Mental Health Commission of Canada · Commission de la santé mentale du Canada

Peer Support Workers Communities of Practice Discipline Summary

At Home/Chez Soi Peer Support Workers Communities of Practice

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INTRODUCTION

The following document reflects our thinking around Peer Support Worker (PSW) knowledge and practice. It is our hope that the Peer Support Workers Communities of Practice (PSWCoP) Discipline Summary contributes to PSW practice in Canada. Peer Support Workers are people with lived experience of mental health issues, homelessness, and/or addictions. Our practice is based on "meeting people where they're at", promoting wellness, and having the ability to say "I've been there too" or "things changed for me". The people we work with say we give them hope. Many of us are working with you on community based teams right now, or in hospital settings where we may come to see a person who you are working with.

Collectively, we have significant experiences of success in supporting people living with mental health issues, homelessness and/or addiction issues. We know this work is important. We want more PSWs working as team members within the mental health system in Canada.

The document attached is an initial attempt to outline the guiding principles and philosophies that support our practice. It is also intended to provide various stakeholders with a framework for the specific skills that PSWs bring to mental health teams. It is the result of a collaborative effort by the Mental Health Commission of Canada's At Home/Chez Soi's Peer Support Workers' Communities of Practice. At Home/Chez Soi is a research demonstration project that is providing housing and supports (Assertive Community Treatment [ACT] or Intensive Case Management [ICM]) to people who are homeless and living with mental health issues. There are PSWs on all five At Home/Chez Soi ACT teams, as well as on a number of the ICM teams. For more information on At Home/Chez Soi go to www.mentalhealthcommission.ca

Our hope is this kind of document will begin the process of integrating more Peer Support Workers within the system. Our suggestion is that we need to have better conversations about PSW. We encourage you to meet with practicing Peer Support Workers, ask questions about the work they do, and read this document; we hope it adds to your understanding of Peer Support Work.

Sincerely,
The At Home/Chez Soi Peer Support Workers Communities of Practice (PSWCoP)

In the photo: Members of the At Home/Chez Soi Peer Support Workers Communities of Practice – Jeremiah Bach (Chair), Suzelle Parent (Montreal ACT Team) and Jolanta Krysinski (Vancouver ACT Team)

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PEER SUPPORT WORKERS COMMUNITIES OF PRACTICE DISCIPLINE SUMMARY

1) **MISSION STATEMENT:**

To foster, develop and implement Peer Support Work on the At Home/Chez Soi project to better support participants in the five project sites, while contributing a unique perspective to the discipline of Peer Support Work more broadly. The Peer Support Workers Communities of Practice (PSWCoP) uses an approach that recognizes the value of developing peer support practice, while also strategizing better ways to improve interdisciplinary practice as part of Assertive Community Treatment (ACT) teams and Intensive Case Management (ICM) teams.

2) **CORE VALUES/PRINCIPLES:**

I. To meet and engage clients "where they are at".

II. Uphold the rights of participants to have their voices heard.

III. Treat participants with respect, and expect respect in return.

IV. Help people move forward, regardless of their diagnostic criteria and status.

V. Realize that relating based on shared experience is unparalleled in terms of therapeutic value.

VI. Recognize that Peer Support Workers (PSW) have a different level of empathy than those without lived experience, which includes challenging people to be "better" and accountable.

VII. The ability to share one's own story, and show a level of vulnerability as a central component of practice.

VIII. Fostering independence, and resisting dependencies in working with participants.

IX. Taking chances in being honest and using direct communication with participants.

3) THE DISCIPLINE OF PEER SUPPORT WORK ON AT HOME/CHEZ SOI

In developing recommended criteria for Peer Support Work, the PSWCoP has taken into account existing guidelines on PSW in the At Home Chez Soi project included in the Fidelity Scale. Overall, the At Home Chez Soi project's fidelity scale is meant to insure that the tenants of the *Housing first philosophy* are being implemented in the services provided in the sites. Peer Support Workers are one component of this. The Fidelity Scale definition of PSW was developed based on the Pathways to Housing model and sets national criteria for PSW across the five project sites. The criteria in the scale states that a PSW:

I.   (1)self-identifies as an individual with a serious mental illness who is currently or formerly a recipient of mental health services; (2) is in the process of his/her own recovery; and (3) has successfully completed training in wellness and recovery interventions.

II.   In considering this framework, the PSWCoP has expanded this criteria to better reflect the work and knowledge of the group. The following are the PSWCoP suggestions for a definition of PSW that reflects the national and site specific aspects of peer support work on At Home/Chez Soi:

   a.   Work towards a national definition of peer support that draws on experiences of mental health issues and homelessness, while also recognizing relevant site/city specific lived experience. This mode of practice caters to participants needs' by including a definition of PSW that includes a diversity of experiences;

   i.   National Criteria:
   - self-identifies as an individual who has experienced marginalization/oppression as a result of having mental issues, and/or homelessness, and/or addictions.

   ii.   Local Criteria:
   - Mental health\homelessness experience.
   - Is contingent on the experience and identity of participants in a given community/site.   PSW's draw on their experiences with migration, Aboriginal cultural identity, racialization ,language barriers, rural homelessness, and Justice system experience; to respond to the needs of local People With Lived Experience (PWLE) communities.

4) **BACKGROUND/APPROACHES TO PRACTICE ON AT HOME/CHEZ SOI**
   I. While applying similar principles and values, PSW's take up site specific titles in their work including Peer Specialist, Peer Support Specialist, Peer Advocate, Human Service Councillor, and Case Manager.
   II. PSW's are part of both ACT and ICM teams on At Home/Chez Soi, which means PSW principles are applied in different ways based on the structure and culture of individual teams.
   III. As part of At Home/Chez Soi, PSWs practice Housing First informed Peer Support Work that:
       a. Is based on a lived experience perspective which negotiates the realities of working from a Housing First Model (e.g., supporting housing choice; navigating scarce housing market; determining democratic methods for re-housing participants).
       b. Has a holistic view of service that weighs out individual participant and broader participant community needs.

5) **SPECIFIC SKILLS:**
   I. *Transforming lived experience into Peer Support Practice*
       a. Draw on in-depth analysis of personal and peer community knowledge in practice
       b. Engage in participant interactions which negotiate complex boundaries of self-disclosure and appropriate working relationships.
       c. Experiential knowledge of services creates highly specialized knowledge of potential resources for a wide array of participants.

   II. *One-to-one Counselling/Support/Advocacy*
       a. Practice a bottom-up approach to working relationships that starts from "where the participant is at":
           i. Sees the potential for addressing participant's needs even in minor interactions, regardless of whether there is a specific goal or plan involved.
           ii. Depart from the clinical methods of using traditional assessment tools, or discipline specific modalities, to achieve optimal peer working relationships.

b. Care is provided within the case management model, but with high emphasis placed on self-direction by the participant and on peer working relationships, the approach to care translates into an alternative to traditional case management models.

c. While not following particular counselling framework, utilize multiple models of peer relevant counselling methods including; motivational interviewing and reality therapy to inform peer practice.

d. Helps facilitate reframing of participants experiences:
   i. From internalized doubt, blame, etc. towards experience as valued knowledge.
   ii. That are negative, to see them through a lens of individual and systemic discrimination.

e. Works from a strength based peer approach which is informed from a position of lived experience.

f. The ability to work with the idea that failure is an important experience
   i. Work with participants and encourage participant's ideas and projects, even if they are not "attainable" from the perspective of the worker.

g. Relates on an experiential level that not only nurtures and supports, but also challenges participants.

h. Negotiates ways to provide service that facilitate empowerment in housing decisions, and resists creating dependencies.

i. Advocate for the rights of participants inside and outside the mental health system.

III. *Peer and Peer Informed Group Settings*

a. Groups are based on community connections and decreasing isolation.

b. Creating meeting spaces that are more relaxed and inclusive, which includes groups away from the office.

c. Groups also "meet people where they are at", and are built from the bottom up.

d. See Groups as a valuable space in which for peer relationships to develop.

e. View activities and outings as having a parallel value in terms of relationship building and recovery principals, compared to traditional groups.

IV.   *Facilitating community relationships*
   a. Possess community development skills which transfer to drop-in management where applicable.
      i.   Help foster peer relationships among participants that include support and friendships.
   b. Empower participants to seek out alternatives in the community that fit their medical, support, and cultural needs.
   c. Unlike inpatient, and to some extent outpatient clinical settings, PSW's on ICM and ACT teams on At Home/Chez Soi have fully integrated relationships in the community, and can draw on individual and community connections in their sites. PSW's have well established boundaries, yet "insider" knowledge of their sites.

V.   *Negotiating Peer Principals in Clinical Settings*
   a. Develop working relationships around medication that foster participant autonomy over treatment.
   b. Use models such as Gaining Autonomy through Medication (GAM), to help participants think through their relationship to medication in individual and group settings.
   c. While sometimes involved in medication dispension, promote choice and learning about medication among participants.
   d. Legislated Treatment in the Community (LTC)
      i.   Recognizing the tensions between peer work and LTC in terms of participant's autonomy.
      ii. Grounded in recovery principles, and help find eventual alternatives to LTC for individuals under legislation.

VI.   *Interdisciplinary communication and teamwork*
   a. Peer informed documentation:
      i.   PSW's are versed in recovery language, and take a narrative approach to documentation that captures interactions with the intent of relaying experience, rather than medicalized descriptions.
      ii. Engage in limited assessment, using the least harmful and non-stigmatizing language, and are done in collaboration with the participant.
   b. Educate team and broader community on peer support and peer support principles.
   c. Can be a resource on language used by participants that may be unfamiliar to the rest of the team.

6) THE RELATIONSHIP BETWEEN EDUCATION AND EXPERIENCE IN PEER SUPPORT WORK POSITIONS

Anchored by experience Peer support workers come from a variety of educational experiences that inform their practice. However, unlike other disciplines which determine a fixed pay scale based on level of education(i.e social work is categorized as Social work 1 and Social Work 2), Peer Support Work positions should take education into account only so much as it contributes to the style and type of an individual's practice. Overall, the role of education in this understanding of PSW informs the type of groups, individual practice, and wider team education.

I. Recognize the importance of specific training related to Peer Support positions, however training certificates should not necessarily be pre-requisite in acquiring PSW position:
   a. Personal, community, and educational experience should be considered on par with Peer Support Work certificates
   b. Includes equally valuing the experience of those who "grandfather" peer support certificates.
   c. Put focus on acquiring Peer Support Work certificates on-the-job, so PSW's can improve practice and remain current in terms of Peer Support knowledge.