



**Alberta Health  
Services**

**This material is intended for general information only and is provided on an “as is”, “where is” basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information.**

**This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.**



**Knowledge Bites Lunch 'n' Learn**

**September 15, 2020**

---

# Peer Support Pilot in Five Community Services

January 2017 – May 2018

---

# Pilot goals:

- Strengthen and enhance recovery-oriented practice
- Support the personal recovery of clients

---

# Evaluation goals

- Understand impact on clients, peer support workers, and program staff
  - Understand the processes and ingredients needed for a successful peer support role
-

---

# Types of support

Program	Group support	Individual support
ACT	12%	87%
Airdrie Clinic	76%	24%
Carnat Centre	54%	45%
NE Clinic	37%	63%
NW Clinic	87%	13%

---

Data from January 2017 to March 2018

---

# Types of support - groups

- Attending existing groups to connect with peers
- Assisting with/co-facilitating pre-existing groups
- Assisting start-up of new clinic-based groups
- Initiating and co-facilitating groups in clinic with community partners
- Initiating and supporting peer-led groups



---

# Types of support - individual

Clinic/Program	Number of clients	Mean number of sessions
ACT	39	11 ( <i>SD</i> =12.8)
Airdrie Clinic	18	3 ( <i>SD</i> =2.6)
Carnat Centre	71	6 ( <i>SD</i> =11.4)
NE Clinic	50	8 ( <i>SD</i> =9)
NW Clinic	uncertain	

---

# Types of support - Individual

- Conversation focused coffee shop or clinic visits or walks together,
- Activity together, e.g., fitness centre,
- visiting/trying a community resource/activity together,
- new referrals on the clinic waitlist assisted with finding resources to support the person while they waited

---

# Client outcomes

Did we use a tool?

# Client feedback

Did receiving peer support help you:	No	Yes, to some extent	Yes, definitely
Feel more supported now?	0%	34%	64%
Feel more hopeful about your future?	8%	40%	51%
Feel more able to manage life's challenges?	4%	47%	47%
Feel more confident in your strengths?	4%	38%	55%
Better understand what 'recovery' means?	2%	43%	51%
Have more ideas about how to take care of yourself?	0%	34%	55%
Become involved with a community activity or organization...?	15%	45%	38%
Expanded your support network...?	11%	45%	43%
Feel more prepared for the time when you'll be discharged?	15%	47%	38%

Collected January 2018, n = 53

---

What does peer support mean  
to you?

*“A bridge between being lost in  
yourself and reaching out to  
people and the rest of society.”*

---

What have you learned through peer support?

*“I've learned that instead of negating myself, I can look into my life optimistically, and also, take hope.”*

---

# Client focus group themes

- Comfort level
- More social, more connected with each other
- An activating influence
- Recovery is about managing and doing

# Clinician observations

Area rated	Quite a bit or a lot improved	
	Oct 2017	Apr 2018
Confidence in strengths	53%	78%
Engagement in treatment	52%	74%
Hope	51%	69%
Community relationships & friendships	43%	61%
Self-management	38%	53%
Meaningful community activities	54%	50%
Readiness for discharge	15%	22%

Oct. 2017, n clients rated = 62. April 2018, n clients rated = 33



---

# Clinician comments

- The 'this is all there is' view changed.
- Client-to-client friendships → natural supports
- More motivated re doing things in the community
- Growth in self-efficacy and self-confidence
- More engaged

---

# Impact on peer support workers

- Team integration
- Supports in role
- Satisfaction with role
- Personal impact

---

# Team integration

## What contributes?

- Program's openness and interest.
- Understanding of the peer support role and its benefits.
- Good communication, coordination and collaboration with the rest of the team.
- Feeling valued, respected, included.
- Receiving referrals and hearing that peers have shared positive feedback with their therapist.
- Opportunities to share peer support work and perspective.
- PSW's increasing understanding of the team.

## What hinders?

- Staff showing little evidence of openness to or interest in the peer support role/work.
- Staff being more oriented towards illness than recovery.
- Staff conversations that include negative, devaluing language about clients.
- Negative team dynamics.
- Fear that peer support role will encroach on/threaten other roles

PSW interviews in May 2017, Nov. 2017, April/May 2018.  
Not all were interviewed at all times.

---

# Supports in peer support role

<b>Helpful (although some mixed reviews)</b>	<b>Missing or need more of</b>
<ul style="list-style-type: none"><li>• PSW community of practice</li><li>• Mentorship</li><li>• CMHA peer support training</li><li>• Meetings with fellow AHS PSWs</li><li>• Supportive and open management</li><li>• Allies/champions on the team who share recovery values and philosophy</li><li>• Connecting with the broader peer support community</li><li>• Being supported to attend peer support conferences</li></ul>	<ul style="list-style-type: none"><li>• Means of resolving differences with leadership</li><li>• More shared values and understanding of recovery and peer support on the team</li><li>• More connection with other AHS PSWs</li><li>• The value of the community of practice is limited by it having very few peer supporters who are working in clinical settings, and thus few who can relate to the kinds of issues faced in the clinical setting</li></ul>

---

# Role alignment with values

Contributes	Hinders
<ul style="list-style-type: none"><li>• Given autonomy and trust</li><li>• Supported by team to practice according to peer support training</li><li>• Role respected</li><li>• Using recovery language in charting increases team's understanding</li><li>• Outreach team setting makes meeting in non-clinical setting natural</li><li>• Observable impact on clients promotes peer support's value</li><li>• Manager's message: 'be open to the possibilities'</li><li>• Team lead's open door policy and 'mistakes are ok' message</li></ul>	<ul style="list-style-type: none"><li>• Doing a lot of administrative assistance type work</li><li>• Limited opportunities for conversations with peers</li><li>• Not having a job description that clearly defines the peer support role</li></ul>

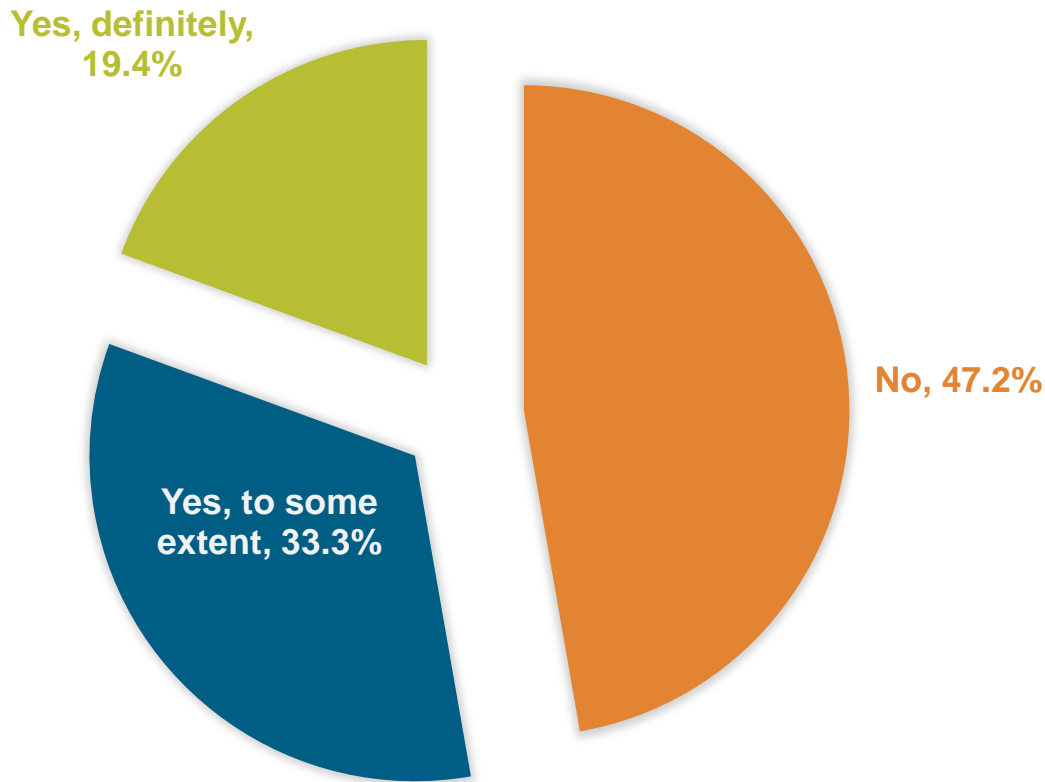
---

# Impact on clinic/program

- Staff understanding of recovery
- Changes in practice

---

# Has working with a PSW changed clinician understanding of recovery?



---

# Staff discussions

- Staff in two programs said:
  - more holistic view of their clients
  - recovery more in the forefront
  - more optimism about the possibility of recovery.
- Another said:
  - Matched with current understanding of recovery
  - Concrete example helped conceptualization



---

# Changes in practice

## Recovery Self-Assessment scale

- Evidence of improvement
- Not statistically significant

Recovery-oriented practices related to clients' life goals	% strongly agree	
	Jan/Feb 2017	Apr 2018
Staff encourage program participants to have hope and high expectations for their recovery	29%	39%
Staff help program participants to develop and plan for life goals beyond managing symptoms or staying stable	34%	52%
Staff believe that program participants can make their own life choices regarding where to live, when to work, friends, etc.	20%	33%
Staff believe that program participants have the ability to manage their own symptoms	6%	26%
The primary role of agency staff is to assist a person in fulfilling his/her goals and aspirations.	28%	42%

Jan/Feb 2017 RSA, n=29; Apr 2018 RSA, n=19

---

# Ingredients for sustaining effective peer support roles

- clearly defining the role and its distinctiveness
- providing time and openness within teams for mutual understanding and the role to develop
- providing several ways for peer support workers and clients to connect

---

# Ingredients continued

- ensuring peer support training
- support and competency-guided practice
- continuing to implement recovery-oriented practices

---

# Recommendations

1. Provide time to develop team readiness prior to implementing peer support.
  - a) Adopt a standard definition
  - b) Provide staff with an orientation to recovery and peer support
  - c) Connect with resources that can support implementation of the role

---

# Recommendations

2. Assist the peer support worker's readiness to work in the clinical setting of AHS and provide the conditions and ongoing supports needed for her/his development of the role.

---

# Recommendations

- a) Consider how to provide the additional preparation needed for a clinical setting.
- b) Provide mentorship for the peer support worker, ensuring there is role clarity between the mentor and the program supervisor.
- c) Endeavour to create the conditions of time, trust, openness and knowledge-exchange that support the peer support worker's development of peer support in the program.

# Comments or questions?

[Beverley.Thompson@ahs.ca](mailto:Beverley.Thompson@ahs.ca)

[Yvonne.Benson@ahs.ca](mailto:Yvonne.Benson@ahs.ca)

[DonnaL.Rutherford@ahs.ca](mailto:DonnaL.Rutherford@ahs.ca)

[Michael.McComb@ahs.ca](mailto:Michael.McComb@ahs.ca)