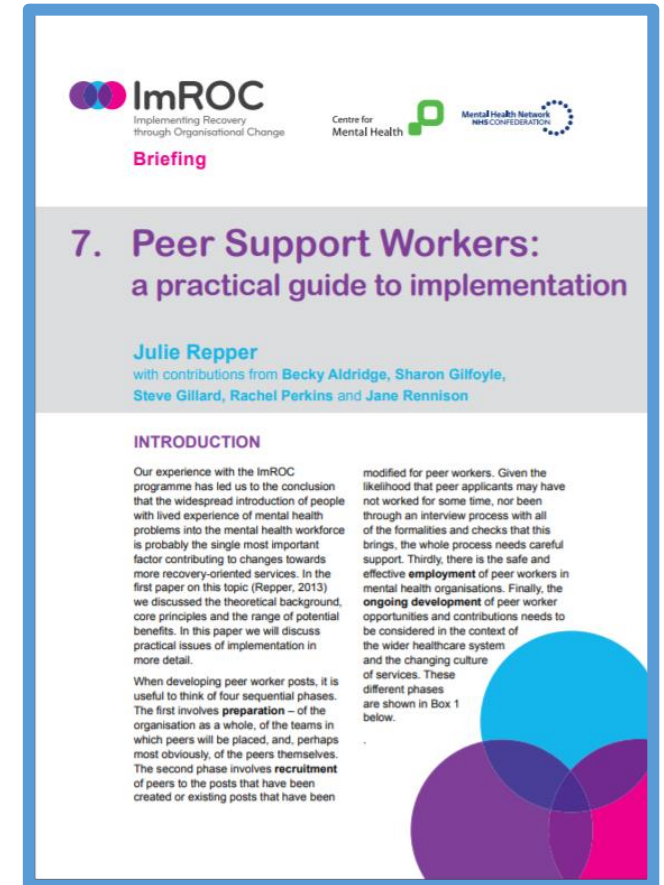
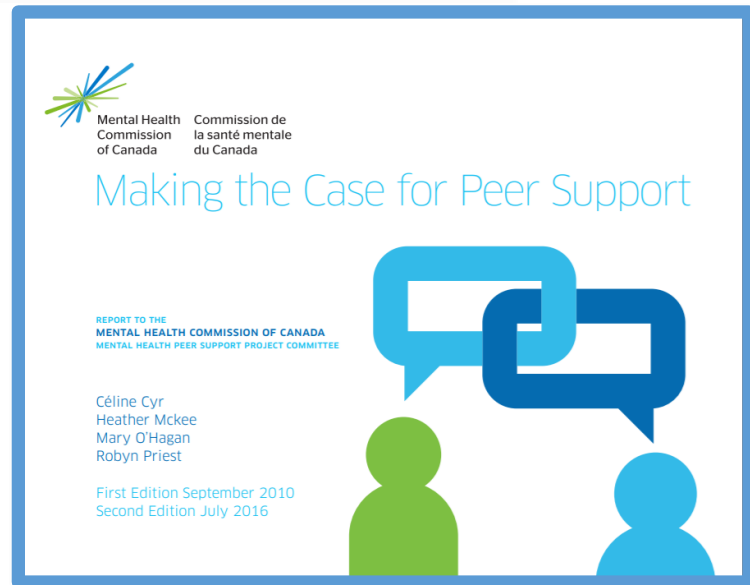
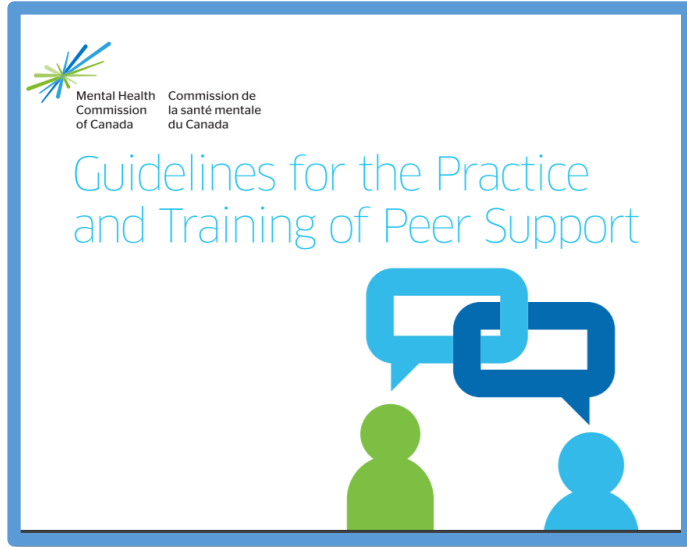


## Helpful Resource!



*Slide From Keeley Phillips, Self- Help alliance,  
Centre of Excellence, CMHA waterloo Wellington*

# Key Provincial, National & International Documents



# This initiative launched as the “Enhancing & Sustaining Peer Support Initiative”

## **Enhancing Peer Support Initiative Stream**

Provided funding for (mainly full-time) new positions and the parameters of how those positions would support person directed care in their agency.

## **Sustaining Peer Support Initiative Stream**

Was to build the infrastructure and bridge the many stakeholders affected by this initiative with ensuring a Peer Support Consumer Survivour Initiative (CSI) was the lead agency that hired and housed the Peer Support Systems Lead and a Substance Use/Provincial Systems Lead.

**Both streams officially began July 2015**

Mississauga Halton Region Enhancing & Sustaining Peer Support Initiative.  
The initiative is funded and supported by the Mississauga Halton LHIN (MH LHIN)

Enhancing Peer Support Stream

Is the 40 Peer Support positions embedded into 11 LHIN funded and accredited mental health, addiction community agencies, hospitals, central access, supportive housing, employment training, residential care and a cultural specific organization (Punjabi Community Health Centre)

Sustaining Peer Support Stream

Is the two system leads that work out of the lead agency, Support & Housing-Halton through its peer support initiative **TEACH** (Teach Empower Advocate Community Hhealth).

Peer Position Network (COP)

**The System Leads provide the monthly Peer network** meeting for those peers in two different locations (Milton and Mississauga). These meetings are for problem solving, reflection & grounding in Peer Support Values in Action/Core Skills training, continued education, skill building, de-briefing and networking etc

Peer Position Supervisors Network (COP)

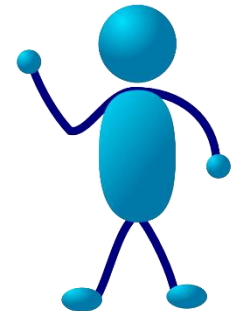
The peers are supervised within the agencies where they are employed **BUT the System Leads provide the monthly supervisors network** so supervisors can be grounded in peer support principles, the Peer Support Values in Action/Core Skills training, problem solving, skill building, de-briefing and networking etc. There is a focus on building the capacity for these supervisors to supervise peer specific issues.

# \*We Rebranded to a New Name Jan 2018

The Enhancing & Sustaining Peer Support Initiative, after three extremely successful years (2015, 2016 & 2017), did a Strengths, Weaknesses, Opportunities & Threats (SWOT)

Analysis due to the changing dynamics of healthcare, growth of peer support expertise & staff roles, and the emergent evolution of the Initiative.

It was recognized that a strategic redirection was needed and after consultations we rebranded to the Centre for Innovation in Peer Support.





# Building the Infrastructure/ Governance

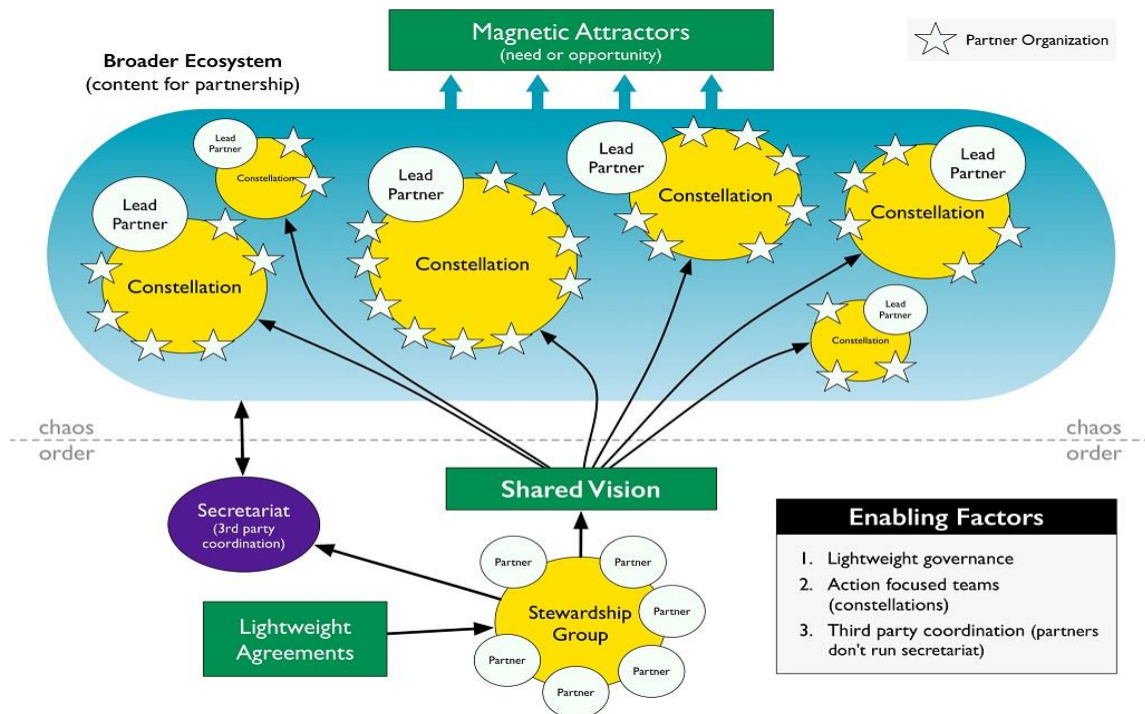


# Purpose of the Centre for Innovation in Peer Support

(As stated in the Charter 2015: Originally known as the Sustaining Peer Support Initiative)

The Centre will support the overall vision of the Mississauga Halton LHIN for optimal health care through the following:

- Enhanced capacities of, supports to and empowerment of people with lived experience and families;
- A more coordinated and integrated mental health and addiction system of support;
- The recognition and integration of peer supports as a viable and valued part of addiction and mental health treatment and recovery, and;
- Enhanced local networks of peer support and improved connection to other regional, provincial and national network initiatives and systems.



**Note:** this graphic is based on the diagram included in the 2008 article, *Listening to the Stars: The Constellation Model of Collaborative Social Change*, by Tonya Surman and Mark Surman

A closer look at what  
Constellation Governance  
provides to the Centre for  
Innovation in Peer Support

Feedback Loops

Peer Support Mobilization

Magnetic Attractors

Trust and Relationship

Organizations Preserve Their Autonomy

Balancing Chaos and Order

Generative Leadership

Balanced Leadership and Workload

Flexibility

Adaptable

Shared Voice

Nurture Clarity

Respect the Flow of Groups

Complexity Inspired Framework

Conscious Designers

Transferrable

Iteratively Build Knowledge

Action Focused

Action Inspires Action

Consciousness and Reflectiveness

Intentionality

Shared Goals

Larger Group Vision

Dynamic Systems

Process and Content

Complex Eco-System of Organizational Collaboration

Emergent Opportunities

Framework to Serve and Inform

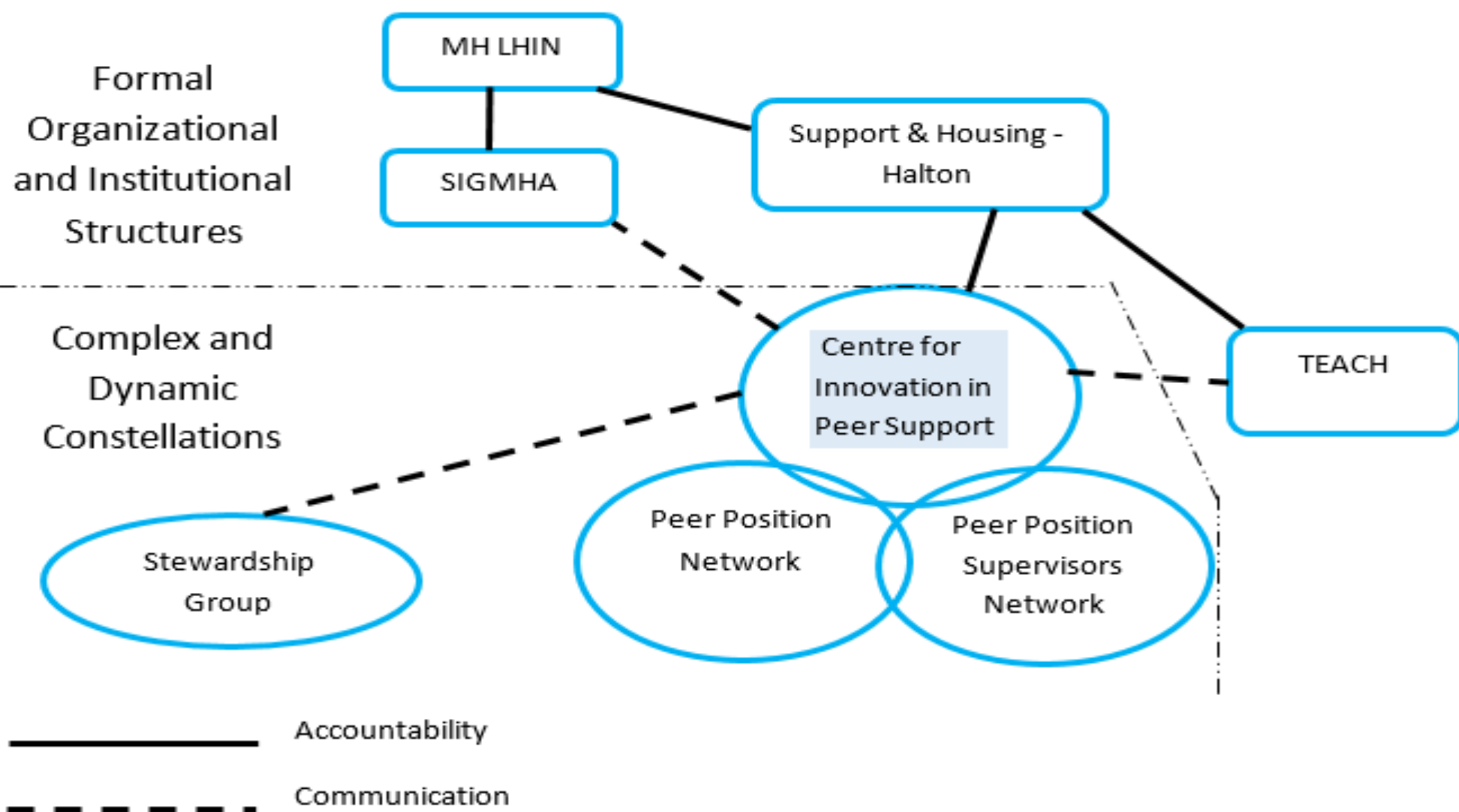
Focus on Converging Interests

Clear Vision

Social Change

Energy and Structure

## Governance Structure Centre for Innovation in Peer Support



## Development, Implementation, System Transformation & Sustainability

Engaging and supporting 11 Mississauga Halton LHIN funded & accredited Health Service Providers (HSPs) with over 40 peer support workers, 24 peer supervisors across 25 different programs in community, residential & hospital settings . Active engagement and support provided to many other HSPs & organizations ; plus regional, provincial, national & international collaborations.

### 11 Accredited HSP Partners



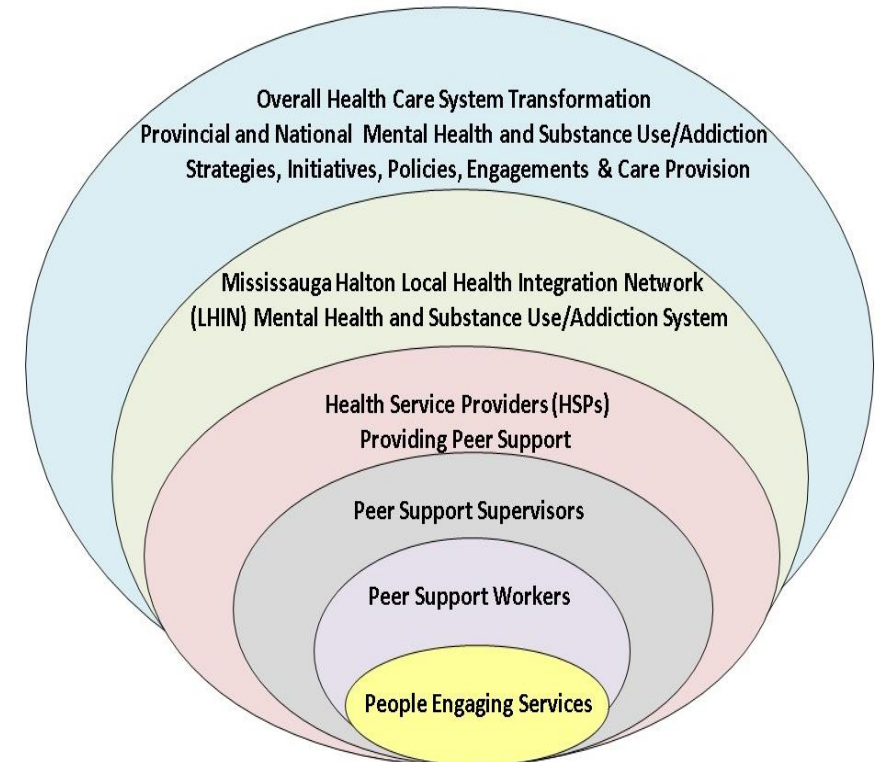
### 6 Priority Streams

- ✓ Training
- ✓ Implementation
- ✓ Evaluation & Research
- ✓ Capacity Building
- ✓ Knowledge Brokerage
- ✓ Quality Improvement

### 7 Areas of Reflective Practice

- ☐ Person Directed Services
- ☐ Developing a New Role in a System
- ☐ Emergence
- ☐ Governance
- ☐ Service Integrity
- ☐ Communities of Practice
- ☐ "Marrying" all of those

### 6 Spheres of Influence/Impact



## Programs with Staff Peer Support Positions

ACTT	Live-In Treatment Program (HOPE Place)
Addictions (Punjabi Community Health Services )	Mental Health (Punjabi Community Health Services)
Adult Community Treatment (PAARC)	Mississauga Halton Opioid Program (PAARC)
Adult Inpatient (Halton Health Care)	Older Persons (PAARC)
Adult Inpatient Mental Health Program (Trillium Health Partners)	one Link (Halton Health Care), one Link (Trillium Health Partners)
Aftercare / Continuing Care (HOPE Place)	Opioid Outreach and Treatment Services (ADAPT)
CAPIS (Halton Health Care)	Outpatient Clinic (Halton Health Care)
Community Withdrawal Management (PAARC)	Peer Mentorship Program (CMHA – Halton)
Community Withdrawal Management Services (ADAPT)	POSSE (Support & Housing – Halton)
Employment Peer Mentor Program (STRIDE)	Social Recreational Program (SHOP)
HOMES (SHOP)	TEACH/Peer Initiative (S&H-H)
Just Be You (Support & Housing – Halton)	Transitional Aged Youth Program (ADAPT)

### We also engage and train:

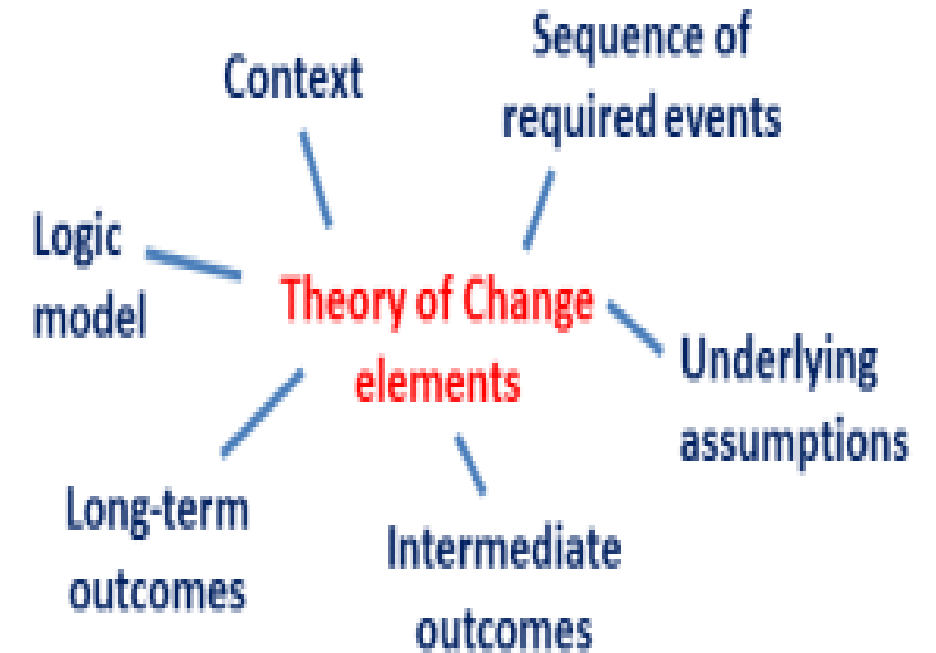
- Peers in sex trade work
- Peers in street outreach
- Peers in overdose prevention sites
- Peers in the shelter system
- Family peer workers
- Supervisors of peers in the corrections system

# The Centre's Theory of Change (TOC) Statement

“When People With Lived Experience (PWLE) are trained and take on peer support positions within the substance use and/or mental health systems AND when they are seen and supported as valued members of the service team, capacity within these systems will grow. This will be reflected in more compassionate, responsive & equitable, recovery focused substance use and mental health systems and workplaces as well as in increased satisfaction among people using services.

This initiative strives to ensure every person will be recognized, appreciated and respected for the unique person they are on their unique journey and to ensure that care provision is adaptable to the fluctuations in peoples' recovery”

(As stated in the TOC- 2016 document originally known as the Sustaining Peer Support Initiative)



# Building Capacity



# Overall Considerations

1. It is occurring in complex and dynamic systems.
2. There is a need to bridge medical/clinical hospital centric to recovery/wellness/holistic community care.
3. It involves both social change and system change.

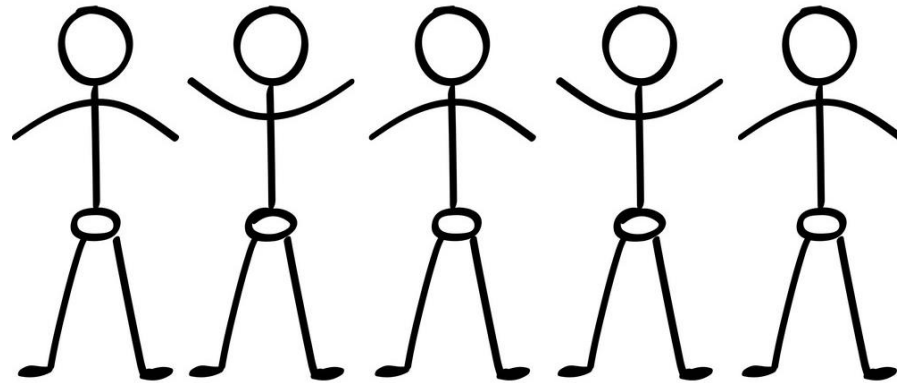
# Key Messaging

- Its not about US and THEM...its about all of us.
- We all want the best care possible for those we love and ourselves
- Our system is always growing.



"DO THE BEST YOU  
CAN UNTIL YOU  
KNOW BETTER. THEN  
WHEN YOU KNOW  
BETTER, DO BETTER."  
— MAYA ANGELOU

The Centre empowers, trains, mentors & supports  
Peer Support Staff & Peer Staff Supervisors.



**The Centre also supports organizations that  
have Peer Staff Roles.**

# Communities of Practice

Monthly meetings of peer staff and peer supervisors. The meetings offer the opportunity for everyone to stay grounded to the values, problem solve, share resources, build skills and network.

They build the monthly agendas using QI processes (e.g. feedback, brainstorming, priority setting, dotmocracy etc.).

They are now moving into shared leadership of facilitating/organizing the meetings with the members.



**Peer Position Network:** Examples of the topics and work covered in the meetings: Mindfulness, ODSP/OW, Bereavement, Mental Health Act, Problem Solving, Sharing your Story, Compassion Fatigue/Self-management, Group Facilitation, WRAP, Brief Action Planning, Harm Reduction, input on all guideline development, creation of a Peer Service list, creation of a Peer Contact list and involvement in building the Peer Knowledge Exchange Event content.

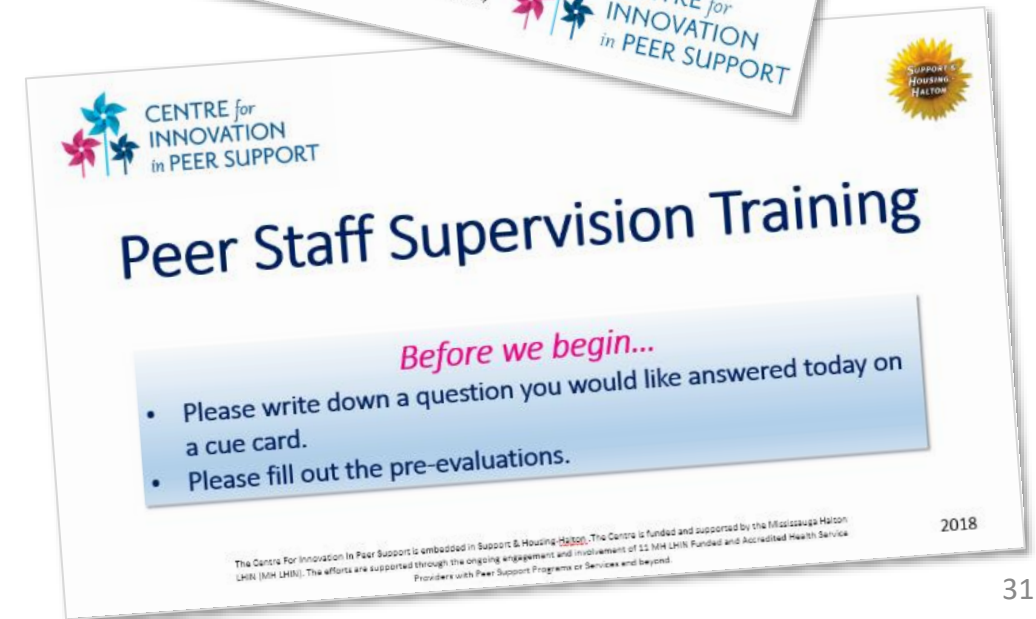
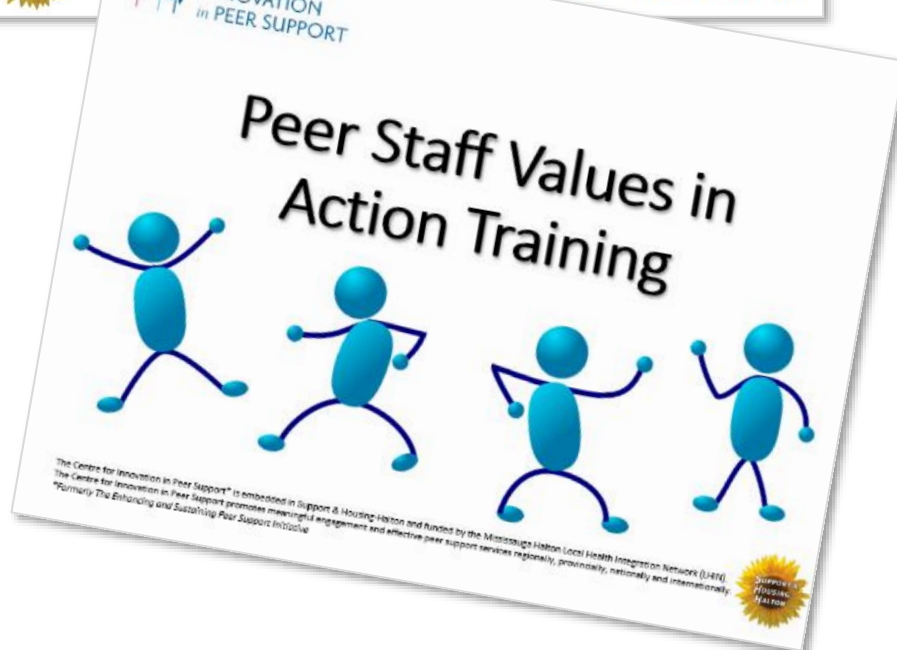
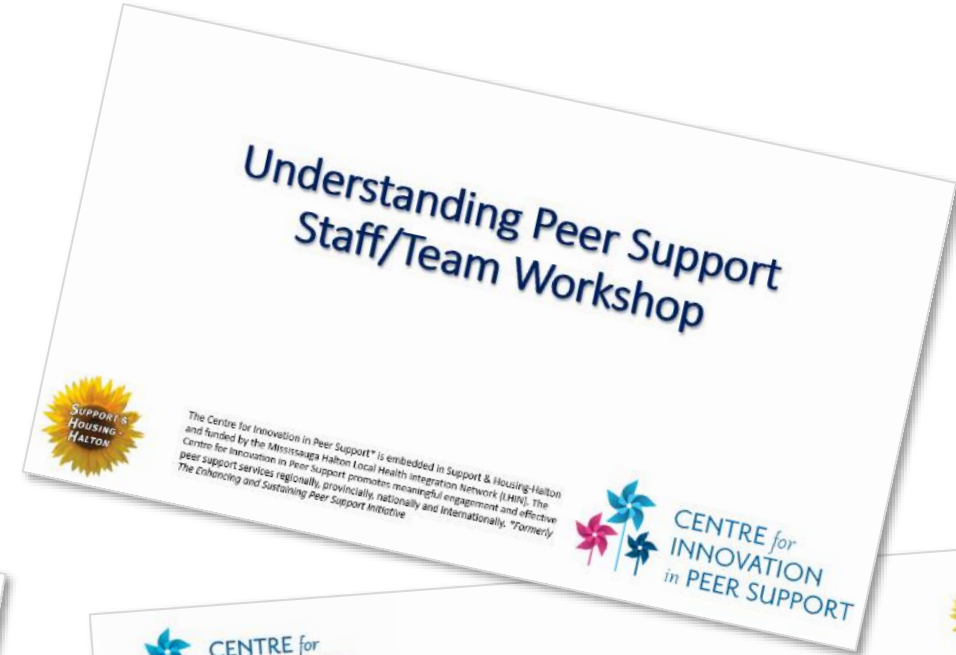
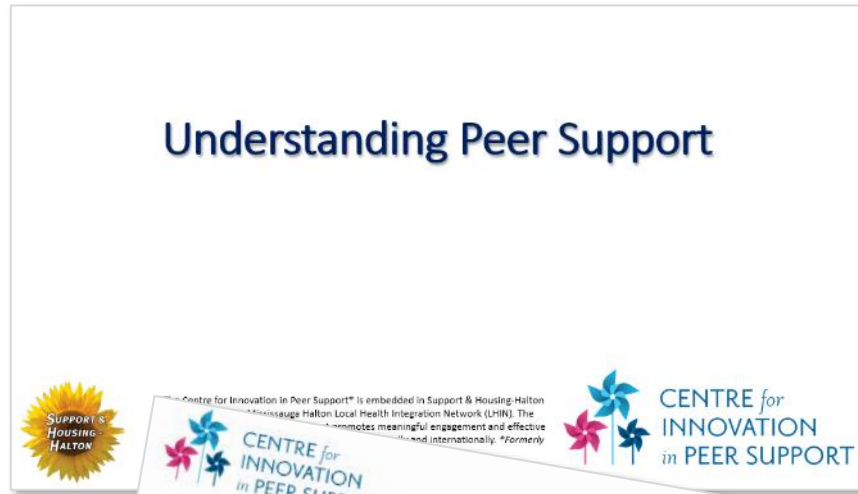


## **Peer Position Supervisors Network:**

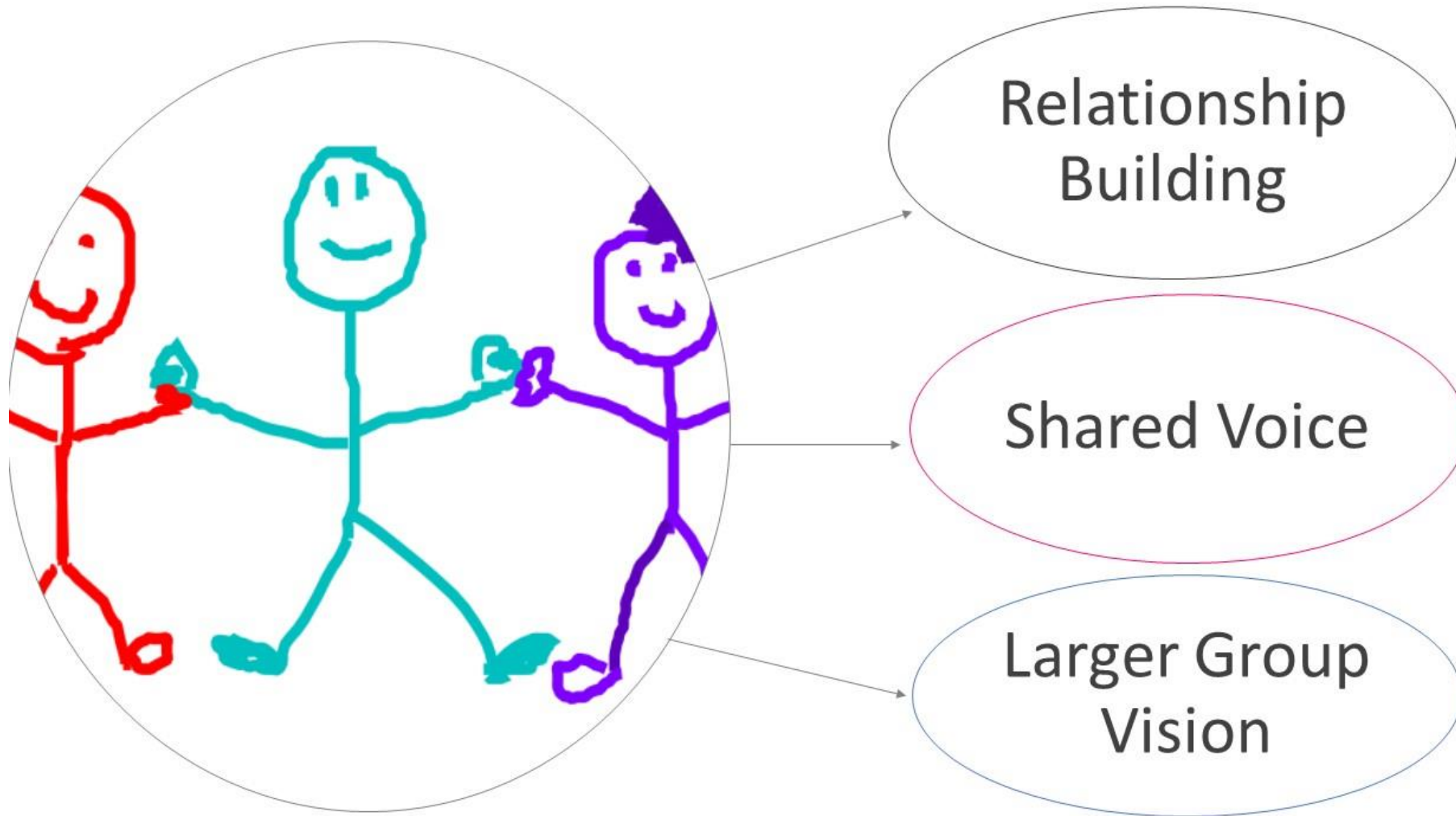
Examples of products co-created in the meetings: Hiring Peer Guidelines, Peer Promotional Material Guidelines, Documentation Guidelines, involvement in building the Peer Knowledge Exchange Event content.



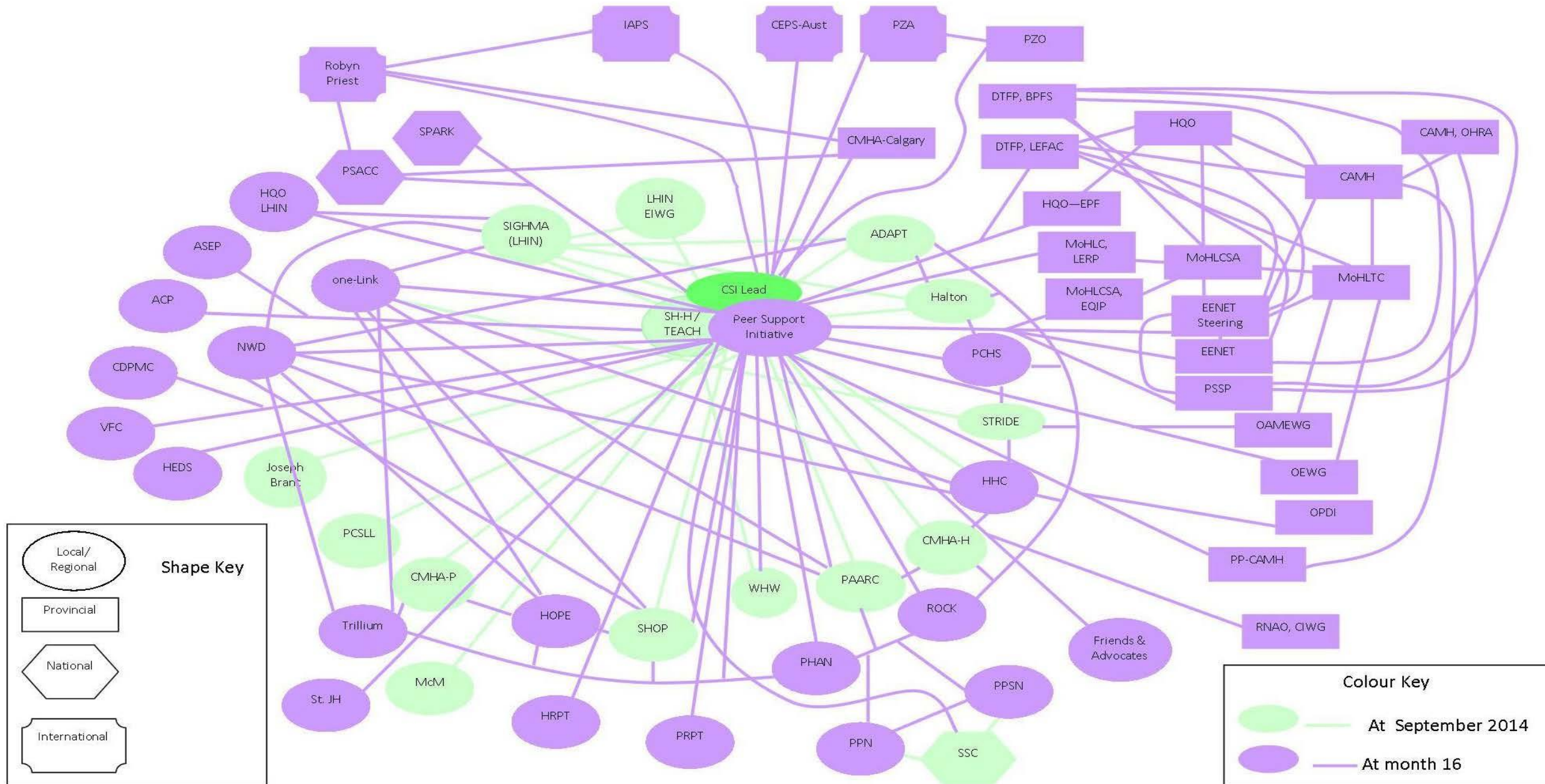
# Ongoing Trainings, Workshops and Support for Organizations



The Centre increases Connection, Linkage & Knowledge Transfer through:



Peer Support reach in Mississauga Halton LHIN BEFORE the Centre is in green (Sept 2014). The Centre's reach is mapped below in purple. (This was done at month 16 and we are now 3 years in and have an even larger network.)





## Some Examples of the Centre's Reach

- The Centre reaches just over 1,000 individuals (health promotion/education contacts) **EACH QUARTER**. Over 4,000 individual contacts per year!
- The Centre is engaged in just over 75 groups **EACH QUARTER** (trainings, leadership & policies tables etc.) Over 300 group engagements per year!
- The Centre has reached 173 organizations intersecting across Health Care, including “determinants of health” stakeholders from youth to senior sectors; and government, funders, policy, quality, evaluation & research.

# The Centre focuses on Evaluation, Outcome Measurement and Quality Improvement



“There is a need to build methodologies and outcome measures consistent with peer support values of empowerment, participation, recovery and hope”

Peer support in Mental Health and Addictions: A Background Paper. Prepared by Mary O'Hagan for Kites Trust May 2011

What type of evaluation model does the  
Centre use and why?

## **Developmental Evaluation Model**

What is it?

Developmental Evaluation supports innovation development to guide adaptation to emergent and dynamic realities in complex environments. Innovations can take the form of organizational changes, policy reforms, and system interventions

Developmental evaluation **supports the process of innovation** within an organization and in its activities. Initiatives that are innovative are often **in a state of continuous development and adaptation**, and they frequently unfold in a **changing and unpredictable environment**. This intentional effort to innovate is a kind of organizational exploration.

The **destination is often a notion rather than a crisp image**, and the **path forward may be unclear**. **Much is in flux**: the framing of the issue can change, how the problem is conceptualized evolves and various approaches are likely to be tested. **Adaptations are largely driven by new learning** and by changes in participants, partners and context. -

(Gamble, 2008, p. 13)

# Context...

We have recognized from the outset that clinical/medical models for governance, data collection, outcome measurements, work plans and project charters are not necessarily an ideal fit with the true organic nature, values base and intention of peer work. However, we need to be responsive to existing system needs.

Our entire approach has been about bridging.



## System-LHIN Perspective

Metrics with a systems impact; using metrics that HSP must report on through MIS reporting.

Days waited for service initiation

Group sessions; Group participants; non-registered client attendance

Attendance face to face

Service discharge

## Peer Support Perspective

Currently we are only looking at our first sphere of impact which is peers receiving peer supports

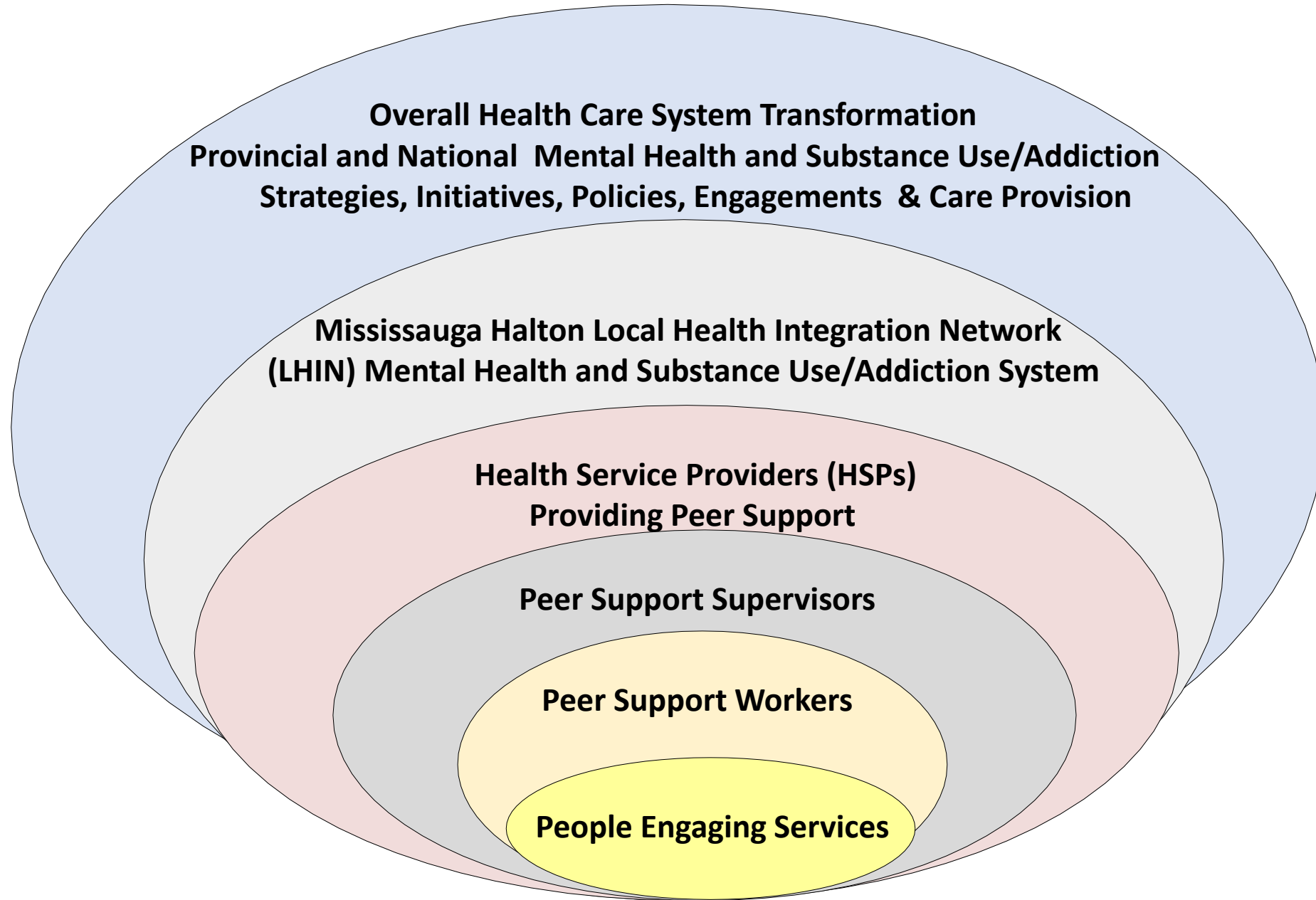
Service integrity

Recovery-oriented impacts/outcomes on peers receiving support

Peer satisfaction with peer support received (anonymized)



# Spheres of Influence/Impact





What we could NOT find in the research...

What we needed to know....



# Was authentic peer work being offered?

We implemented so many new positions, quickly, in mainstream mental health and substance use/addiction settings; known for challenges in implementation.

## How we set a priority. Peer worker survey completed over June & July 2016

What has emerged from the peer support worker survey suggests great complexity in what peer support workers are doing and in how they are doing it



Each service provider had unique expectations about roles and responsibilities for “their” peer support positions.



Role clarity and role definition were identified as top priority for the peer support workers, the peer support supervisors, and the agencies employing the peer workers.

“Such lack of clarity of purpose can act as the seed for all other implementation issues identified...” Harrison &

Read, Challenges Associated with the Implementation of Peer Staff Roles in Mainstream Mental Health and Addiction Agencies, May 2016.



Luckily we were selected to be coached by Excellence Through Quality Improvement Projects (E-QIP) for the next step!



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



**Ontario**  
Health Quality Ontario



Canadian Mental  
Health Association  
*Mental health for all*

.....we started working with E-QIP and discovered QI diagnostic tools such as Fishbone and the 5 Whys which enabled us to create problem & aim statements.

Centre Directors completed all of these Quality Improvement trainings offered by Excellence through Quality Improvement Projects (E-QIP)

Executive  
Leadership QI  
training

IDEAS training  
(Improving & Driving  
Excellence Across  
Sectors)

QI Change  
Ideas Training

QI Diagnostic  
Tools training

Experience  
Based Co-  
Design training

PDSA Cycles  
Training

Learned ways to use QI mechanisms such as Root Cause Analysis, Fish Bone Diagram, The 5 Why's and Pareto Charting to identify the Problem Statement, Change Ideas, Triangulate Scope, Boundaries, create an Aim Statement, identify Key Milestones, Timelines and develop Barriers and Mitigation Strategies.

# What became clear....

- We could not measure the outcomes of peer work in our region if we did not know if authentic peer work (based on the values) was being provided to people.
- We needed to find a way to measure the perceived values based behaviours people receiving services were/or were not experiencing to create baseline data.
- There was little research on directly what values based behaviours looked like.  
(Provincial Systems Support Program's (PSSP) Evidence Exchange Network EENet) housed at Centre for Addiction & Mental Health (CAMH) completed a literature review for us to support this)
- We needed to have everything informed by people engaging in services (and caregivers)
- We needed to ensure a credible research methodology process/rigour, so our work could be seen as evidence in our region to continue moving peer work forward.

# QI Problem Statement & Aim Statement...

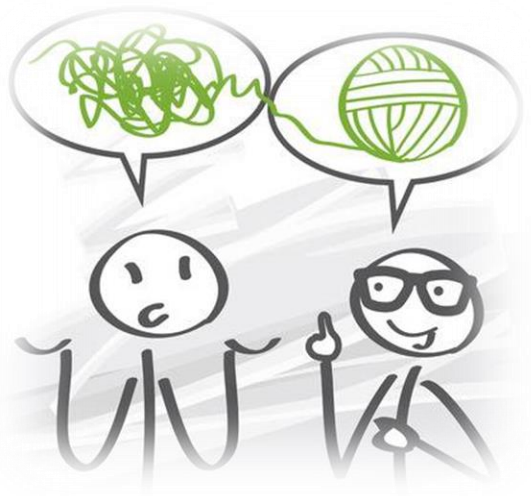
## PROBLEM STATEMENT:

Peer support is based on values: hope & recovery; self-determination; empathetic & equal relationships; dignity, respect & social inclusion; integrity, authenticity & trust; health and wellness, and; lifelong learning and personal growth. It is unknown whether these values are current in present practice. We need to determine the degree to which these values are present as perceived by people receiving peer services.

## AIM STATEMENT:

By November 30, 2017, we will improve by 30% the number of people using peer support who perceive that the service they receive is aligned with underlying values: hope and recovery; self-determination; empathetic and equal relationships; dignity, respect and social inclusion; integrity, authenticity and trust; health and wellness, and; lifelong learning and personal growth.

\*(We are using the peer support values identified by Mental Health Commission Canada)



Due to the emergent nature of this initiative there was not any baseline data so we needed to develop the tools to create baseline data on values-based quality peer support work and its impact.



Development of Research Tool:  
Integrity, Quality and Impact of Peer Support

# We created a validated tool to measure...



1. **Integrity**- Is peer work actually taking place

2. **Quality**- How are people feeling about services/peer services

3. **Impact**- Do people feel peer work is impacting what the evidence has said it does.

Encourage you to express your needs

**Honour commitments**  
**Genuinely listen**

Share their experience in a helpful way

Discuss confidentiality with you

**Demonstrate ways they take care of themselves**

**Not express disapproval of you or the choices you make**

Encourage you to do things for yourself instead of doing things for you

**Peer Support Worker Values in Action**

**Tell you your feelings & opinions are worthwhile**

**Remind you that health & wellness is unique to you**

Confirm that you are NOT alone

**Learn from you Believe in you**

**Give encouragement**

Explore a range of options

happy  
supported  
optimistic  
safe  
good  
uncomfortable  
worried  
lonely  
uncertain  
sad

OR write you own words here:

1. Meeting with a peer support worker has helped me be more hopeful about my life.
2. Meeting with a peer support worker has helped me get connected to appropriate supports and services.
3. Meeting with a peer support worker has given me more confidence to tell health providers what I need.
4. Meeting with a peer support worker has improved my ability for self-care (i.e. activities and practices that are engaged in on a regular basis to maintain and enhance a person's short- and longer-term health and well-being.).
5. Meeting with a peer support worker has helped me deal more effectively with crises in my life.
6. Meeting with a peer support worker has decreased my need for emergency and crisis services.
7. Meeting with a peer support worker has made my experience with mental health and addictions services better.

# Initial Findings from our Reliability (test/re-test) Process

## Integrity

The mean (average) score for **all items was very positive**, meaning there was a high degree of perceived alignment between the way peer support workers behaved and the values of peer support.

## Quality

People reported significantly more positive emotions about peer support than they did about services prior to engaging in peer support (**e.g.. 70% experienced negative emotions about services in general BUT reported 80% positive emotions regarding the peer support service they received**)

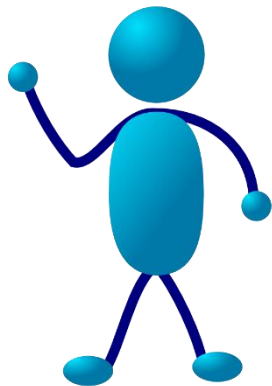
## Impact

**More than 80% agreed or strongly agreed that having peer support:**

- Helped them be more hopeful about their life
- Gave them more confidence to tell health providers what they need
  - Helped them deal more effectively with crises in their life

**Between 75% - 79% agreed or strongly agreed that having peer support:**

- Helped them get connected to appropriate supports and services
  - Improved their ability for self-care
- Decreased their need for emergency and crisis services



# Peer Staff and Peer Supervisor Surveys


Surveys focus on implementation, and the perceptions of peer staff and peer supervisors regarding communication, support/collaboration, wellness, and recognition of values based peer work

All networks are meeting in the spring to go through a QI process with all the survey results, including the service integrity measure !!!

The Centre has been recognized as a provincial Promising Practice by Provincial Systems Support Program's (PSSP) Evidence Exchange Network (EENet) housed at Centre for Addiction & Mental Health (CAMH)

<http://eenet.ca/resource/centre-innovation-in-peer-support-improving-lives-in-mississauga-and-halton>

We are thriving and driving change through innovation, excellence and continuous quality improvement processes. The emergent nature of innovation allowed us to carve a unique identity as a recognized leader.



## Promising Practices

March 20, 2018

### Centre for Innovation in Peer Support: How Peer Support is Improving Lives in Mississauga and Halton

#### Background

More than 10% of Canadians experience mood, anxiety, or substance use disorders.<sup>1</sup> Many who seek services for these problems look for support from others who had a similar experience and are now in recovery.<sup>1</sup> This type of support can be critical to success when trying to adopt healthy and positive behaviours.<sup>1</sup> In short, people with lived experience can play an important role in helping others achieve recovery from mental health problems and addictions.

Peer support can come in a variety of forms, including groups and one-on-one support, recovery education, social enterprises, and advocacy services.<sup>1</sup>

#### How Mississauga Halton LHIN Integrated Peer Support

While more peer support workers are available now than in the past, there's still a gap between their availability and the needs of those with mental health problems and addictions.<sup>1</sup> The Mississauga Halton Local Health Integration

*"At the time, recovery" still seemed too good to be true and there was always the fear of relapse or that I was deceiving myself by thinking I was better. When I met the peer, my faith in recovery was sealed."*  
Peer engaging in peer support

Network (LHIN) decided to do something about this gap.

Since it was established, the LHIN has had people with lived experience, family members, and caregivers sitting at the planning table for mental health and addiction services and programs. And in 2014, they became pioneers in the province by making peer support for mental health and addiction a sustainable funding priority.

To ensure that peer support would serve the needs of those who are accessing services for mental health and addiction problems, the LHIN brought together more than 70 persons with lived experience, families, caregivers, and peer workers to identify the core elements of effective peer support. These elements include support groups, social activities, recovery education, infrastructure, and advocacy services.

\* There are dynamic discussions in the field of peer support about the use of the term "recovery". The Centre has adopted a broad definition and often prefers to include or replace it with the term "wellness". For the purposes of this article, we will continue to use the term "recovery"

**camhPSSP**  
Provincial Systems Support Program

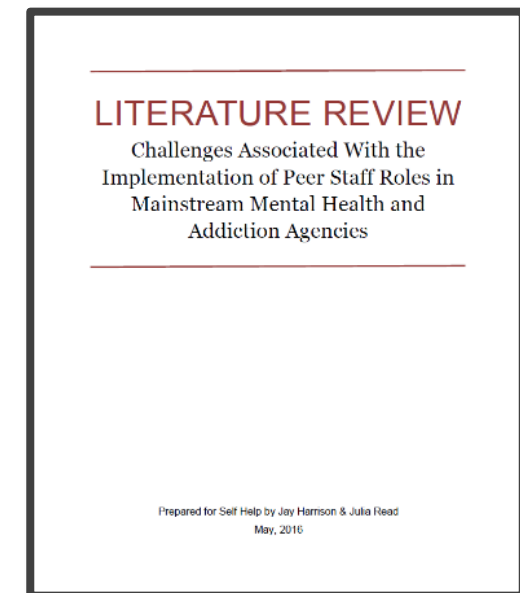
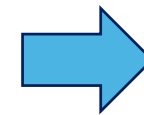
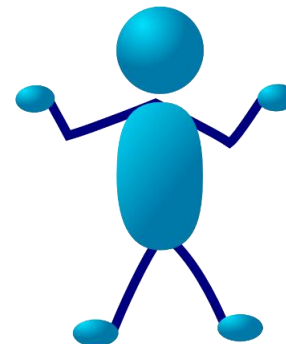
Evidence Exchange Network (EENet; formerly CMHAKEN) actively promotes the use of research evidence in decision-making by providing an infrastructure to connect research and researchers to mental health and addictions research stakeholders across Ontario, develops targeted KT products and tools, and supports interactive exchanges. The EENet Management and Resource Centre is located in the Provincial System Support Program at the Centre for Addiction and Mental Health (CAMH).

# Final Thoughts: Challenges and Approaches



# Key Challenges

- Ensuring common training/language for all peer positions
- Lack of common understanding of peer work and its impact in the system.
- Bridging clinical practices with peer work values
- Distinction between peer role issue and any staff performance issue
- Lack of baseline data for quality measures
- No consistent way to measure peer work integrity
- We work to negotiate many of the challenges raised in ....



# How We Approached The Key Challenges

- Engaging all stakeholders
- Stay grounded in common values and language
- Peer Knowledge Exchange Event
- Communities of practice
- Developing guidelines
- Consistent messaging and training for peers, supervisors, teams and systems
- Developing a tool to address role clarity and impact/outcome
- Recognizing it was more than introducing a new role, it was system transformation.
- Reminding everyone it is about relationships...with everyone.



# Visioning for “next steps” of our Evolution

Can intentional peer support roles expand beyond mental health & addiction, and bridge into all healthcare services?



The Centre for Innovation in Peer Support went back to the Provincial Evidence Exchange Network (EENet) and put in an application request for a literature review on the core elements, trainings required and impacts of intentional peer support across health care services.

# What are the conclusions of the EENet Evidence Brief?

“Peer support programs have positive outcomes for people with a range of health conditions, including diabetes, chronic disease, mental illness and cancer. They help people manage their illness by providing emotional and social support, and by employing peer workers who have gone through similar experiences as participants. While research on the effectiveness of peer support programs is building, little is known about which elements contribute to program success.

The core elements of peer support programs across a range of disciplines include:

1. Training, supervision and monitoring;
2. Providing social connection and support;
3. Creating a safe environment;
4. Ongoing engagement of peers and participants;
5. Recruiting peer workers with specific peer characteristics.”



<http://eenet.ca/resource/what-are-core-elements-peer-support-programs>

The author of the full 8 page rapid review Evidence Brief is Rebecca Phillips Konigs, Knowledge Broker.

The author would like to acknowledge Fiona Inglis a CAMH Librarian, for assistance with the database search and, for editorial support, Rossana Coriandoli, Communications Coordinator.

# Awards to the Centre for Innovation in Peer Support

- **2017 Recipients of the Ontario Peer Development Initiative (OPDI) Lighthouse Innovators Award-** The Initiative was selected based on multiple criteria: Creative partnering; Peer driven research and evaluation; Peer leadership in system design & creation; Innovation in peer delivered service; Funding of peer driven services; Quality Improvement; Health Equity; Fostering consumer survivor initiatives(CSI)/peers to provide expertise & evidence.
- **2017 Recipients of the Addictions & Mental Health Ontario (AMHO) President's Shield Award-** The award is presented to an individual/team who has demonstrated leadership in the field of mental health and addiction; Proactively identifying novel and creative ways to improve upon processes or service delivery; Implementing change in a positive manner and striving to ensure its success; Building strong relationships that support a high level of trust and credibility; Leading with behaviours reflecting equity, diversity and inclusion; and Providing outstanding contributions to the field of mental health and addictions.
- **2016 Association of General Hospital Psychiatric Services (AGHPS) Celebrating Innovation Poster Presentation Award** - The Initiative was the recipient of this award after being selected to present for the AGHPS 6<sup>th</sup> Summit's Poster Session on Celebrating innovation. The feedback was that this initiative (with peer support within hospitals, regional support strategies, and LHIN funding commitments) should be the provincial standard.

“When allowed full and equitable political and social power with meaningful involvement in healthcare governance, policy development, planning, delivery, and evaluation, people with lived experience, family members and peers can provide unique and relevant context upon which to work with and base decisions on.

The lived experience of people, families and peer support is shaping the cultural shift from ‘storytelling’ to evidence, providing evidence and empowering each other to inform across the evidence chain.

It provides a road-map to affirmative change” –Betty-Lou Kristy, Centre White Paper