



Youth Peer Support: Accessible, engaging, and recovery-oriented

Guidelines for the design and delivery of youth peer support within youth mental health services



SPOR network funded by the Canadian Institutes of Health Research (CIHR) and the Graham Boeckh Foundation



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The successful integration of peer support services within the youth mental health systems across Canada requires the collaboration of all stakeholders: youth, families and carers, clinicians, researchers, and decision makers.

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- To the ACCESS Open Minds (ACCESS OM) Network, for their endorsement of a set of values that lays the foundation for recovery-oriented practices in which peer support services thrive;
- To the ACCESS OM National Youth Council members who have voiced their vision for peer support, reflected throughout this document;
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This guide has been created by Srividya Iyer, Ph.D., and Chantelle Mireault with contributions from: Diane Aubin, Cliff, Jessica Chisholm, Lacey Clair, Brittany Dalfen, Meghan Etter, Victoria Fehr, Milena Gioia, Daphne Hutt-MacLeod, Mary Anne Levasseur, Ashok Malla, Haley Marion McLean, Rebecca Prince, Aliçia Raimundo, Paula Reaume-Zimmer, Emily Saunders, Marianne Scarfo, and Julie Viens-Maranda, Ina Winkelmann.

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PURPOSE OF THE GUIDE

This document highlights various recommendations and resources to be used in the meaningful implementation of youth mental health peer support services. It is designed as a framework for community members and organizations that are interested in developing youth peer support initiatives in their communities.

As these guidelines allow flexibility in their implementation, this should be considered a living document that will grow and change to reflect experiences and evidence pertaining to youth peer support. Youth, family members and carers, clinicians, service providers, decision-makers, and service administrators in each community can work together to develop, adapt, update, and actively implement these and other peer support implementation guidelines referred to within this document.

DEFINING PEER SUPPORT IN YOUR COMMUNITY: VISION, VALUES, AND CONSIDERATIONS

What is peer support?

“Peer support” emerged out of the mental health consumer movement in the 1970s and 1980s. Patients began sharing their experiences with formal mental health services, and named themselves “survivors.” They called for the inclusion of service users in service delivery and advocated for “nothing about us without us.” Their stories and actions led to a pattern of social change that spearheaded peer support initiatives in the provision of mental health care.

Since the 1970s, peer support initiatives have gained momentum in Canada and internationally, within both the mental health field as well as in other areas. As services have shifted more towards recovery-oriented care, service users and their families and carers have increasingly been given space to contribute to their own care, in service design planning, evaluation of services, and research. Shifts in policy have also worked to support this movement. Notably, the Mental Health Strategy for Canada outlines peer support as “an essential part of mental health services,” (MHCC,

2016, p. 16) and describes it as “people who have experience with mental health issues offering support, encouragement, and hope to each other when facing similar situations” (MHCC, 2016, p.14).

Core values in the creation of this document

1) Peer support is valuable: The ACCESS Open Minds framework involves the creation of engaging and appropriate youth mental health services for young people aged 11-25 years old and their families and carers. From the outset of the development of the ACCESS OM network, youth, families, and carers have communicated the need for engaging services offered from peers to peers to be part of the larger service framework. Both the ACCESS Open Minds network and framework value the inherent support that a peer with lived mental health experience can provide to a fellow community member who is experiencing their own mental health problem.

2) Respect: Respect can take different forms in the context of peer support. As such, it is vitally important to respect the different forms of knowledge or expertise that youth with lived experience have – and in particular, their lived experience of mental illness, help-seeking, and the receipt of services.

3) Diversity: The way that peer support is implemented in Canadian communities might vary widely given the great diversity between communities. In embracing peer support, youth mental health services acknowledge that the voices of youth peers have been ignored in many previous service provision models, and they commit to honour and encourage diverse voices equitably.

4) Peer support thrives in a larger, enabling context: Youth and family members/carers are key stakeholders whose involvement is essential in planning and implementing youth-focused service and research/evaluation projects. Such involvement can take different forms, for instance through peer support initiatives, shared decision-making processes, building partnerships in research and evaluation, and by having youth advisors on program teams. While peer support is a particularly important format, it thrives best in a larger, enabling context where youth and family

members/carers have multiple opportunities to have their voices heard.

Multi-stakeholder collaboration facilitates peer support services: the collaboration of all stakeholders, youth, families and carers, clinicians, researchers, and decision-makers, is needed to successfully integrate peer support services within the Canadian youth mental health system.

ACCESS OPEN MINDS NATIONAL YOUTH COUNCIL'S TAKE ON PEER SUPPORT

Youth council members from the ACCESS OM National Youth Council weighed in on their vision for peer support. Here's what they had to say about what peer support means to them:

"To me, peer support in mental health is the opportunity for those with lived experience to share their knowledge and give help to those needing support." Victoria (Edmonton)

"Peer support can be direct or indirect: [specifically] for young people who need help but also to raise awareness (stigma reduction)." Emily (Chatham-Kent)

"Somebody who isn't a mental health professional and who has gone through something. Peer support is about healthy coping: talking, listening and understanding, having empathy. Lived experiences and shared connections. Peer support is about making someone feel less alone." Brittany (Montreal)

"A way to get peers involved in their mental health. Learning. Being helpful rather than judgemental." Emily (Chatham-Kent)

"I would consider myself a peer supporter, as I always try to offer empathy and a kind word to those who may need it." Victoria (Edmonton)

"I see peer support as de-clinicalized practical form of social support between folks of similar social groups, institutions, circumstances, families, or communities. While in some instances the support is

reciprocal between peers, it does not need to be. The help offered can be presented in a variety of ways, such as creating space for individuals to share practical advice, words of consolation or understanding, reflective listening, or informal counselling." Haley Marion (Montreal)

"Peer support is about saying what you want to say regardless of the state you're in. When you're talking to a peer supporter, it's like you're in nest, you're comforted because they've been through it too so they're not judging you. I get the impression that we're equals." Julie (Montreal) (translated)

WHAT CAN PEER SUPPORT LOOK LIKE IN A COMMUNITY OR ORGANIZATION?

Peer support varies from one organization to another and can range from self-help groups to peer mentors, peer navigators and peer specialists. For the purpose of this guide, ACCESS Open Minds will adopt the Mental Health Commission of Canada (MHCC)'s definition of peer support. In Making the Case for Peer Support, the MHCC defines peer support initiatives as:

[...] programs, networks, agencies or services that provide peer support. They can be:

- Funded or unfunded;
- Use volunteers, paid staff or both;
- Operate out of psychiatric consumer/survivor run organizations or other [non-specifically peer-run] agencies;
- Delivered by a group of peers or by an individual peer in a team of professionals;
- A primary activity of the initiative or a secondary benefit (e.g. consumer-run businesses); and
- Part of an indigenous healing ritual. (MHCC, 2010 first edition/2016 second addition, p. 45).

Youth council members explained that anyone could become a peer supporter: anyone who is empathetic, compassionate, and non-judgemental. They highlighted that peer supporters should have lived experience and some training on mental health issues to ask for help. As one Youth Council member put it, they should “have knowledge about when to involve formal supports.”

These narratives from Youth Council members describe the range of support from someone with lived experience that can be considered peer support: from formal to informal friendships and caring relationships.

The MHCC highlights diverse forms peer support can take, as seen in Figure 1 below. Types of peer support can be considered as a spectrum of care that varies from friendship to clinical care. Informal peer support, club house/walk in centres, and self-help/mutual peer support are types of peer support the MHCC considers on the spectrum of friendship.

Formalized/intentional peer support, workplace peer support, community clinical setting peer support, and clinical/conventional mental health system-based peer support are more similar to clinical care models and are located on the opposite side of the spectrum.

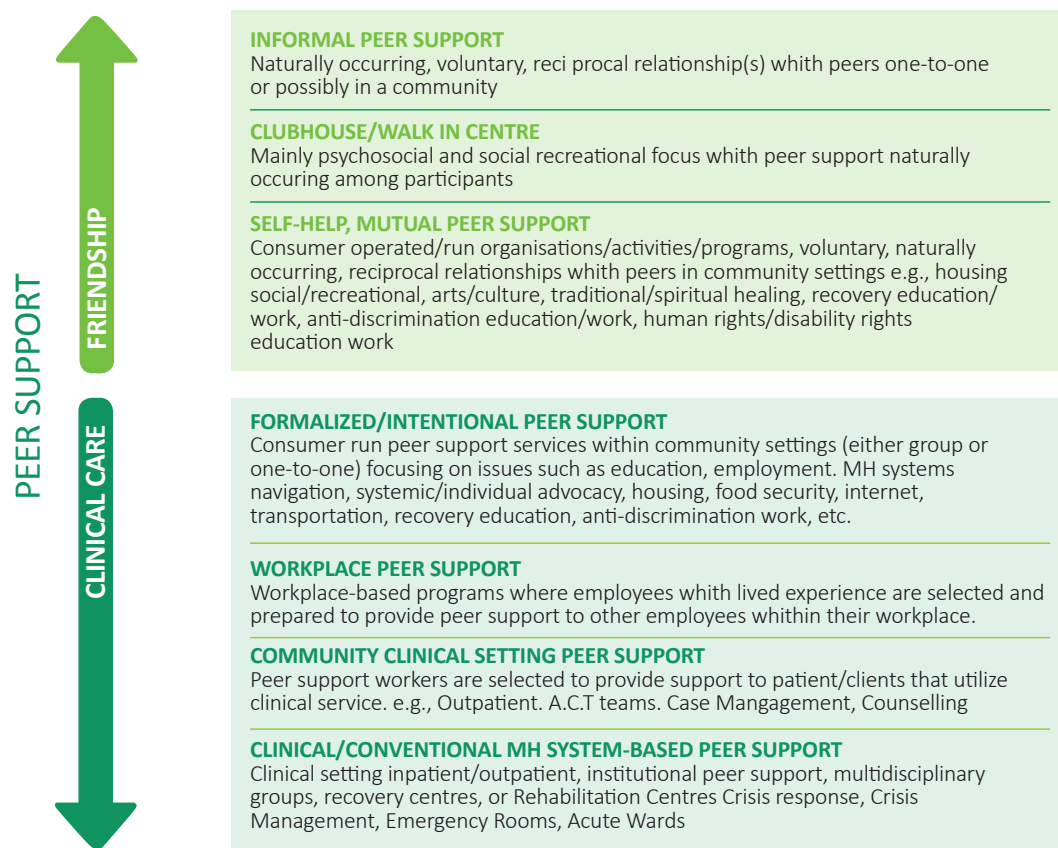


Figure 1: Sunderland, Kim, Mishkin, Wendy, Peer Leadership Group, Mental Health Commission of Canada. (2013). Guidelines for the Practice and Training of Peer Support. Calgary, AB: Mental Health Commission of Canada. p. 16

PEER SUPPORT INITIATIVES WITHIN THE ACCESS OPEN MINDS NETWORK

Communities within the ACCESS OM Network have implemented various models of peer-run or peer-supported initiatives from youth space drop-ins, to peer navigators, lay health workers, and peer mentors. These examples are offered to serve as inspirations:

ACCESS Open Minds P.E.E.R. SJ, New Brunswick

P.E.E.R. SJ located in Saint John, New Brunswick, has applied ACCESS Open Minds evaluation framework to a peer drop-in space for youth. P.E.E.R. SJ works in partnership with mental health services and high schools. Peer support navigators work as community liaisons to various community programs and mental health services.

ACCESS Open Minds Elsipogtog First Nation, New Brunswick

A peer supporter is the first person that clients meet when they come to the ACCESS OM Elsipogtog safe space/youth drop-in. Peer supporters are focused on helping youth through their healing journey. They offer to be the young person's advocate when they feel like their voice isn't being heard. They also offer to accompany the young person to mental health appointments. They facilitate a range of activities as an opportunity for youth to connect with one another, with the peer support workers and youth outreach workers. These activities include drum making, beading, homework help, and board games, among other activities.

The Elsipogtog team shares that many First Nations youth have been raised to interpret seeing and hearing things that others do not see, such as a spirit of their ancestor communicating with them, not as a mental health disorder. The ACCESS Open Minds Elsipogtog team of peer support and youth outreach workers also works with this understanding. The team provides culturally competent care and promotes culturally appropriate self-care to First Nations peers in their community. They are knowledgeable in the cultural aspects of traditional and community practices.

Peer support workers are also knowledgeable about ceremonies offered in the community such as Sweat lodge ceremonies, Pipe ceremonies, Sunrise and Sunset ceremonies, Sundance ceremonies. Their knowledge of ceremonial protocols ensures that First Nations youth will be properly taught. Peer supporters know how to contact an Elder in order to receive knowledge to implement First Nations teachings in the model of care and services delivered to First Nations youth.

Refer to Appendix B for a sample job description.

ACCESS Open Minds Eskasoni First Nation, Nova Scotia

The ACCESS Open Minds Eskasoni First Nation team adopts a ladder of care model that empowers community members with lived experience to join the team through student placements and internships, some of which lead to formal employment opportunities. Many youth and family workers are peer mentors; they embrace their own lived experience while working to improve mental health services in their community by helping others through a crisis line, a drop-in youth center and various cultural and leisure activities. The team's collaborative approach is illustrated by the Fish Net Model (see Appendix B), that details the values, services, and activities that are offered by the community, for the community.

Intergenerational healing is essential to support the upcoming and future generations, including returning to culture and acknowledging intergenerational trauma caused by the residential school system. Through the Tui'kn Partnership Residential School Survivor (RSS) Program, funded by First Nations Inuit Health Support, support is offered by residential school survivors to survivors and their descendants. One of the main goals of this program is to provide a wide array of culturally-appropriate and community-based clinical support in the community. RSS teams are similar to peer supporters in that they advocate for and with clients who are in need, in addition to providing emotional support. For more information about Residential School Survivors programs,

contact the First Nations and Inuit Health Regional Offices: <https://www.canada.ca/en/health-canada/corporate/contact-us/first-nations-inuit-health-regional-offices.html>

The Eskasoni team of professionals and paraprofessionals have been trained in peer support by Mental Health Innovations (Mental Health Innovations Consultants, 2017). Peer supporters have also received Mental Health First Aid for First Nations training from the Mental Health Commission of Canada (MHCC, 2017 & 2018) in addition to completing two certifications with the Crisis and Trauma Resource Institute (CTRI): Crisis & Trauma Response certification and Mental Health Counselling Skills certification. Consult the CTRI website for additional information about certification programs: <https://www.ca.ctrinstitute.com/onsite-certification-programs/#mental>

The director of Eskasoni Mental Health Services succeeded in securing funding for the training of 25 staff members, including 10 peer support workers, who are joining the AOM team for a period varying from 12 weeks to 2 years. These paid peer support positions are funded through various sources, including Aboriginal Friendship Center NOW Program (New Opportunities to Work), Youth Employment Strategy (YES), SKILLS link, Island Employability. The community is also exploring the potential funding through the Canada Summer Jobs Employment program.

Eskasoni First Nation has published various articles on participatory-oriented research (POR) in collaboration with community members, the mental health team, and Linda Liebenberg from Dalhousie University. See Appendix D for references and publications on POR.

For more information about the role of the peer support workers in Eskasoni First Nation, consult the sample job description in Appendix B.

ACCESS Open Minds Chatham-Kent, Ontario

ACCESS Open Minds Chatham-Kent has created a combined youth peer navigator-evaluator position and a family navigator-evaluator position to accompany youth and their families/carers through the help-seeking

process. The peer navigator-evaluators work out of a drop-in community youth space, and are sometimes the first person a youth or family member meets. Their presence can be powerful for those who may be reluctant or worried about help-seeking.

These unique positions recognize lived experience as a facilitating factor in improving the help-seeking experience of youth and family members or carers. The roles merge peer navigation with the role of clinical researcher, helping to integrate both peer support and research and evaluation into care settings. This site's peer navigators/evaluators received internal training from the local Canadian Mental Health Association (CMHA), as well as Applied Suicide Intervention Skills Training (ASIST) (Living Works Education, 2014-2016), Non-Violent Crisis Intervention, and First Aid. They also participated in Ontario Peer Development Initiative (OPDI) training, exploring additional tools for direct work with clients, and including discussions on boundaries, self-care, and appropriate sharing.

See Appendix B for a sample job description.

ACCESS Esprits ouverts RIPAJ-Montréal, Québec (Montréal Homeless Youth Network)

ACCESS Esprits ouverts RIPAJ-Montréal (Montréal Homeless Youth Network) chose to strengthen its relationship with an existing community organization that offers peer support as their expertise. Groupe d'intervention alternative par les pairs (GIAP) is a well-known group of peer advocates in the Montréal community, serving marginalized youth aged 12-30 years. GIAP promotes an alternative intervention approach based on shared experiences, and a comprehensive understanding of health among youth. The group's primary aim is to provide support to marginalized youth by promoting positive social diversity. GIAP's approach is founded in respect, humanism, empowerment, and harm reduction. To learn more about GIAP, refer to their website: <https://www.giap.ca/qui-sommes-nous/#les-pairs-aidants>.

ACCESS Open Minds Sturgeon Lake First Nation, Saskatchewan

Sturgeon Lake First Nation has integrated a youth coordinator with lived experience into the site's operations, and has designed a youth drop-in space with and for peers. A youth research navigator works with youth and clinicians to demystify stigma associated with mental illness, and facilitate engagement in services and evaluation/research.

ACCESS Open Minds Edmonton, Alberta

ACCESS Open Minds Edmonton has integrated two peer supporters onto their team, in addition to creating staffed positions for youth advisors and family advisors. Advisors were hired through recruitment campaigns and connections to the community. This model is one way to ensure that peer values are embedded in both service planning and delivery.

ACCESS Open Minds Ulukhaktok, Northwest Territories

The ACCESS Open Minds Ulukhaktok team has adopted a community-based approach, as opposed to a clinical approach, similar to a lay health worker model. The local site team implemented this approach so as to ensure that the project served to build local capacity, and that the delivery of services are culturally relevant to the community's youth. While these workers may not have clinical mental health training, they are seen as support staff who have additional mental health training, as well as skills in working with community members in need. The team received training in ASIST (Applied Suicide Intervention Skills Training) (Living Works Education, 2014-2016), Mental Health First Aid Inuit (MHCC, 2018), and Standard First Aid (Red Cross).

See Appendix B for a sample job description.

WHAT ARE THE BENEFITS OF PEER SUPPORT INITIATIVES?

The purpose of this guide is not to provide a detailed synthesis of the benefits of peer support. The MHCC, however, summarizes the effectiveness of peer-run initiatives, including peer support, in their report entitled Making the Case for Peer Support (Cyr, C., Mckee, H., O'Hagan, M., & Priest, R. for the MHCC, 2010 first edition/2016 second edition).

Other suggested reading includes the Ontario Centre of Excellence for Child and Youth Mental Health 2016 report titled Youth peer support in a mental health context which presents the findings of its inquiry on the benefits and cautions related to youth mental health peer support.

Mounting evidence demonstrates that peer support can reduce the number of hospitalizations, reduce the distress of symptoms, improve social support, and improve quality of life (Canadian Mental Health Association, Ontario Division et al. 2005 in Cyr, C., Mckee, H., O'Hagan, M., & Priest, R. for the MHCC, 2010 first edition/2016 second edition, p.106). Peer support also increases "personal resourcefulness, self-believe and hope." (Cyr, C., Mckee, H., O'Hagan, M., & Priest, R. for the MHCC, 2010 first edition/2016 second edition, p.107).

Peer support programs may also break down barriers in help-seeking and influence youth engagement in mental health services. Peers can identify with their fellow peers' experiences and can reduce self-stigma (Ontario Centre of Excellence for Child and Youth Mental Health, 2016).

ACCESS Open Minds National Youth Council members explained why they think peer support is beneficial for young people experiencing a mental health concern. Here's what they had to say:

"I would've like to have it [peer support] to learn that what I was feeling was normal. I would've known it was an illness and that I wasn't just a weird kid. That it is ok and not weird or crazy." Emily (Chatham-Kent)

"Peer support can add an extra branch, an extra component to push yourself towards better self-care." Brittany (Montreal)

"Peer support is important to me because it can be isolating to navigate the healthcare system as a youth. Finding those who know what it's like to be in the same situation is very healing." Victoria (Edmonton)

"Peer support offers a different informal aspect of services. There is no focus on 'treatment' or 'getting better.' Rather it's about finding a sense of belonging and knowing that one is not alone." Victoria (Edmonton)

"It encourages honesty and vulnerability in communities, encourages youth and those effected to share their realities and relate to others to recognize that the struggles they grapple with are actually (in some cases) fairly universal." Haley Marion (Montreal)

"It's not one sided. It's more personal and a connection. Therapist's guide you through it and help you pace but a peer supporter knows what it's like and can even offer 'if you want, I'll go with you!'" Brittany (Montreal)

"Peer support is important to me because as much as clinicians can tell you things 'will get better,' it is always more impactful to hear stories of recovery from those who have gone through their own struggles." Victoria (Edmonton)

"Some of my friends didn't want to see a mental health professional." Brittany (Montreal)

"[...] it is less intimidating for some youth to access them, and also helps other youth feel that they are part of the solution that they want to build." Haley Marion (Montreal)

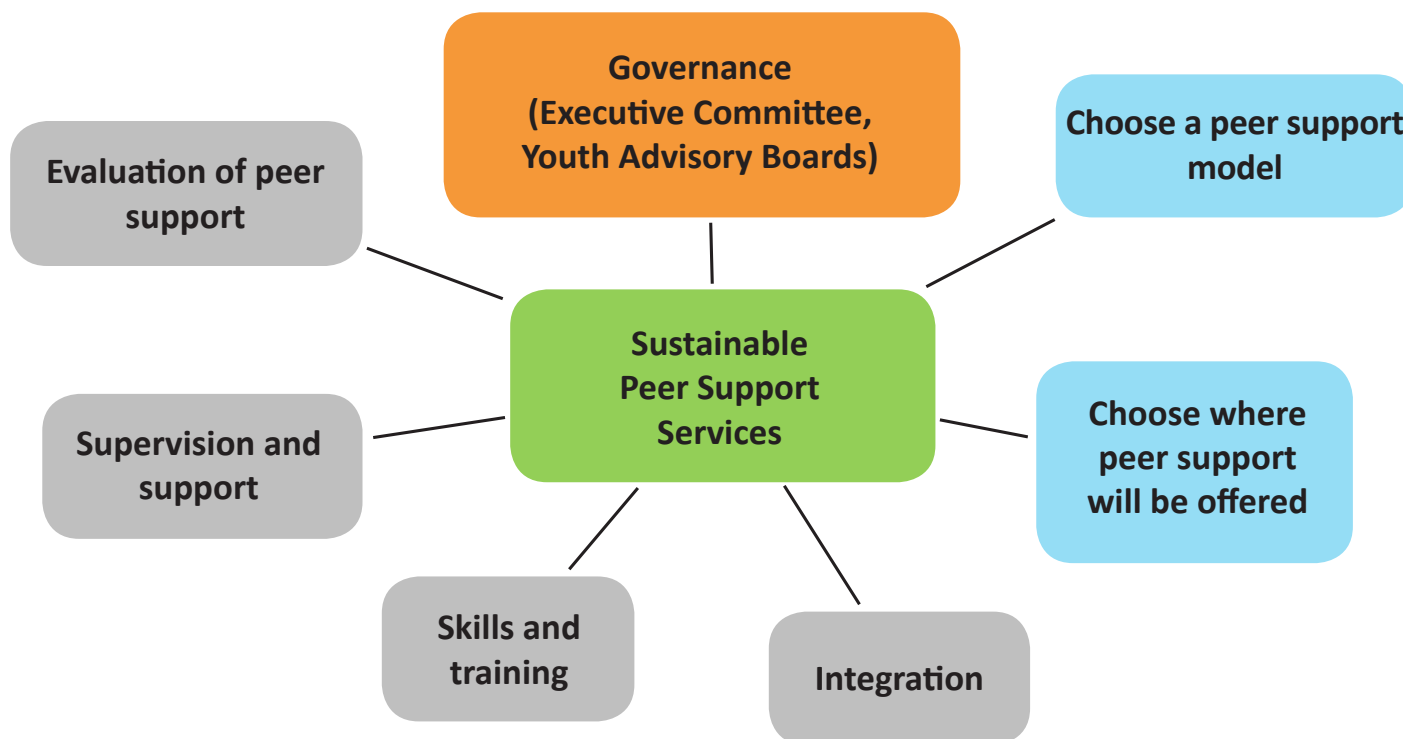
"Peer support helps those who have struggled previously feel that their negative experience is actually an asset, and turn a period of time in their lives or the struggle itself into something positive and productive for others like them." Haley Marion (Montreal)

"Peer support helps us conquer our fears and be less afraid of saying what we need to say. They're more accessible and accept us because they know what it's like." Julie (Montreal) (translated)

Some ACCESS Open Minds National Youth Council members alluded to the idea of wanting to "pay it forward." They expressed that they want to promote hope to other young people who may be experiencing something similar to what they went through. One council member put it frankly by saying that "peer support actually saves lives" by inspiring hope (anecdotal content from National Youth Council member).

RECOMMENDATIONS FOR IMPLEMENTING YOUTH PEER SUPPORT

The following are some recommendations for choosing and implementing a youth peer support initiative. These recommendations are based on the literature, feedback from the ACCESS Open Minds National Youth Council, and experiences thus far of ACCESS Open Minds sites.



Choosing a peer support model

Together, organizations and their stakeholders should decide on the best peer support model with and for their members. ACCESS OM recognizes the benefits of various peer support initiatives whether rooted in friendship or in clinical care peer support services.

Below are some questions that communities seeking to implement a youth peer support initiative can ask

themselves as a part of the process of choosing a peer support model. Ideally, all stakeholder groups – including youth, family members and carers, and service providers – must be involved in this decision-making process. These questions are a suggestion and can be modified or added to based on context.

ACCESS OPEN MINDS TIP: Questions that can help choose a model for your community

- › What does peer support mean to you?
- › What is your vision for peer support in your community? How do you see it in the future?
- › What peer initiatives currently exist in the community? Before choosing a model, begin by mapping existing peer initiatives in your community. Download the ACCESS Open Minds Community Mapping Guide here: accessopenminds.ca/resources/general-resources-2
- › Have any other models been tried in the community, and if so what lessons were learned?
- › What gaps in peer support exist, and how should these gaps be addressed?
- › Are there similar contexts elsewhere in Canada that have successfully implemented peer support? What lessons can be learned from their experiences?

- › What models or ways would you like peer support to happen in your community? What are the advantages and disadvantages of these different ways? Consult Figure 1 if helpful.
- › What resources (e.g. funds, training, etc.) are needed to implement your preferred models or ways of implementing peer support? What resources are available?
- › What human resources are needed to implement your preferred models? What is currently available, and what might be available?
- › Are there any organizational or legal considerations or constraints?
- › Are there any provincial or institutional guidelines about peer support? Who else needs to be consulted before making a final decision?

Where resources are available, in-depth interviews or focus groups can be conducted with stakeholders, especially youth, before choosing a model. The experience of CMHA Metropolitan Branch, Toronto serves as an example in this regard (Leung, D. & DeSousa, L. , 2002). The peer support role can vary to emphasize specific elements of peer support. Peer support roles can include but are not limited to:

- **Peer support worker:** a staff member with lived experience who uses this knowledge as a point of connection to support youth in their mental health needs.
- **Peer educator:** a trained peer supporter whose work is focused on health promotion.
- **Peer advocate:** a proponent of shared decision-making, this is someone who advocates that the young person and their family/carers are engaged in care, treatment and recovery.

- **Peer navigator:** helps youth and their family/carers connect to desired and available resources, not limited to mental health services.
- **Peer specialists:** acknowledges lived experience as a specialty, an expertise.

These terms and titles are used to describe the function of peer roles. They are not mutually exclusive to any one person, nor are their functions standardized. In other words, these terms may be used in different communities to mean something different. For example, a “peer specialist” may also perform the same function and role as a “peer support worker.” The functions of the role can include more than what has been described above.

Given that these terms are used variably, what is most important is that each organization defines the role of the peer supporter in a job description.

ACCESS OPEN MINDS TIP: Draft, publicize and share a job description

- Based on your decision following community mapping and stakeholder consultations, draft a job description
- Include young people in the community, family and carers, service providers and community organizations in the drafting process
- List relevant skills and experience
- Use community mapping results to target where you will post the job description

- Welcome stakeholders to participate in the recruitment process, including interviews and candidate selection
- The Ontario Centre of Excellence suggests hiring a number of youth peer support workers to build capacity and avoid tokenism. We strongly recommend hiring more than one youth in a peer support role
- Share the role description of the peer supporter with clinical staff and other key stakeholders (decision-makers, managers, youth advisory committee, etc.) so that the peer supporter can be integrated into the team

In choosing a model and drafting a job description, explore compensation models, acknowledging lived experience as expertise, and that peer involvement entails time, travel at times, and potential lost income. In addition to the team discussing this prior to drafting the job description, this topic should be discussed and agreed upon with a youth peer supporter before they are hired.

Where should peer support be offered?

ACCESS OM National Youth Council members from various communities across Canada discussed where they think peer support should be offered, and they made some suggestions on how young people could

learn about peer support in their communities. They suggest to pause and consider where youth are in order to make peer support accessible and engaging.

“Meet youth where they’re at”

This phrase is commonly used to call attention to how an organization can better connect with youth; “meeting youth where they’re at” refers to being flexible in one’s approach, re-vamping existing practices, and offering a number of care options to young people. It is inspiring to reach out to young people in various ways, and across various settings.

Technology	<ul style="list-style-type: none"> • Text messages to meet up in neutral locations • Provides safe and brave spaces • Could be anonymous • Accessible (e.g. using social media)
On campus	<ul style="list-style-type: none"> • Including high school, college, and university campuses, where many youth spend their time
Print material	<ul style="list-style-type: none"> • Engaging when youth-friendly language used • Helps young people share with other young people
In social groups	<ul style="list-style-type: none"> • Reduces stigma • Promotes wellness • Breaks isolation
At youth-friendly care spaces	<ul style="list-style-type: none"> • Promotes help-seeking, engagement in care, and recovery • Accessible • Reduces stigma associated with receiving mental health services

When discussing settings for peer support, members also explained that professionals, like doctors, teachers, and educators, should also be aware of where peer support services are offered in order to help create a caring community for young people.

The power of testimonials and storytelling

Testimonials of individuals who accessed peer support in the past and found it valuable can help new users to decide whether peer support is valuable to them. Hearing someone else's story can help normalize what a youth is feeling or experiencing. Ultimately, this exchange can help to demonstrate that recovery is possible.

GOVERNANCE

Governance bodies such as executive committees and youth advisory boards or councils play a key role in determining strategic directions, identifying service-level targets, resources or potential partners, allocating funds, and reporting to funders. Their support for peer initiatives is critical to success. Ideally, peer support should be implemented alongside the meaningful participation of multiple stakeholders, particularly youth and families/carers, in governance structures and processes.

ACCESS OPEN MINDS TIP: Involve peers in all levels of governance

- › Including stakeholders' perspectives in governance bodies will transform and lead to innovations
- › Include more than one individual per stakeholder group to provide a safe and brave space for participation
- › Compensation for participation in governance activities should be discussed and agreed upon

INTEGRATION INTO SERVICES

A true transformation of clinical services calls for the integration of peer support services into clinical care to include peer support as a service for young people in need of support.

A few considerations to keep in mind while designing services:

- Discuss how teams will create core values that are conducive to integrating peer supporters. The literature is replete with examples of how this can pose challenges and concerns. Youth Move National states that peer support “requires an altogether different relationship with clients” (Ansell, Insley, Completed for Youth Move National, 2013, p. 10). Experiential knowledge from teams who have implemented peer support attest to daily challenges in adjusting to this culture shift. For example, can the clinical team still crack jokes? Since the peer supporter may not be part of a disciplinary order, who will sign progress notes they write? Will the peer supporter feel respected for their expertise in settings that traditionally valued professional training and experience? Where the peer supporter may have accessed services in the very setting that they now work in, there may be concerns about respecting the peer supporter’s privacy and records. As well, service providers who earlier offered services to the peer supporter might experience discomfort given the changed roles. Teams need strong leadership, flexibility and reflexivity to negotiate these challenges, along with a strong commitment to the value of peer support.
- Identify what program peer support will fall under, and who might be the most appropriate supervisor.
- Discuss how young people will be connected to peer supporters. Teams may benefit from having a menu of options in this regard. Options might include:
 - a) clinical teams refer young people to the peer supporter or peer support services;
 - b) peer supporters systematically introduce themselves to all incoming young service users;
 - c) peer support services are advertised via

posters, on the website, a welcome brochure about all available services, along with information on how such services can be accessed. This facilitates youth feeling empowered to choose and access peer services;

d) office hours where a peer supporter is available to meet those interested in knowing more about or accessing peer support.

- Discuss how peer support will be incorporated into existing services. Brainstorm various possibilities such as individual peer support, group peer support, groups or interventions co-led by a peer supporter and a clinician, among other options.
- Integrate peer support services in early identification activities.

ACCESS OPEN MINDS TIP: Peer supporters can be powerful in promoting help-seeking

- Plan an Early Identification activity to connect young people who need mental health services and their families/carers to your service. Engage peer support workers in planning, implementing, and evaluating your Early Identification activity.
- Download the ACCESS Open Minds Early Identification guide to learn more:
www.accessopenminds.ca/resources/general-resources-2

INTEGRATION INTO HEALTH RESEARCH AND EVALUATION

Research and evaluation are key elements to assessing the effectiveness of mental health services and interventions, including peer support. Under the Canadian Institutes of Health Research (CIHR)'s Strategy for Patient-Oriented Research (SPOR), peer supporters, patients and carers are partners who are called to contribute to the identification of research priorities. The SPOR framework recommends multi-stakeholder involvement to target relevant research priorities and, ultimately, effective implementation of research findings in policy and practice. The federal SPOR initiative, as well as SPOR support units in regions across Canada, are currently focused on capacity building for researchers and for “patients” to further patient engagement in research.

The CIHR has developed a framework to guide patient engagement in research and evaluation: https://www.cihr-irsc.gc.ca/e/documents/spor_framework-en.pdf. See Appendix D for additional resources on patient-oriented research.

In mental health research, peer supporters can be valuable partners because:

- They can offer their input and insight based on their own journeys of experiencing mental health problems and/or accessing mental health services;
- They have additional insight because of having offered peer support, they have heard many other “patient” stories, they have faced barriers and have helped other “patients” navigate systems, and – most importantly – they have experienced successes;
- It is possible that they are better positioned to facilitate the wider engagement of “patients” in research and evaluation. For example, “patients” may be likelier to attend a brainstorming session to generate research ideas, if the session is facilitated or co-facilitated by a peer supporter than by a researcher alone.

ACCESS OPEN MINDS TIP: Consider engaging peer supporters in research and evaluation

- Consider engaging peer support workers in planning, implementing and disseminating your research/evaluation activities.
- Peer support workers can be key voices in shaping research/evaluation projects on the processes underlying peer support and its impacts.
- To learn more about patient engagement in research, consult Appendix D.
- Contact your local SPOR Support Unit to learn more about patient engagement in research and evaluation: <https://www.cihr-irsc.gc.ca/e/45859.html>

SKILLS AND TRAINING

At the outset, it is important to highlight that lived experience is often a prerequisite for being hired in peer supporter roles. While formally trained service providers or clinicians may also have lived experience, which can be a valuable asset, they are hired primarily based on their training or membership in a professional body.

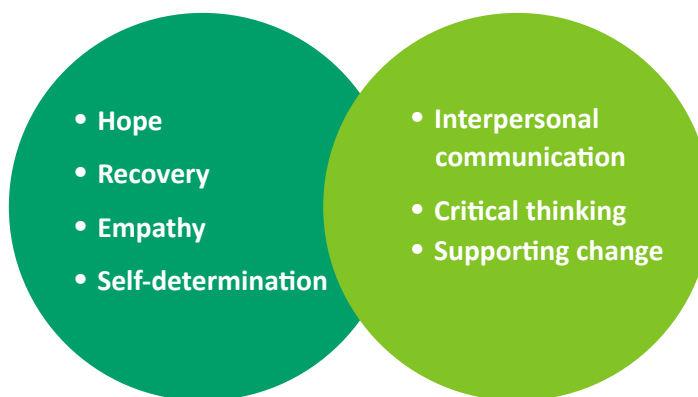
The range of training and education a peer support worker needs varies depending on the type of peer support chosen and your organizational mandate. Some organizations have adopted formal approaches, where accreditation is sought through an application process and specific training opportunities. Other peer support initiatives remain less formal, and rooted in mutual aid and friendship.

As noted above, teams need to reflect on training considerations in choosing their peer support model and drafting a job description. Decisions about training need to be revisited periodically in order to ensure that peer supporters, along with other staff members, are adequately trained and feel competent to successfully integrate peer support.

The MHCC has developed Guidelines for the Practice and Training of Peer Support (2013), which recognizes that peer supporters will “instinctively know the value of hope, recovery, empathy and self-determination.” Peer support training is described by the MHCC as a non-judgemental approach and an opportunity to build upon existing skill sets and inherent empathy, as described in Figure 2 below:

Respect for ethics and the Peer Support Role

Non-Judgemental Approach



A self-aware training participant will already instinctively know the value of hope, recovery, empathy and self-determination as a result of their lived experience but one purpose of training is to better understand the impact on their peers of supporting these principles. Peer support training will enhance understanding and skill development of these and many more principles.

Figure 2: MHCC retrieved from: Guidelines for the Practice and Training of Peer Support (2013) p. 28

Members of the ACCESS OM National Youth Council also described various skills that a person with lived experience will have, while recognizing the need for some additional training.

“Everyone would be a peer supporter. Everyone has a friend, someone who cares. We need tips on what to do when you’re in a tricky situation so that you’re not walking on eggshells.” Emily (Chatham-Kent)

“Everyone should receive it because everyone goes through something – we all have friends or family members.” Emily (Chatham-Kent)

“Peer supporters may simply be friends [...] but can often be trained professionals. Peer supporters are rooted in the equality of their relationship between supporter and receiver, as they are peers and therefore equals. One peer, the supporter, may have experience to offer, and is relating to others in a similar situation.” Haley Marion (Montreal)

“Everyone who has heart and wants to help can be a peer supporter so long as they’ve processed their own experience. There is no training needed. The most important thing, besides for having empathy, is that they also know how to manage their symptoms and that they have a team.” Julie (Montreal) (translated)

“People with lived experience should be giving peer support with some safety training such as Mental Health First Aid. Those receiving peer support should be in a position of needing certain guidance or aid in going through their mental health journey.” Victoria (Edmonton)

Peer support training can include, but is not limited to, the following formal trainings that have been widely used by mental health service providers and peer supporters:

- Mental Health First Aid, provided by the MHCC (MHCC, 2018)
- Wellness Recovery Action Plan (WRAP) (Advocates for Human Potential, Inc. 1995-2016) and self-care
- Applied Suicide Intervention Skills Training (ASIST) (Living Works Education, 2014-2016)
- SafeTalk (Living Works Education, 2014-2016)

Confidentiality: Trainings need to include a discussion on rules of confidentiality so that peer supporters feel equipped to clearly identify and discuss the limits of confidentiality at the beginning of their relationship with peer supportees, and to negotiate ethical dilemmas related to confidentiality. This component is especially critical when providing services to minors.

Boundary setting: Trainings can also help peer supporters set boundaries. Boundary setting between the peer supporter and peer supportee is critical to sustainable peer support services. The peer supporter may need help in defining their role (beyond the job description), and in differentiating their role from that of a friend and of a clinician.

ACCESS OPEN MINDS TIP: Consider building a peer support network with partner organizations

- Creates a community of practice for peer supporters
- Offsets the cost of certain trainings
- Increases potential for research and evaluation

SUPERVISION AND SUPPORT

Supervision creates a space to discuss issues that may arise when supporting young people with mental health issues. Supervision is also a great place to discuss self-care and reflective practice to promote personal and professional growth. It is also a space where the supervisor and the peer supporter can discuss moments that may be triggering or challenging. Supervision can be offered through peer mentorship or through clinical supervision.

Clinical supervision is provided by a trained clinician belonging to a professional order. This professional can guide the peer supporter by discussing challenging situations and ethical concerns. Peer mentorship is the relationship between an experienced peer supporter who leads a novice by sharing their experiences and discussing issues that arise. Supervision and peer mentoring leads to mutual learning, professional growth and can help identify feasible strategies to respond to challenges.

Designating a supervisor or peer mentor, and determining a fixed frequency for supervision meetings is essential. This is a critical piece in making sure that things are running smoothly for the peer supportees and for the peer supporter.

Where possible, we also recommend group supervision meetings that involve more than one peer support worker. Such group supervision meetings can be particularly effective in helping the peer supporter to continuously develop skills and reflect on practices, and in providing them a safe outlet for debriefing.

In collaboration with the supervisor or peer mentor, the peer support worker may also complete a wellness plan, wherein they may identify coping strategies, warning signs of wellness and ill health, and members in their social support network. The best place to complete a wellness plan is in an environment of trust, respect, confidentiality, and concern for the well-being of all involved.

EVALUATION OF PEER SUPPORT AND USING RESULTS TO REFINE PEER SERVICES

Evaluating services is an aspect of best practice in care provision, and it ensures that the quality of services is continuously monitored, maintained, and improved. In the same vein, it is important to evaluate all peer support initiatives. Teams need to explore possibilities for evaluating peer support services and define a plan for doing so.

ACCESS OPEN MINDS TIP: Examples of evaluation activities and indicators

- › Anonymous questionnaires at regular intervals (e.g. following each meeting or intermittently) assessing satisfaction, therapeutic alliance, etc.
- › Sustenance of peer supporters, for instance how long each peer supporter remained active in their role, reasons they left, etc.
- › Number and types of peer services offered
- › Number of unique participants accessing each type of peer service recorded regularly
- › How service users found out about the peer service
- › Availability of peer services, e.g. availability of the services during evenings or on weekends, phone or online availability, delay between request for peer services and their availability, etc.
- › Characteristics of those accessing peer services and how it compares to the community or those accessing mental health services in general
- › Testimonials from service users, families, and clinicians on the team
- › Testimonials from peer supporters
- › Anonymous e-surveys of varied stakeholders about their perceptions on peer support
- › Formal qualitative, quantitative, mixed-methods research and evaluation

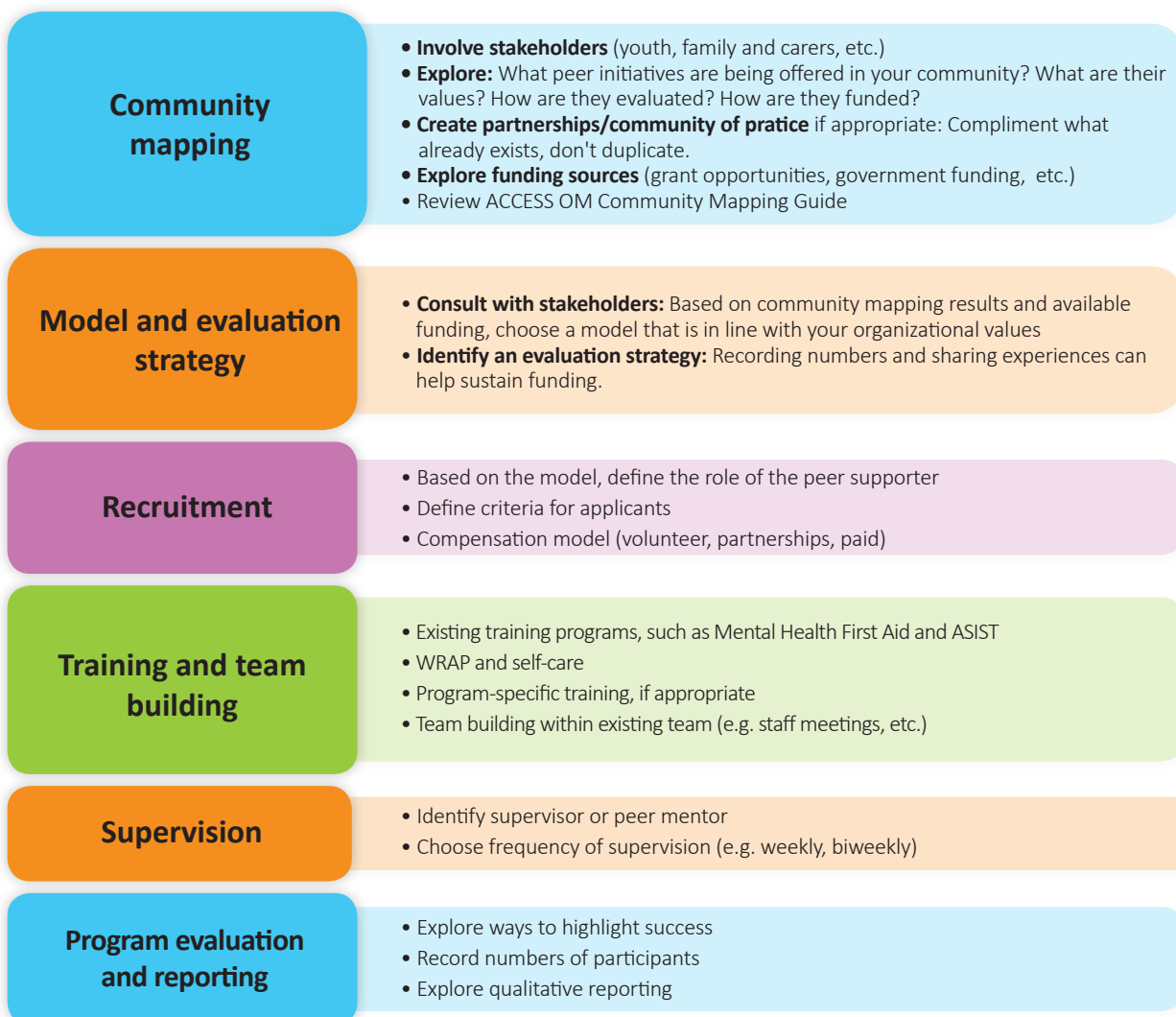
In addition to evaluating the reach and impacts of peer support services, it is also important to evaluate the peer supporter's own satisfaction, needs, goals, performance, and challenges. Ideally, this process should involve a self-evaluation and discussion with a supervisor or peer mentor. The peer supporter should be encouraged to evaluate the quality of the supervision received and their supervision needs.

Based on ongoing evaluation, it is ideal to revisit and revise, if needed, the peer support worker's role description, supervision model/frequency and

wellness plan regularly. It is important that this process is respectful, collaborative, ethical, and transparent.

Some form of reporting on reach and impacts is essential if you plan on seeking additional funding or other resources to sustain and scale up your peer support service. Teams can deploy creative and engaging strategies for documenting their peer support experience using videos, brochures and social media.

IMPLEMENTING PEER SUPPORT IN YOUR COMMUNITY



PEER SUPPORT RESOURCES ACROSS CANADA

Peers Engaged in Education and Recovery

Saint John, New Brunswick

<http://en.horizonnb.ca/home/facilities-and-services/services/addictions-and-mental-health/peer-126.aspx>



Laing House

Peer Drop in Centre in Halifax
16-29 years old

<http://www.lainghouse.org/about/faqs.html>



Healthy Minds Cooperative

Nova Scotia

http://www.healthyminds.ca/index.php?page_id=2

Association québécoise pour la réadaptation psychosociale (AQRP)

Province of Quebec

<https://aqrp-sm.org/groupe-mobilisation/pairs-aidants-reseau/>



Inter-Tribal Youth Center of Montréal/Centre Inter-Bande des Jeunes de Montréal

Montreal, Quebec

10-29 years old – Indigenous Youth

<http://ityc.nfcm.org/index.html>



Groupe d'intervention alternative par les pairs (GIAP)

Montreal, Quebec

12-30 years old

<http://www.giap.ca/qui-sommes-nous/#les-pairs-aidants>



Stella's Place

Toronto, Ontario
16-29 years old

Youth Peer Support from online
to in person

<https://stellasplace.ca/>



Mood Disorders Association of Ontario

Province of Ontario-
provincial program

<http://www.mooddorders.ca/peer-support-groups-across-ontario>



Mood Disorders Association of Manitoba

Youth Peer Support
Winnipeg, Manitoba
9-19 years old

<http://www.mooddordersmanitoba.ca/services/youth-programming/>



*Helping people
help themselves*

Teen talk

Winnipeg, Manitoba
14-18 years old

<http://teentalk.ca/peer-support/>



Out Saskatoon

Saskatoon, Saskatchewan

Serving the LGBTQ2S+ community

http://www.outsaskatoon.ca/peer_support



Schizophrenia Society of Alberta

Youth Peer Support

Alberta: Edmonton,
Calgary, Red Deer, Medicine Hat,
Camrose, and Lethbridge
Under 25 years old

<https://www.schizophrenia.ab.ca/programs/youth-peer-support>



PeerNet BC

Vancouver, BC

<http://www.peernetbc.com/>

INTERNATIONAL PEER SUPPORT RESOURCES

Student Minds

United Kingdom

Over 18 years old

<http://www.studentminds.org.uk/about-our-support-programmes.html>



Headspace

Australia

12-25 years old

<https://www.headspace.org.au/assets/Uploads/Centres/Bentleigh/Peer-Support-Training-Bentleigh-2016.pdf>



Pathways RTC

Portland, Oregon, United States of America

<https://www.pathwaysrtc.pdx.edu/pdf/proj4-Youth-Peer-Support-Case-Study.pdf>



Calgary, AB: Mental Health Commission of Canada.
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APPENDIX A: REFERENCES

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APPENDIX B: SAMPLE JOB DESCRIPTIONS

INTERNAL JOB POSTING

POSITION:	ACCESS Open Minds Peer (1 Part Time – Chatham)
QUALIFICATIONS:	Post-secondary diploma in a relevant discipline such as a Social Service Worker Diploma or Addictions and Mental Health or Bachelor's degree in a relevant health discipline (e.g. Science/ Life/Psychology, Health Sciences/Physical & Occupational Therapy, Epidemiology, Sociology)
SALARY RANGE:	\$27.90/hr.- \$33.94/hr.
HOURS OF WORK:	21 hours per week, Flexible hours are required to meet the position requirements.
STARTING DATE:	To be determined

This position supports the ACCESS Open Minds Transformational Adolescent/Young Adult (A/YA) Project. It is part of a 5-year Plan Canadian initiative, of which Chatham Kent is the only ACCESS Open Minds Site in Ontario; which is jointly funded by the Graham Boeckh Foundation and the Canadian Institutes of Health Research.

The Peer Navigator/Research Assistant will facilitate and provide support to adolescents and young adults 11-25 years of age who are experiencing mental health issues. The incumbent will also support and coordinate all research activities related to the ACCESS research project, including data collection and conducting surveys and measures with clients and other stakeholders, as needed.

Reporting to the ACCESS Open Minds Clinical Coordinator, the incumbent will be responsible for the following functions:

- Providing information on the ACCESS project to engage youth and their families;
- Promotes a stigma free youth culture for mental illness;
- Work closely with the interdisciplinary team to ensure diverse A/YA services;
- Assists in linking A/YA to alternate community resources when needed;
- Recruiting participants, including presenting project and consent forms to youth, families/carers and other stakeholders, as needed;
- Contacting participants and their families/carers to complete follow-up questionnaires;
- Conducting chart reviews and accurate and diligent collection of data;
- Participating in training activities for research staff offered by ACCESS Central throughout the project.

CMHA is committed to recruiting and selecting individuals who are the most qualified to perform the requirements of each position available. Skill, knowledge and ability are the primary considerations for selection. Where the qualifications of successful applicants are deemed to be relatively equal, preference will be given to the internal candidate with the greatest length of employment service with the CMHA.



The candidate will work with other professionals using strong problem solving and communication skills.
A valid driver's license, and use of a vehicle, which will be used in conducting agency business, is required.

APPLICATION PROCESS:

Interested applicants are encouraged to submit your resume and covering letter to Lynne Whyte, Human Resources by Monday, November 14th, at 4:30pm.

Please quote: Job Posting #27-2016

Qualified internal candidates will be given a preference as per Article 11.00 (f) of the Collective Agreement.

POSTING DATE: October 28, 2016

CLOSING DATE: November 14, 2016

CMHA is committed to recruiting and selecting individuals who are the most qualified to perform the requirements of each position available. Skill, knowledge and ability are the primary considerations for selection. Where the qualifications of successful applicants are deemed to be relatively equal, preference will be given to the internal candidate with the greatest length of employment service with the CMHA.



ACCESS PEER SUPPORTER – ELSIPOGTOG FIRST NATIONS

BACKGROUND

The Elsipogtog Wellness Committee Inc., in collaboration with ACCESS Open Minds New Brunswick, is looking to hire an ACCESS Peer Supporter. The ACCESS Peer Supporter is an essential component of the services and care delivered in the Elsipogtog Partnering Community and will be reporting to the ACCESS Clinician of Elsipogtog. The ACCESS Peer Supporter should conceive of their roles in another's journey to recovery according to the following values:

- Hope and recovery: being able to provide a sense of hope in recovery
- Self-determination: Supporting each person in finding their own path to recovery that is most suitable to their personal needs
- Empathetic and equal relationships: realize that peers in the relationship can benefit from a better understanding of mental health that comes with similar lived experiences
- Dignity, respect and social inclusion: acknowledging the intrinsic worth of all individuals in a manner consistent with their basic human needs
- Integrity, authenticity and trust: acting in a manner that is confidential, reliable, and ethical at all times
- Healthy relationships: encouraging the maintenance of healthy relationships with family and carers, friends, service providers and society at large
- Health and wellness: understanding that there are many aspects to wellbeing, and seeing health in a holistic manner
- Safety and wellbeing: ensuring the safety and on-going well being of both the youth and their peer support in their integration and relationship
- Lifelong learning and personal growth: acknowledging the values of learning, changing and developing new perspectives

DESCRIPTION OF FUNCTIONS

ACCESS Peer Supporter is an integral member of the Elsipogtog Partnering Community Youth Mental Health Team. The ACCESS Peer Supporter will adhere to all Elsipogtog Health & Wellness Centre policies and procedures especially in relation to confidentiality, patient safety and staff safety. The ACCESS Peer Supporter will be expected to perform the functions below:

RESPONSIBILITIES:

- Under the direction of the ACCESS Clinician, meet with youth on a regular basis, individually or in a group setting, to assist in the development of coping skills (e.g. mindfulness, meditation, etc.) and life skills and socialization
- Maintains records and database information related to areas of responsibility
- Using your own personal experience so as to assist others in navigating the mental health system
- Establish a supportive relationship with youth seeking help from the ACCESS Open Minds NB Team
- Ensure that services are culturally competent and culturally safe by encouraging interaction with native roots and teachings as they relate to recovery
- Engage youth and family/carers in awareness and education opportunities about mental wellness and self-advocacy
- Upon request, assist youth in articulating their challenges and personal recovery goals in the development of their individualized service plan
- Assist and, upon request, accompany youth in accessing relevant community services and resources
- When necessary, and in collaboration with the ACCESS Service Team, assess acute risk and act as a bridge to appropriate services for further assessment
- Participate in professional development activities and the ACCESS supporters community of practice
- Share personal experience related to their mental health journey with youth and family/carer clients when appropriate
- Engage in personal self-care practices and techniques
- Collaborate in the development, planning, and facilitation of ACCESS programs and activities
- Contribute to the creation and safe inclusive and welcoming space that is free of mental health stigma
- Facilitate awareness and information sessions through community outreach
- Provide referral to families/carers seeking resources to support a young person with mental health challenges
- When appropriate, reach out to youth in the community who are identifying risk factors or challenges with mental health
- Provide information on the ACCESS Open Minds NB project to youth and family/carers in the community
- Prepare and maintain reports and basic documentation of interactions with youth and family/carer clients
- Attend staff meetings

SKILLS AND COMPETENCIES:

- Sense of hopefulness and belief in the possibility of recovery;
- Personal commitment to self-care;
- Self-awareness of triggers and stressors, and willingness to request assistance or reach out when needed;
- Willingness to share their own story, and an ability to relate to the experience and challenges of the peer as a result of their own experiences;
- Ability to build open, honest, non-judgmentally appropriate, and trusting peer relationships;
- Ability to provide interventions and support in a manner that is culturally competent and culturally safe;
- Respect for the peer right to self-determination and the ability to co-create solutions;
- Ability to effectively communicate with the peer and bridge communication gaps between youth and staff;
- Willingness to work with peer to explore connections to the other community resources;
- Clear understanding of the peer supports area of responsibility and expertise and their boundaries;
- Ability to demonstrate personal integrity and authentic concern for their emotional and physical safety of the peer; and
- Commitment to personal and professional development as a peer supporter.

QUALIFICATIONS

ESSENTIAL QUALIFICATIONS:

- Minimum of one continuous years demonstrated stability in their mental health condition;
- Excellent interpersonal and communication skills;
- Ability to solve problems, and work both independently and within a team;
- Strong awareness of limitations and professional boundaries;
- An ability to model mental health in a positive and professional manner;
- A demonstrated ability to create a safe, respectful, and stigma-free working environment;
- Strong capacity to work with the Microsoft Office suite and other data entry systems;
- Knowledge of the youth mental health system in New Brunswick and of youth mental health programs would be considered an asset;
- Knowledge and understanding of issues affecting First Nation.

REQUIREMENTS:

- Provide a clear Criminal Record Check;
- Provide a clear Social Development Vulnerable Sector Check and
- Have a driver's license

TERMS OF EMPLOYMENT:

- Salary negotiable
- 1-year renewable contract, renewable up to 3 years
- 37.5 hours per week, flexible work schedule including some evenings and weekends.
- Start date: negotiable

Deadline for application: January 31st, 2018

TO APPLY PLEASE DROP OFF RESUME AT ELSIPOGTOG HEALTH AND WELLNESS CENTER 205 Big Cove Rd,
Elsipogtog First Nation, NB E4W 2S1

Phone: (506) 523-8227 OR VIA EMAIL TO Nancy.milliea@ehwc.ca

POSITION DESCRIPTION

1. POSITION IDENTIFICATION

Job Title:	Access Liaison Worker (ALW)
Department/Business Unit:	Community Development Division (CDD)
Reports to:	Counselling Services Manager
Location:	Ulukhaktok
Position Detail:	Type of position:
Type of position:	Type of position:
CA Funded:	

2. POSITION OBJECTIVE

Reporting activity to the Counselling Services Manager (hired through Ulukhaktok Community Corp.), the ACCESS Liaison Worker is an essential member of the ACCESS-Ulukhaktok Site Team. The ALW will be a caring resource who will link youth who have mental health issues, their families and community members to mental health service providers (e.g. the community counsellor, social worker, nurse, visiting psychologist / psychiatrist) and other resources in the community who work with young people.

The incumbent's role is to:

- Engage youth and community members to offer support for those dealing with mental health issues .
- Encourage youth in need of services to seek help from professional service providers and other resources.
- Work collaboratively with service providers and other community members to achieve the objectives of the ACCESS-Ulukaktok program.
- Help youth and families in Uluhaktok to shape the ACCESS program and to improve the system of youth mental health care locally.
- Build on local, personal, and cultural values, beliefs and strengths to promote services based on hope, resilience, empowerment and respect.

3. COMPETENCIES REQUIRED

Competencies are demonstrated behaviours of a person that facilitate effective performance of work tasks. It is how we do it, not just what we do. The following competencies are required for all roles within ICG.

Results Focus

Takes responsibility and ownership for decisions, actions and results in service of ICG's overall corporate mandate.

Communication

Encourages and contributes to clear and open communication. Keeps others informed of important information, whether daily activities, crises, or progress on long-term goals. Listen to others & communicates in an effective manner.

Relationship Building	Builds and maintains relationships outside of own immediate team to achieve common goals. Works to build, maintain, and utilize individual relationships or networks with co-workers and other people who are, or might be, helpful in achieving work related goals.
Teamwork	Works collaboratively within a team, supporting others and fostering a positive team environment.
Knowledge Sharing & Development	Continually seeks to improve the knowledge, skills, and work processes of oneself and others. Desiring & making an effort to acquire new knowledge and skills for work and share accordingly within the organization.

4. KEY RESPONSIBILITIES

Role 1: Foster Community Capacity for Youth Mental Health and Well-being

- Provide information about mental health problems and how help (particularly ACCESS services) can be accessed, to promote early help-seeking by youth and their families / caregivers.
- Liaise with all ACCESS members and youth council, and promote youth and community advocacy and ownership of ACCESS project
- Build partnerships with key stakeholders to support ACCESS objectives.
- Map and strengthen connections between all community and external resources /services supporting youth health and well-being.
- Articulate and advocate needs and perspectives of community to others
- Mentor other ACCESS Liaison Workers.

Role 2: Support youth and families/carers in navigating the health and human services system and ACCESS

- Be easily accessible (by phone, email/online or in person) as an initial contact person for youth with mental health concerns, as well as for family members, friends, teachers, etc. of such youth.
- Help youth in need to get rapid access to assessment by a health professional.
- Help the youth and his / her family to get to initial and follow-up appointments, as needed.
- Work closely with care providers within and outside the ACCESS team to ensure smooth connections to resources and services so that youth can get appropriate care promptly and that care being received is coordinated
- Refer and link youth and families to health, mental health, social and other resources including local services, helplines, internet, and other resources.
- Support ACCESS research and evaluation activities, including assisting youth and families to complete questionnaires.
- Maintain up-to-date records about activities at the ACCESS site.
- Support youth and families in articulating and advocating for their needs

Role 3: Provide Direct Services towards Youth Mental Health and Well-being

- Identify individual and family needs
- Increase among youth and families the knowledge and skills needed to obtain care and supports

- Ask youth what services they would like to receive, inform them about options/resources available and make decisions together so youth feel valued as decision-makers.
- Engage families and caregivers as much as possible.
- Stay in contact with youth and families to maintain engagement in treatment and wellness, including informal monitoring/check-ins.
- Provide culturally appropriate health information/education to youth and families
- Build capacity among youth and families/carers for wellness and support their steps (e.g., reminders)
- Provide and promote social support
- Every 3 – 6 months, re-connect with youth who initially needed no/very brief treatment

Role 4: Continuous self-development

- Take part in ALW trainings and online support groups.
Seek ways to continuously develop pertinent knowledge and capacities

Sundry duties as required

5. STRATEGIC PLAN PRIORITIES

Ensure alignment of daily work, special projects, and other assignments contribute to one of the six major focus areas of the strategic plan as listed below.

1. Revitalize and celebrate Inuvialuit cultural identity and values within a changing northern society
2. Exercise stewardship over Inuvialuit Lands
3. Improve the capacity and well-being of individuals, families, and communities
4. Enable Inuvialuit to be equal and meaningful participants in the northern and national economy and society
5. Take an evidence-based decision-making approach to policy development and advocacy
6. Manage optimally the human, physical, and financial resources of the Inuvialuit Corporate Group

6. KNOWLEDGE, SKILLS AND ABILITIES

- 2-3 years of client-service experience, preferably experience working with youth and / or families and knowledge of local community resources and cultural practices.
- Knowledge of Mental Health First Aid and / or ASIST (Applies Suicide Intervention Skills) would be considered an asset.
- Willing to work in the community (e.g. youth centre, school, health centre, etc.) and occasionally outside of normal work hours (e.g. when promoting the ACCESS project at an evening or weekend community event)
- Experience with Microsoft office (Outlook and Word)
- Ability to listen actively, build trusting relationships with youth and their family members.
- Ability to work with a team, but will take initiative and work independently when needed.
- Ability to respond well to crisis situations.
- Demonstrated capacity to maintain confidentiality;

7. ORGANIZATIONAL RELATIONSHIP/AUTHORITY

ORGANIZATIONAL RELATIONSHIPS

Reports to: Counselling Services Manager

Manages: 0 Employees

Internal Contacts:

External Contacts:

ORGANIZATIONAL AUTHORITY

Decisions made in the position:

Decisions referred:

8. ACKNOWLEDGEMENT

This job description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities and qualifications required of employees assigned to the role.

Return signed copy to Human Resource Department for insertion into employee personnel file.

Employee :

Direct Manager :

Signature :

Signature :

Prepared by :

Date Issued :

ACCESS OPEN MINDS YOUTH PEER SUPPORT WORKER

JOB DESCRIPTION

Division/Department	ACCESS Open Minds Youth Space		
Location	Eskasoni		
Job Title	Youth Peer Support Worker	Position Number:	ADD
Reports to	Team Leads	Title	

Name of Incumbent: **ADD SPECIFIC NAMES**

Level/Grade	Type of position: <input type="checkbox"/> Full-time (BFI/BHC Funding) <input type="checkbox"/> Part-time <input type="checkbox"/> Contractor <input type="checkbox"/> Intern	Hours 37.5 / week <input type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt
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POSITION OVERVIEW:

Assists the Eskasoni Mental Health Services and ACCESS Open Minds Teams in developing, organizing, facilitating, supervising and implementing youth oriented programs (including sport/recreation/ cultural/ traditional/art/music/educational/culinary/social enterprise) and services, in addition to providing clinical peer support prevention, intervention, and aftercare services. The ACCESS Open Minds Mental Health Youth Peer Support Worker will report directly to the Team Leads as well as the Director of Eskasoni Mental Health Services.

POSITION SCOPE / IMPACT OF ERROR:

Accountable to the Team Leads and Director of Eskasoni Mental Health Services, the incumbent of this position participates as an integral member of the Eskasoni Mental Health and ACCESS Open Minds Teams and performs duties in accordance with the implementation of the Eskasoni Band/Health Centre/Mental Health strategic, organizational, operational, human resource and client-centered service provision standards.

Impact of recommendations, decisions and actions made by the incumbent:

- ☒ Significant
- ☐ Moderate
- ☐ Low

SPECIFIC ACCOUNTABILITIES:

KNOWLEDGE, EXPERIENCE, SKILLS, QUALIFICATIONS, ASSETS AND ABILITIES:

- ☐ A Diploma, certificate (s) or Bachelor's level degree in Psychology, Social Work or related field;
- ☐ Experience working with a youth population, especially aged 11-25;
- ☐ Lived mental health/addictions/recovery/training experience;
- ☐ Knowledge, and experience of First Nations political, governance, and community structures;
- ☐ Strong interpersonal skills and the ability to work effectively with a wide range of individuals in the organization, community as well as federal, provincial and philanthropic representatives/organizations;
- ☐ Strong verbal and written communication skills with an ability to communicate complex information in a manner suitable to the situation or person being addressed;
- ☐ Excellent navigational skills;
- ☐ Experience with Crisis Response, peer support interventions, youth and community programming;
- ☐ Ability to work independently and expeditiously under tight timeframes and competing priorities;
- ☐ Perform other related duties as requested by the Team leads and/or Director;
- ☐ Respect confidential nature of the business and management of a Mental Health Team;
- ☐ Be a registered member of a professional organization, where applicable;
- ☐ Must be able to work within a multi-disciplinary context (Education, Justice, Addictions, Health, Mental Health and other applicable settings);
- ☐ Police Check and Sexual Abuse Registry Check.
- ☐ Proficient Computer Skills
- ☐ Valid Driver's License, Active Insurance and Access to Reliable Transportation
- ☐ Strong Organizational Skills
- ☐ Must be willing to take professional development training with approval from Director
- ☐ Attend Meetings as requested by Director
- ☐ Ability to speak and/or understand Mi'kmaq is an asset

ROLES & RESPONSIBILITIES:

- Works collaboratively with the Eskasoni Mental Health/ACCESS Open Minds Teams to ensure the provision, development and implementation of comprehensive youth programming and youth peer support interventions that meet the needs and requirements of clients and the youth population aged 11-25;
- Makes presentations to external agencies/organizations, and to Chief, Council and internal committees, as required;
- Advises team Leads and the Director of individual client status, service/organizational requirements, youth oriented program needs;
- Demonstrates continuous effort to: improve operations; decrease turn-around times; streamline work processes; and work cooperatively and jointly, to provide quality seamless client-centered peer support mental health services and youth programming;
- Assists in program planning and evaluation, to address identified client (and their families) needs, the needs of the agency, the needs of the community (with specific emphasis on youth), and the accountability requirements of our funders;
- Ensure programs are delivered efficiently and effectively;
- Maintain, compile and submit reports, statistics, paperwork and employment related paperwork/forms/statistics/proposals and requested information within the identified timelines;
- Maintain and regularly update client files, provides program status reports and enters clients on a daily bases into our Mental Health Data Base;
- Engage in a regulated schedule of youth programming and peer support, to ensure youth are receiving consistent, timely and accountable services;
- Prepare and provide articles, submissions, reports, presentations and provide programs to increase awareness of youth oriented mental health issues for staff, clients and the community of Eskasoni;
- Receive, and promptly act upon, referrals from community agencies and/or families, requesting peer support

Interventions;

- Communicate with all agencies (i.e. service providers from Justice, Addictions, MFCS, MLSN, Education, Social and Health and other applicable client involved agencies/organizations);
- Engage in continuous, employment-related, professional development training through participation in workshops/seminars, and through the review of current relevant literature, and provide relevant scope of practice training ,to others, as per requests, and with approval from the Director;
- Assist, support, encourage and motivate clients in identifying their strengths and life priorities. Once priorities are established, develop action oriented client care plans in collaboration with the client and continuously evaluate progress and relevance;
- Advocate on behalf of the client and/or their family, where necessary, to address any gaps that may exist in the services that they may require to assist them with success in achieving their life goals;
- Make referrals and help with application processes to identified client requested/needed programs/services;
- Assist client with any identified housing, education, welfare, justice, medical, mental health needs;
- Offer traditional alternatives to healing to interested clients;
- Maintain, at ALL times, the highest standards of confidentiality (written complaints of a breach in confidentiality will be investigated and appropriate employment related action, including immediate dismissal, will be undertaken if the complaint is valid and substantiated);
- Maintain a professional demeanor throughout the work day/week and appreciate that during personal time your behavior and actions are interpreted by the public in the context of your professional life, and therefore, may have ramification on employment status;
- Perform and engage in other employment-related duties as requested by the Director of Mental Health, Director of Health, Band Manager and Chief/Council.
- To be supervised by the Director/Program Manager, or designate, on an ongoing and continuous basis;
- To attend regular staff meetings, and other necessary meetings related to the smooth operation of the agency;
- To adhere to the Policies and Procedures of Eskasoni Mental Health/Eskasoni Health Center and Eskasoni Band Administration.

REVIEWED BY

Title

APPROVED BY

Title

DATE POSTED

DATE HIRED

Signature of Employee

Date:

Job Description updated on: November 17, 2017

Date:

APPENDIX C: ADDITIONAL READINGS ON BENEFITS OF PEER SUPPORT

Making the Case for Peer Support. (n.d.) Retrieved March 18th, 2017, from
http://www.mentalhealthcommission.ca/sites/default/files/2016-07/MHCC_Making_the_Case_for_Peer_Support_2016_Eng.pdf

Ontario Centre of Excellence for Child and Youth Mental Health (2016, June). Youth peer support in a mental health context. Evidence In-Sight. Retrieved from
<http://www.excellenceforchildand youth.ca/resource-hub/evidence-in-sight-database>

APPENDIX D: RESOURCES ABOUT PATIENT ENGAGEMENT IN RESEARCH

Canadian Institutes of Health Research (2014). Strategy for Patient-Oriented Research- Patient Engagement Framework. Retrieved from <http://www.cihr-irsc.gc.ca/e/48413.html>
<http://wisdom2action.org/knowledge-synthesis-reports/full-reports/>

Liebenberg, L. (2018). Thinking critically about Photovoice: What is it, how to do it, and how does it compare to qualitative visual methods? *International Journal of Qualitative Methods*, 17, 1-9. Doi: 10.1177/1609406918757631

Liebenberg, L., & Hutt-MacLeod, D. (2017). Aboriginal community development approaches in response to neoliberal policy: The example of Eskasoni Mental Health Services. In P. Dolan & N. Frost (Eds.), *The Handbook of Global Child Welfare*. London: Routledge.

Liebenberg, L., Sylliboy, A., Davis-Ward, D., & Vincent, A. (2017). Meaning Engagement of Indigenous Youth In PAR: The Role of Community Partnerships. *International Journal of Qualitative Methods*. 16. 1-16. Retrieved from <http://www.journals.sagepub.com/doi/full/10.1177/1609406917704095>

Reich, J., Liebenberg, L., Denny, M., Battiste, H., Bernard, A., Christmas, K, ... Paul, H. (2017). In This Together: Relational Accountability and Meaningful Research and Dissemination With Youth. *International Journal of Qualitative Methods*. 16. 1-12. Retrieved from <http://www.journals.sagepub.com/doi/abs/10.1177/1609406917704095>