PEER SUPPORT

RESOURCE MANUAL

July 2001

British Columbia

Ministry of Health Services

Adult Mental Health Policy
and Mental Health Plan
Implementation Division

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

"A full spectrum of mental health services includes
outreach, clinical treatment, crisis response, housing,
rehabilitation services, family and community support,
case management, advocacy and peer support." (Mental
Health Guidelines for Rehabilitation Services, 1996. pg.6)

The Peer Support Resource Manual is the result of work by a Peer Support
Resource Committee, an intensive literature search and feedback from a survey of
the health regions in B.C. about their peer support services.

The manual contains background information on the importance of peer support
for people with a mental illness, key elements needed in a peer support program
and a step-by-step outline of how to develop a peer support program. The final
part of the manual is a database containing the responses to the survey that was
sent out by the Research, Education, Evaluation and Support Centre (R.E.E.S.),
and a list of the current peer support programs available in the province.

The Peer Support Resource Committee developed four main classifications of peer
support programs:

- Mutual Support - Informal Structure;
- Trained Peer Support - Moderate Structure;
- Trained Peer Support - Formal Structure; and ,
- Trained Peer Support - Complementary to Clinical Team - Formal Structure.

These programs are defined and key elements for each are outlined.

The manual briefly discusses other forms of peer support, such as:

- Seniors' Peer Support;
- Multi-cultural Peer Support;
- Warm Lines; and,
- Internet Chat Lines for Peer Support.

Peer support is recognized as a necessary component of a full spectrum of mental
health services. Peer support programs operate at their optimum level when
sufficient funding is in place.

"The involvement and empowerment of the individual is an essential part of effective rehabilitation services." (Mental Health Division Guidelines for Rehabilitation Services, 1996. pg. 7) Peer Support programs, as part of rehabilitation, need to fully involve the peer support team members in all aspects of decision making and the operation of the program.

Health Authorities and regional staff need to be aware of how the *Employment Standards Act* impacts on Peer Support programs. Compliance with the Act is mandatory to avoid liability issues. We included a section in the manual which addresses this issue.

It is our hope that this manual will provide Health Authorities and consumer groups with guidelines for developing excellent Peer Support programs across the province. If you have any further questions or concerns please contact:

<div align="center">

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PREAMBLE

The success of mental health reform, ultimately, will be measured in a number of ways, including the number of people with mental illness who 'recover' and attain an optimal level of wellness. The psycho-social rehabilitation and recovery approach is therefore the underpinning philosophy of mental health reform.

> Recovery is "a deeply personal, unique process of changing
> one's attitudes, values, feelings, goals, skills and/or roles.
> It is a way of living a satisfying, hopeful and contributing
> life even with illness caused limitations." [1]

Some basic assumptions of a recovery-oriented mental health system[2] are that:

- Individuals living with mental illness [may] need support to lead personally satisfying, hopeful and contributing lives;
- Recovery from mental illness can occur even though symptoms of illness reoccur; recovery is not a linear process but it is unfolding and on-going;
- Recovery assists individuals to reduce symptoms' frequency and duration;
- Recovery assists individuals to deal with losses and consequences associated with mental illness;
- Recovery requires recruitment and involvement of people who believe in and assist individuals to pursue their hopes and goals; and,
- Recovery requires dedicated human and fiscal resources.

An important goal of psycho-social rehabilitation and recovery is to provide programs and services that are recovery-oriented, and are culturally, geographically and gender relevant. Rehabilitation strategies in mental health reform aim at encouraging client recovery, competency and empowerment. This entails taking an individual approach to assess and decide with each consumer/survivor what rehabilitation services are most appropriate for the consumer/survivor's specific rehabilitation needs. There is no expectation that an individual must enter at the initial stage or move through these stages in a step-by-step fashion. Rather, services must be planned on an individual basis, with each individual's initial entry being at the point most appropriate to personal needs and circumstances.

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[1] Psycho-social Rehabilitation and Recovery – Summary. Document presented at the Consultation Forum on Provincial Best Practices in Mental Health: "Doing What We Know Works Best". Adult Mental Health Division, Ministry of Health. 1999.
[2] Ibid.

Rehabilitation services are described as a series of stages or categories, namely:
- Basic support
- Rehabilitation readiness
- Rehabilitation process
- Ongoing support

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                    │  Basic   │
                    │ Support  │
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                ↗                  ↘
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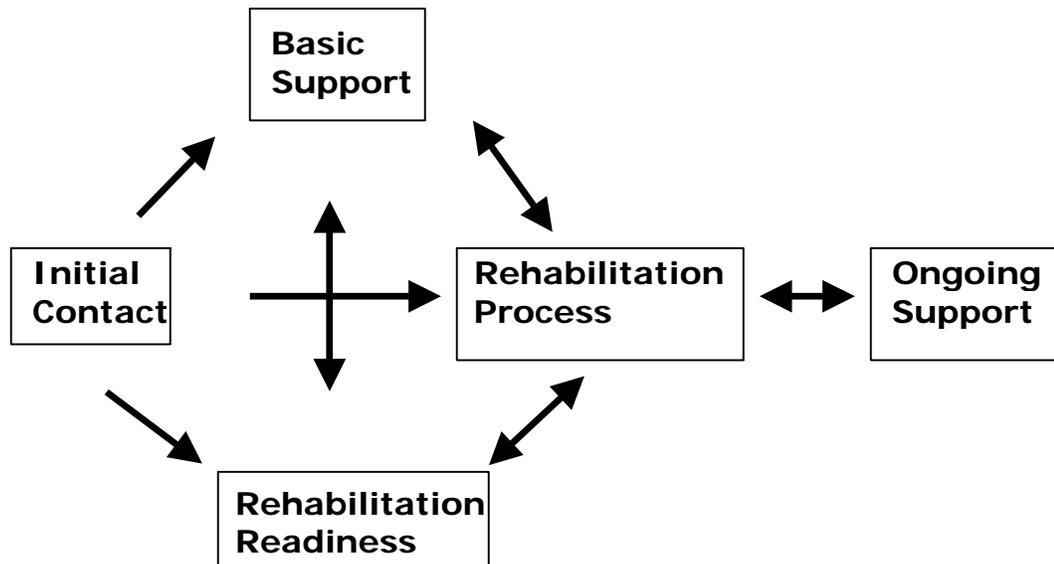
FIGURE 1: REHABILITATION SERVICES[3]

Services must be flexible so that the individual has the opportunity to re-enter at the same or a different phase, depending on his/her personal needs and goals.[4]

Providing and receiving peer support stands as an integral component of rehabilitation and recovery for people with mental illness. Peer support initiatives can flexibly occur at any stage of the rehabilitation spectrum described above. The concept of peer support relates to the creation of an interpersonal context that is respectful, trusting and warm, allowing individuals to find their own answers and empowering them to make changes that will enhance their lives. Roles of peer supporters can relate to helping individuals understand and manage their illness, providing emotional support, helping individuals follow through on goals and action plans, advocating for individuals, helping individuals re-establish social networks, decreasing isolation of individuals and teaching interpersonal skills.

Potential benefits of peer support for consumers/survivors include: individual empowerment, increased self-esteem for individuals who are peer supporters, improved education and employment status, positive changes in the attitudes of mental health professionals toward the abilities of people with mental illness, and a reduced number of hospitalizations.

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[3] Mental Health Division Guidelines for Rehabilitation Services. British Columbia Ministry of Health. 1996.
[4] Mental Health Division Guidelines for Rehabilitation Services. British Columbia Ministry of Health. 1996

People who are likely to be successful peer supporters are those who have accepted their psychiatric disorder, have a positive attitude toward mental health professionals, have developed effective coping skills and strategies for dealing with stress, like working with people, and can accept individual differences and learn from others. They have good interpersonal skills themselves, a personal sense of self-worth in a team setting, adequate literacy skills and problem solving abilities, are motivated and are generally stable in their personal life.[5]

In this manual, peer support programs in B.C. have been organized according to degree of structure (low, moderate and high). While programs vary, they share a common purpose. They need to be designed/strengthened with appropriate supports that promote recovery for those who provide peer support and those who receive it. This, according to the nature of psycho-social rehabilitation, must, by definition, be individualized.

The Ministry of Health considers peer support to be an important contributor to recovery for most people with mental illness. Therefore, the Ministry will work with Health Authorities to increase the quality and quantity of peer support services for people with mental illness.

In the past, some people felt the *Employment Standards Act* (ESA) and Regulations impeded their ability to develop or expand a peer support program. Specifically, issues regarding compensation, work/activity schedules and employment status for peer supporters were difficult to interpret within the framework of the Act and Regulations.

In this manual, the assumption is that programs exist in a variety of forms. For peer supporters engaged in the different types of programs described in this manual, peer support could serve in a variety of purposes: social support, training for employment, and part-time or full-time employment. In order to ensure compliance with the ESA and avoid potential for employer liability, the goals of peer supporters must be assessed and their involvement with the program evaluated flexibly and on an individual basis.

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[5] "Best Practices: B.C.'s Mental Health Reform; Psycho-social Rehabilitation and Recovery". British Columbia Ministry of Health and Ministry Responsible for Seniors. 2000.

Section 1 INTRODUCTION

The Ministry of Health and Ministry Responsible for Seniors developed the 1998 Mental Health Plan – "*Revitalizing and Rebalancing British Columbia's Mental Health System*".

Working together to develop ideas.

"This [Mental health] plan provides a framework to guide the work of health authorities in evolving mental health care systems which will help people with mental illness and their support networks access the services they require to restore and maintain optimal functioning and health."
(The 1998 Mental Health Plan; pg. iv)

Current evidence suggests that self-help, in its broadest form, should be a part of any mental health reform strategy. Public education should be a priority in order to raise self-help as a community option." (Review of Best Practices in Mental Health Reform, prepared for the Federal/Provincial/Territorial Advisory Network on Mental Health; 1997; pg. 81)

The plan contains a list of the Health Ministry responsibilities and commitments. One of the commitments is to:

" work with health authorities to ensure the participation of mental health advisory committees and the availability of a range of consumer and family initiatives which support involvement, information, education, training, self-help, mutual aid and peer support programs." (pg. 33)

In B.C., a number of communities, including Langley, Kelowna, South Fraser, Richmond, Vancouver, Vernon and Victoria have spent time, effort and resources to develop peer support programs. These areas, with their forward-thinking consumers/survivors and mental health professionals, have generated a ground-swell of interest in the substantial benefits of peer support programs.

Peer support is a new initiative that deserves to be considered. One of the major challenges to developing a peer support program is making sure it conforms to the *Employment Standards Act*. Each peer support program needs to assess the employment status of all peer supporters. The Vancouver Community Mental Health Services did ground breaking work in this area. In 1998 Vancouver Community Mental Health Services worked with consumers, family members, service providers, management and health services' unions to develop a process for involving consumers in the workplace.

In order for peer support to be effective, everyone involved should recognize that consumers are capable of participating and should be an integral part of their own recovery process.

The people responsible for managing mental health services in the health regions play a key role in the development of peer support programs.
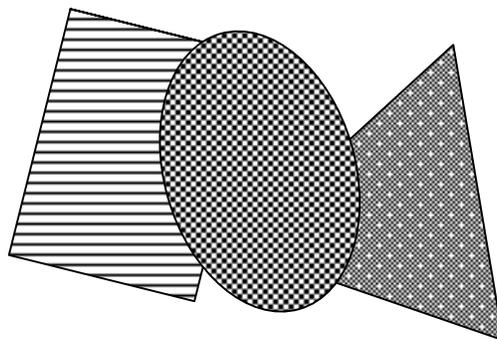
Purpose of the Peer Support Resource Manual
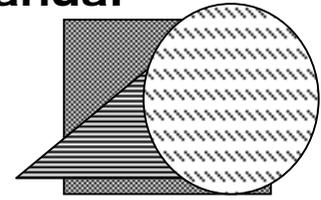
> **"[Peer support] has helped me to have hope and faith. [Peer support] has helped in my optimism toward life again and has helped me cope successfully with family matters and many others."**
>
> Quote from a consumer who received peer support.

The Peer Support Resource Manual is intended for use as a tool by health authorities and by consumers and families, to identify key elements of peer support programs for their communities. Programs described in the manual are examples of peer support programs. Each program has its own strengths and merits, and none is deemed to be better than another. Programs should be developed by each region according to specific regional needs. The manual includes:

- Information useful in assisting the development and/or evaluation of peer support in health regions and communities.

- Information for consumers and consumer groups to examine and use when making proposals to their local mental health authority or agency to develop a peer support program.

- A database of current peer support programs.
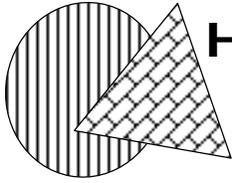
History Behind the Peer Support Resource Manual
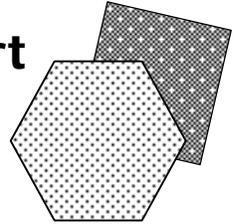
In the spring of 2000, the Adult Mental Health Policy Division provided limited, one-time funds to examine peer support in the province. Representatives from around B.C. were involved to find an effective way to develop peer support.

A time-limited Peer Support Resource Committee was formed to identify key elements featured in different models of mental health peer support. The committee has guided the creation of this Peer Support Resource Manual.

The committee developed and distributed a survey to assist in identifying the existing peer support programs and those being planned. (The survey used is included in the database section of the manual.) At the same time, a literature search regarding peer support was carried out.

The Peer Support Resource Committee included representation from consumers/survivors and service providers involved in peer support and/or advocacy organizations in communities around the province and from the Ministry of Health. The Committee met in person and via teleconference during the development of this manual. The members of the Peer Support Resource Committee were:

- Jill Stainsby, Consumer Support Worker - Vancouver Community Mental Health Services;
- Charly Sinclair, CMHA-B.C. Division Consumer Development Project, South Okanagan Co-facilitator;
- Ron Nichol, Consumer Advocate - North Okanagan;
- Ray Langley, Peer Support Worker - Williams Lake;
- John Knight, Peer Support Worker - Prince George;
- Penny Keene, Consumer Coordinator, Richmond Peer Support Program;
- Jim Draper, Executive Director, CMHA Mid Island Branch;
- Anne Bowles, Manager, Consumer and Family Involvement - Capital Health Region; and,
- Victoria Schuckel, Ministry of Health, Adult Mental Health Policy Division Liaison.

The responsibility for writing the resource manual and developing the database was contracted to R.E.E.S. (Research, Education, Evaluation and Support Centre) in Victoria and the CMHA – BC Division Consumer Development Project (CDP) in the Okanagan.
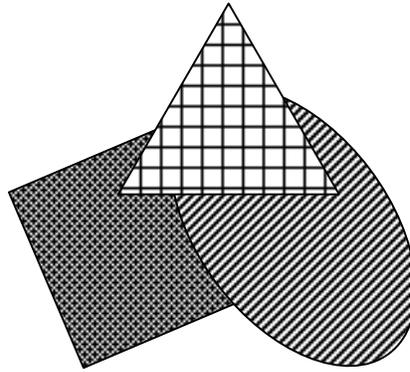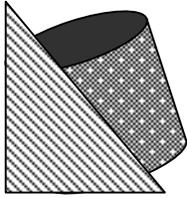
Definitions
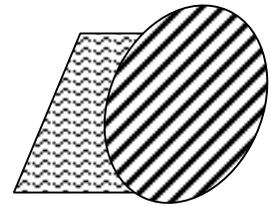
There are many definitions of peer support. For clarity, the Committee recommends that for the purpose of this document, we use the following definitions:

Peer Support — is a process in which consumers/survivors offer support to their peers. Peer supporters experience their own mental health issues and therefore are in a unique position to offer support to others in order to improve the quality of their lives.

Consumer/Survivor — is a person with direct and personal experience of a mental health issue and who has used or is using the resources available through the private or public mental health system. (From B.C.'s Mental Health Reform Best Practices, Consumer Involvement and Initiatives)

Fundamental Values of Peer Support
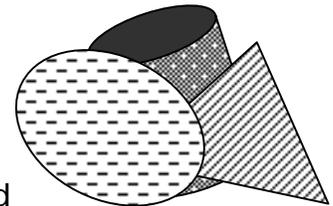
The committee developed the following list of basic values and characteristics of peer support. Each region or community may wish to develop its own set of values and characteristics.

- **Peer support includes all necessary activities and actions that help improve/enhance another consumer's/survivor's recovery of quality of life and ability to cope with daily life and set and achieve goals. Individual requirements vary but activities may include going for walks, shopping, help with completing forms, etc.**

- **Peer support is a helping relationship between consumers/survivors that promotes respect, trust and warmth and empowers individuals to make changes and decisions to enhance their lives.**

Basic Assumptions about Peer Support
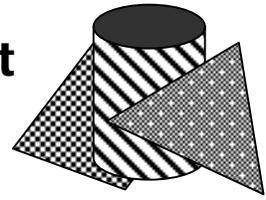
- Peer supporters are consumers/survivors;
- All people with mental illness, like the general population, have diversity in skills, characteristics, talents and abilities;
- Not every consumer/survivor has the stability and ability to be a good peer supporter;
- Not every consumer/survivor wants to be a peer supporter or to be involved with peer support;
- Professional support/input needs to be available when requested; and,
- The mental health system needs to fund peer support adequately.

Classifications of Peer Support
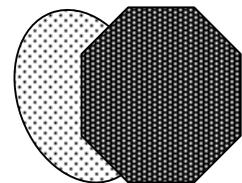
There is generally a continuum that develops in the community for peer support. Peer support can be as basic as consumers having coffee with consumers and talking about their lives. Peer support can be as extensive as consumers being part of the mental health team, helping consumers set and meet goals. In order to ensure clarity, we have created four classifications of peer support that are described below. It is important to recognize all methods of peer support.

> **"Overall, respondents indicated that being involved in self-help had a salutary effect on their quality of life, including their general life satisfaction." (Chamberlain, et al; Winter 1996; pg. 40)**

- ## Mutual Support -Informal Structure

  A **Mutual Support – Informal Structure** program is characterized by mutual aid, social and recreational companionship that are provided through self-help groups and one-on-one support. Everyone involved is a volunteer. Confidentiality is a basic requirement. The structure respects consumer choices, is flexible and easily accessible. The program may have a facilitator. No formal training is required and the format meets individual needs.

  This type of peer support requires no specific financial supports; typically people, pay their own expenses and meet at a location agreed upon by the

group.

> Key components are: no formal training and a focus on mutual aid and companionship.

- **Trained Peer Support - Moderate Structure**

  A **Trained Peer Support - Moderate Structure** program provides basic support, usually in a group format. The group has a basic structure and a trained facilitator. The facilitator is a volunteer and usually follows the mandate, procedures and training policies of the agency he/she represents (e.g., Mood Disorders Association (MDA), British Columbia Schizophrenia Society (BCSS), and Canadian Mental Health Association (CMHA)).

  Reimbursement for expenses and/or incentives may be provided. Some funding may be required for rental of meeting space, refreshments for social events, and basic administration needs (posters, newsletter, etc.).

> Key components are: a trained facilitator and a basic structure.

- **Trained Peer Support - Formal Structure**

  A **Trained Peer Support - Formal Structure** features extensive screening of peer supporters, formal support and coordination, and ongoing education. There are policies and procedures in place. The program has a defined mandate and mission statement and various forms of financial incentive. Team meetings provide support to the peer supporters. The program is valued and accepted by regional or mental health services.

  Annualized funding for this program is required for training, financial incentives and program administration, which includes a coordinator.

> Key components are: screening, support and coordination of peer supporters.

- **Trained Peer Support/Complementary to Clinical Team —
  Formal Structure**

  A **Trained Peer Support/Complementary to Clinical Team — Formal
  Structure** program is characterized by a formal structure, policies and
  procedures. Referral and training are required for peer supporters. A
  practicum is also a component of the program. Members of the mental health
  team staff provide supervision. Peer Supporters are engaged part-time by a
  mental health team at an hourly rate for a maximum number of hours per
  week.

  Key components are: peer supporters are complementary to the mental
  health team, and work from the mental health center/unit.

  Formal, standardized, written records on each consumer/survivor are required
  from the peer supporter. Annualized funding is required for a coordinator,
  training, contracts, program administration and staff coordination. (See
  Section 2 - Table 1 - *Comparison of Peer Support Key Elements, By
  Classification*.)

  Peer support programs should not be viewed as static entities, but as flexible
  programs that reflect the changing complexion of the individuals and communities
  where they are located.

  Peer support is an enhancement of existing mental health services. Peer support is
  not intended to replace any existing mental health services, but rather is an
  opportunity to enrich the provision of mental health services through the direct
  participation and expertise of consumers. Many mental health sectors recognize the
  value of peer supporters and are making attempts to accommodate and promote peer
  support.

Section 2
KEY ELEMENTS OF PEER SUPPORT

In this section attention is given to detailing the key elements of each of the classifications of peer support, whether provided one-on-one, in groups or through programs.

Steering/advisory committees are typically used to assist in the development and operation of peer support programs.

Table 1 – Comparison of Peer Support Key Elements, by Classification

	INFORMAL STRUCTURE	MODERATE STRUCTURE	FORMAL STRUCTURE	COMPLEMENTARY TO CLINICAL TEAM –FORMAL STRUCTURE
Purpose	Basic support; one-on-one, or in a group	Basic support; usually in a group	One-on-one support and problem-solving; support for group members through group meetings and a coordinator	One-on-one support, problem-solving and goal setting; support from wider team
*Nature of Involvement	Rehabilitation /Volunteer	Rehabilitation Volunteer Basic Training	Rehabilitation Training Work	Rehabilitation Work
Self-help	Yes	Yes	Yes	Yes
Support	Group/one-on-one	Group	One-on-one/ team meetings	One-on-one/ team meetings
Membership	Voluntary	Voluntary	Screened	Selected
Confidentiality	Yes	Yes	Signed form	Signed form
Leadership	Consumer; person may change	Trained facilitator, consumer	Coordinator-consumer	Coordinator-consumer
Referral	None (self)	None (self)	Self or Professional	Self or Professional
(Continued on next page)				

- **Each program needs to consult *Employment Standards Act* advisors regarding all peer supporters. General information may be obtained by calling the information line at 1-800-663-3316. Interpretation of guidelines are also available on the Internet at the following address: http://www.labour/gov.bc.ca/esb/igm/regulations/reg 32.htm**
- **Note: General information does not replace assessments and decisions by the Director of the Employment Standards Branch.**

Table 1 – Comparison of Peer Support Key Elements, by Classification - Continued

	INFORMAL STRUCTURE	MODERATE STRUCTURE	FORMAL STRUCTURE	COMPLEMENTARY TO CLINICAL TEAM –FORMAL STRUCTURE
Training	None	Basic	Extensive	Extensive, with a practicum
Meetings	Voluntary as needed	Regularly scheduled; voluntary	Regular team meetings; scheduled meetings between peer supporter and consumer	Regular team meetings; scheduled meetings between peer supporter and consumer
Funding	Minimal/ none	Minimal	Required for administration and financial incentives, expenses	Required for administration and financial incentives, expenses
Evaluation	Informal	Informal	Formal	Formal
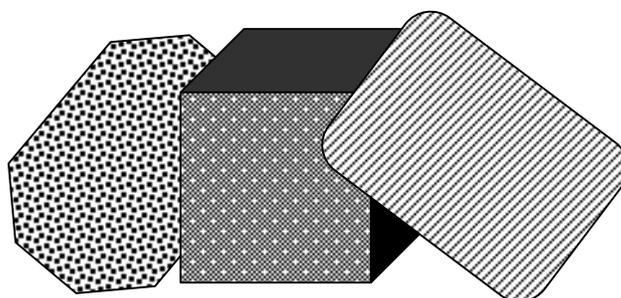
Key Elements of a Mutual Support Program - Informal Structure
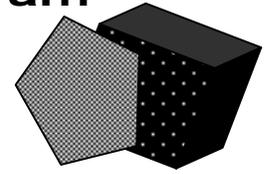
Self-help groups have been in existence since the 1930's. These groups have a variety of formats, and each group decides for itself how the group will be organized. Some elements are common to all self-help or mutual support programs whether support is provided one-on-one or in a group format.

> **"… a mutual-aid group can be seen as a community resource that fosters exchange of support among peers, promotes coping and self-help; members encourage the sharing of knowledge that comes from peers' own experience with a common concern, and promotes leadership by members themselves."**
> (Lavoie and Stewart, 1995)

- **Purpose** – the purpose of this type of program is to provide mutual support and companionship; usually in a group, but may be person to person.

- **Nature of Involvement** – people involved in this type of program are there voluntarily, and are seeking support in their recovery/rehabilitation.

- **Self-help** – all members of the mutual support group are willing to help themselves. They are prepared to listen and act on suggestions made by other members of the group when they feel it is appropriate to do so.

- **Support** – for each other is a cornerstone of this type of program.

- **Membership –** in mutual support groups is voluntary. Members come to meetings when they feel the need.

> **The underlying commitment is: "We are equals; we're all in this together; no one has all the answers; we share information and experiences in a relaxed, informal and non-judgmental way."** (**Mood Disorders Association of BC Self-Help Manual**; pg. 4)

- **Confidentiality** – is a basic principle. The idea that "everything that is said or happens in the group, stays in the group" is essential. All members of the mutual support group need to feel safe, and to know their privacy will be maintained. This principle is generally stated when a group is first formed, and repeated whenever new members attend.

- **Leadership** – the leader of the group is a consumer/survivor chosen by the group. The leadership may change from time to time according to the needs and abilities of the members. Leaders require basic communication skills that allow for all group members to speak and be heard; empathy; a sense of humour; and the ability to provide a positive example of respect and inclusiveness for group members.

- **Referrals** – there are no referrals to the group as such, although a mental health professional may recommend the group to his/her client.

- **Screening** – all involvement is voluntary; there is no screening.

- **Training** – the facilitator of the group is a consumer/survivor selected by the group, and may change as the group decides.

- **Meetings** are held when the group decides they are necessary.

- **Funding** – little or no funding is required for this sort of program. Members meet at a convenient location, and if refreshments are wanted, either bring their own or contribute to a fund to purchase them.

- **Evaluation** is informal; if the group does not meet people's needs, it will dissolve.
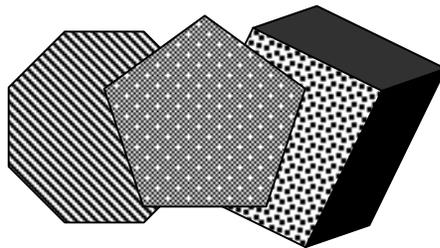
Key Elements of a Trained Peer Support – Moderate Structure Program
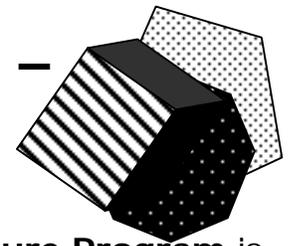
- **Purpose** of the **Trained Peer Support – Moderate Structure Program** is to provide basic support, companionship and education in a group setting.

- **Nature of involvement for the peer supporter** – is voluntary; people attending the group are looking for support and education as a volunteer, as part of their own recovery/rehabilitation or as basic training stepping stone.

- **Self-help** can mean either helping oneself *without* the assistance of others or helping oneself *with* the assistance of others (Review of Best Practices in Mental Health Reform, 1997; pg. 74). In this type of peer support, it means using the help of others to help oneself. The fact that people attend the group indicates a willingness to accept help.

- **Support** - members of the group provide support to each other through shared experiences. The facilitator ensures that everyone who wishes has an opportunity to speak, and that members show respect for each other.

- **Membership** is voluntary. Members attend when they wish and may come and go according to their individual circumstances and needs.

- **Confidentiality** – as with the **mutual support** program, confidentiality is paramount. Confidentiality is stressed at each meeting. Some groups use a written contract that is read aloud and/or signed.

- **Leadership** of the group is voluntary. Members may take turns leading the meetings, or select someone to facilitate on a permanent basis. The group makes this decision. Professional speakers may be invited to provide education regarding specific topics.

- **Screening** is not done. Participation is voluntary.

- **Referrals** to the program are not required. Professionals may recommend the program to their clients, but it is the choice of the individual to participate.

- **Training** – Facilitators are trained according to the principles of the organization represented. Training is designed to assist the facilitators in managing group dynamics. Skills taught may include:

  ➢ Support group basics and structures

  ➢ Methods of providing a supportive environment

  ➢ Active listening

  ➢ Group process

  ➢ Dealing with difficult group members

  ➢ Crisis intervention

  ➢ Awareness of the mandate, procedures and training policies of a sponsoring non-profit organization (e.g., CMHA, MDA and BCSS).

> **"Taking care of yourself in healthy ways is your #1 priority. Remember that as a facilitator taking care of you is paramount** – <u>**no one**</u> **can be effective in helping others if over-stressed."** (MDA Self-Help Group Facilitation Manual; pg. 3)

The focus of training is to manage groups effectively in order to provide maximum benefit to group members.

- **Meetings** are scheduled according to the needs and wishes of group members. Groups may meet weekly, bi-weekly or monthly. All meetings follow a basic structure. A typical meeting structure appears to be:

  ➢ Introduction of facilitator and group members present

  ➢ A statement of the name, purpose and goal(s) of the group

  ➢ An outline of how the group will proceed "in order to create an atmosphere of mutual respect and trust based on confidentiality and shared experiences" (Lange, 2000)

- **Funding** – Grants may be requested from mental health services within Health Authorities, Consumer Initiative Funds dedicated to Mental Health in the regions, or local non-profit organizations in order to provide funds for meeting space, office supplies, newsletters, refreshments or group activities.

- **Evaluation** is informal; if members find their needs are not being met, they will stop attending.

Key Elements of a Trained Peer Support – Formal Structure Program
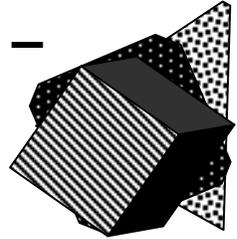
- **Purposes** of the program are two-fold. The peer supporters offer support, companionship and problem-solving skills to other consumers/survivors, and the peer supporters receive support from the team members and coordinator. An added benefit of the program is the increased self-esteem the peer supporters feel as a result of participation in the program.

- **Nature of involvement** for the peer supporters is as volunteers. Their involvement may play a part in their rehabilitation and/or offer them basic training for re-entry into the workforce.

- **Self-help** – the **Trained Peer Support – Formal Structure** program provides self-help through the training peer supporters receive, and through the structure of the peer support program itself. Understanding their own individual illnesses, other types of illness, community resources available and communication tools provides the peer supporters with basic skills to maintain their own mental health.

"Both my [peers] wanted to take this same training and by the time we were completing one was successfully volunteering and the other was preparing for U.B.C.'s day center."

Quote from a peer support trainee

- **Support** to the peer supporters is provided through team meetings with the coordinator and team members. Team meetings serve two purposes:

- **Debriefing sessions** in which peer supporters may express feelings and concerns about situations they have encountered with consumers/survivors they are supporting (maintaining confidentiality at all times), and discuss strategies for dealing with the consumer/survivor being supported.

- **Education sessions** where skills are reinforced through practice sessions. The coordinator, a team member(s) or a professional may provide education regarding new treatment methods (if a consumer/survivor is started on a new treatment by his or her psychiatrist or mental health team/unit professional, the peer supporter needs to have an understanding of the treatment), medications, or other pertinent subjects.

- **Membership** in the **Trained Peer Support – Formal Structure** – there is no "membership". Involvement is either through being a peer supporter or as the consumer receiving support.

- **Confidentiality** – Support in this type of program is given on a personal, one-on-one basis, more in-depth than with the **Mutual Support** or **Trained Peer Support - Moderate Structure** programs. Team meetings are held to discuss concerns raised by the peer supporters. Confidentiality thus becomes a more formal requirement. Each peer supporter signs an oath of confidentiality (Appendix 1); violation of the oath may be cause for discontinuation from the program.

In the Trained Peer Support – Formal Structure program, any notes and information are not part of the clients' formal mental health records. Some programs go so far as not to take notes, or not to keep files, other than basic statistics regarding the number of consumers/survivors referred and supported.

- **Leadership** in the **Trained Peer Support - Formal Structure** program is provided by a coordinator.

- **Coordinator**

Ideally, the coordinator of the program is a consumer. As a rule, the coordinator is compensated, whether via a financial incentive, an hourly wage or a salary. One of the coordinator's responsibilities is to match consumers/survivors and peer supporters.

> ➤ Referrals are made to the program either by a mental health professional or by self-referral of the consumer/survivor, according to the policies set out in each program.

> ➤ The consumer/survivor and peer supporter are matched based on the availability of a peer supporter and the age, possibly gender, ethnicity, orientation, interests and, sometimes, diagnosis of both people.

> ➤ The coordinator knows the abilities of the peer supporters, and following an interview with the consumer/survivor to determine his/her needs, interests and limitations, assesses which peer supporter will likely be most compatible and beneficial. There is always the option for either person to request a change.

- **Screening of Peer Supporters**

Screening of peer supporters is important. Screening is done to ensure optimum benefits for consumers/survivors referred to the program, and to ensure peer supporters have the capacity and necessary supports to handle the responsibilities and stress of providing one-on-one peer support. Screening typically has several stages:

> ➤ The potential peer supporter fills out an application form. (Appendix 2)

> ➤ A referral letter is obtained from a professional, either psychiatrist, general practitioner or case manager, stating the individual is capable of dealing with the responsibilities of being a peer supporter. (Appendix 3)

> ➤ An interview with prospective peer supporters is done to assess their ability to perform the duties of a peer supporter. (Appendix 4 - Sample Interview Questions for Trainees)

➢ The peer supporter needs to determine whether the program will meet his/her own personal needs and goals, and discuss this with the coordinator.

In order to ensure the safety of everyone involved in the program, a criminal record check of peer supporters is done.

The criminal record check is done to screen for repeat offenders of violent acts and/or sexual offences. Criminal record check results are evaluated on an individual basis.

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**Being accepted into training does not automatically mean the volunteer will be accepted as a member of the peer support program. This is made very clear to volunteers when they are interviewed for the training.

</div>

- ## Evaluation of Peer Supporter Trainees

Peer supporters need to be clear about the expectations of participants of the program. Once applicants receive the training, it is important to evaluate whether they have integrated the skills learned in order to use them effectively. The interview is usually conducted by the coordinator and may include members of the Steering/Advisory Committee. (Appendix 5)

➢ **Accommodations -** Inherent in mental illness is its periodic and episodic nature. Peer support programs are meant to support *all* consumers/survivors involved. Peer supporters who require time out in order to maintain their own health are not discontinued from the program. A leave of absence may be taken; usually a re-evaluation of the peer supporter is performed before they return to seeing peers. The peer supporter may continue to attend team meetings if he or she wishes and if the coordinator and other team members agree.

- **Referrals** to the program are made according to policies and procedures set out by each program. (This is discussed further in Section 4 – Steps to Implementing a Peer Support Program – Who refers consumers/survivors?)
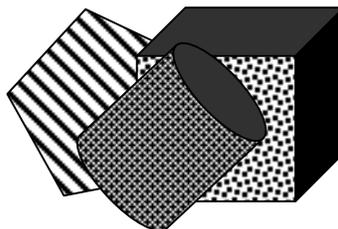
- **Training** is extensive and covers a wide variety of topics. (See Section 3 – Training Curriculum – Key Elements)

- **Meetings** – The peer supporter and the consumer/survivor agree to schedule meetings according to their individual needs and goals (within the policies and procedures of the program). Consumers/survivors and peer supporters may need special consideration, for example, the consumers/survivor, and/or the peer supporter may be at a point where meeting for an hour once a week will be the maximum either can handle. (See Section 4 - Steps to Implementing Key Elements in Peer Support - What policies and procedures are needed?)

- **Evaluations** are done of the program as a whole, and of the performance of the peer supporters. This is usually a formal process.

Key Elements of a Trained Peer Support/ Complimentary to Clinical Team – Formal Structure Program
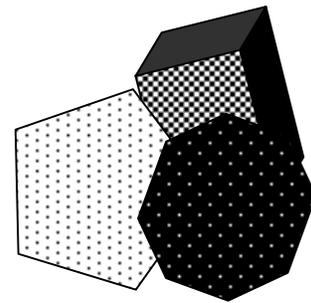
> "**For both stakeholder groups, [consumers and mental health professionals] the 'organizational or systems change' demanded by successful consumer service provision lies in the ability to define and blend new roles into new ways of delivering mental health services.**" (Mowbray, Moxley, et al; (1997) pg. 323)

The key component that makes this program different from other peer support programs is its relationship to the formal mental health system. Peer supporters are a complement to the clinical mental health team/unit.

- **Purpose** of the program is for peer supporters to provide support, problem-solving and goal-setting skills to consumers/survivors. Team members are complementary to the mental health team/unit staff. Peer supporters receive support from other team members, the coordinator and mental health team/unit staff. The peer supporter may be able to use this experience as a

stepping-stone to regular employment.

- **Nature of involvement for peer supporter** may be as part of rehabilitation and/or as a stepping-stone to entering the workforce or as waged work. Each program needs to approach *Employment Standards Act* advisors regarding the application of the Act to peer supporters.

- **Self-help** – The principle of self-help is the same for both **Formal Structure** programs. The training received by the peer supporters and the structure of the program provide the bases for self-help.

- **Support** for the consumers/survivors is provided one-on-one by the peer supporters. The peer supporters receive support from the coordinator and mental health team/unit staff.

- **Membership** – There is no actual membership in the program. Participation is a result of being a peer supporter, or a consumer/survivor receiving support.

- **Confidentiality** remains a key element in the **Trained Peer Support/Complementary to Clinical Team - Formal Structure** program. In this program the health region in which the peer support program is operating develops the confidentiality policy (e.g., Vancouver Community Mental Health Services' Confidentiality Statement for Volunteers, Students and Consumer Contractors).

- **Leadership** of the program is through a coordinator(s). Ideally, this will include at least one consumer. In the Vancouver Community Mental Health Services (VCMHS), the program is under the jurisdiction of a consumer and a professional, who operate the Consumer Support Office of VCMHS.

- Each peer supporter has an identified mentor, or support person designated from staff at the mental health unit or team. The Unit Coordinator/Team Director or the Senior Mental Health Worker at the team or unit supervises the peer supporters.

Peer supporters are considered complementary members of the mental health

team/unit.

- The Steering/Advisory Committee typically develops the mission and mandate for the program, and policies and procedures specific to peer supporters. (See Section 4 - Steps to Implementing a Peer Support Program – What policies and procedures are needed?)

- Policies and procedures need to be developed for mental health unit/team members to follow regarding the roles and responsibilities of peer supporters and how they work within the system. Included within these Mental Health team policies are role definitions for:

  - Program staff support

  - Unit Coordinator/Team Director

  - Senior Health Worker or Delegate (under the various collective agreements, job descriptions must include supervision)

  - Unit/Team Manager

  - Unit/Team Case Managers or Rehabilitation Staff who refer clients for peer support.

    - Staff at the mental health unit/team must be knowledgeable about the role of peer supporters and their function within the mental health system.

- **Screening** for peer supporters occurs as the result of advertised postings for Peer Supporters. (Appendix 7). When an individual has completed the training, he or she may express interest in the positions, and be interviewed and selected.

As this program has a formal structure, several forms need to be completed. These include: a letter of agreement (statement of duties and responsibilities and the conditions of the contract, (Appendix 8 – Contract, Letter of Agreement), consent form for criminal record check, oath of confidentiality, a criminal record check, and a Tuberculosis (TB) test.

- **Referrals** of consumers/survivors are made by clinical or rehabilitation staff. The staff member who made the referral, or the peer supporter's supervisor, matches the consumer/survivor with the peer supporter.

- **Training** – The Steering/Advisory Committee typically decides on a training course to use. It may design its own or utilize a training program already in existence.

  ➢ The peer supporters receive an orientation to the mental health unit. (Appendix 9)

- **Meetings** for this type of program are of two types – meetings of peer supporters with consumers/survivors, and team meetings with staff and peer supporters.

  ➢ Consumers/survivors and peer supporters schedule meetings that address their individual needs (i.e., the two will decide where, when and for how long they will meet). The peer supporters keep notes of meetings with consumers/survivors. The notes are kept in the form of an activity log (Appendix 10). The peer supporter uses an activity log sheet to assist the consumer/survivor reach the goals they have set. Once a consumer/survivor has attained the goals(s) agreed upon at the start of the contract, or the time limit of the contract has expired, the logs are destroyed.

  ➢ The consumer/survivor, peer supporter and referring staff member complete the Goal and Outcome Sheet (Appendix 11). The form becomes a part of the consumer/survivor's permanent file.

    This record keeping is an important distinction in this type of program.

- **Evaluation** of the program is formal and ongoing.

Peer supporters are evaluated at regular intervals.

The program itself is evaluated on a regular basis to ensure all goals and objectives are being met.

In some **Trained Peer Support – Formal Structure** programs, visits to consumers/survivors in hospital are part of the peer support that is provided. Typically, one or two peer supporters visit the psychiatric ward and are available for group discussion or one-on-one support. Hospital visits usually start because of a need, recognized by a community, for support of people while hospitalized.

The remainder of the manual will focus attention on key elements for training and specific areas to consider when developing a formal peer support program.

Section 3 TRAINING CURRICULUM – KEY ELEMENTS

The training curriculum is an essential part of the **Moderate, Formal and Complimentary to Clinical Team - Formal Structure** programs. Each program tailors the curriculum to meet the needs of the region or community, but the **key elements** remain the same. The following discussion examines three areas to be considered when developing a training curriculum for peer support.

- **Length of Course -** the course length may vary from region to region, community to community, and program to program.

"One criticism that five students noted was that they felt that the training could have been slower paced. Some suggested a six month time span for the in-class training or holding meetings twice a week." (Neuhausler, et al; pg. 4)

  - The length of course for the **Trained Peer Support - Formal Structure Program** is generally 6 weeks. The number of hours per course may vary from 18 to 36 hours. The courses are typically taught either once a week for 3 - 3.5 hours, or twice weekly in 3 hour sessions for the longer course.

  - The **Trained Peer Support/Complementary to Clinical Team - Formal Structure** program typically has a longer course length to allow for greater concentration on some areas of the curriculum. The length of course for this group varies between 16 and 18 weeks. Hours of instruction are characteristically from 64 to 66 hours per course. Individual sessions of the course may vary in length from 2 to 5 hours, and may be taught twice a week. This type of program includes a practicum that typically lasts 8 to 22 weeks.

- **Format of Presentation** - Aspects of the format that need to be considered include: who the instructors will be, the maximum number of trainees per class, and the locale for the training sessions.

- Some regions have hired a professional to assist with training, usually for the initial training session. The course is then typically taught by the coordinator(s) of the program. The consumer/survivor perspective is important, and having the coordinator do the training allows for this perspective to be maintained.

- The group needs to be large enough to facilitate meaningful exchange of experiences. Typically, training groups will have members drop out, so the number of participants needs to be sufficient to allow for this, while maintaining adequate numbers to be cost-effective.

- The location of training is important. The site chosen must be large enough to accommodate the group as a whole, as well as to allow for several smaller groups to break out at various times during training.

- A site that is easily accessible to consumer trainees is essential. A large number of consumers/survivors use public transportation.

- **Course Content -** course content may vary in two ways. First, the material covered may include different topics. Second, the depth to which the material is covered may vary according to the length of the course term and the type of program. Some basic elements are the same for each program. **Table 2** illustrates **key elements** of a training curriculum for the three programs involving training.

> **"The overall impression of the feedback was that for most students, this training was a positive learning experience in which they acquired practical skills not only for peer support work but also for their personal lives."** (Neuhausler, et al; pg. 7)

Several excellent training manuals have been developed by existing Peer Support Programs. The training curricula in existence may be a valuable resource for regions wishing to develop their own peer support program, change, or evaluate an existing program.

The database in this manual includes: a list of the programs, the classification each program most closely falls into, a contact person, and the availability of a training manual.

TABLE 2 – Training Curriculum – Key Elements

The three types of trained peer support programs (moderate structure, formal structure, and complementary to clinical team-formal structure) all explore the subjects and communication skills listed in this table. There is however, a difference in the depth to which each topic is discussed.

SUBJECTS EXPLORED	COMMUNICATION SKILLS
Peer Support Guidelines	Conflict Resolution
Confidentiality Policy	Active Listening
Ethics	Feedback
Values and Beliefs	Paraphrasing
Supporting vs. Advising & Counselling	Probing
Empowerment	Challenging
Boundaries; Setting limits	Body Language
Mental Illness – Recovery [*]	Problem Solving
Depression	Goal Setting
Bi-polar Disorder	Feelings
Schizophrenia; other psychotic illnesses	Suicidality [**]
Anxiety Disorders	Grief and Loss
Personality Disorders	Geriatrics
Eating Disorders	Community Resources
Dual Diagnosis – Substance Abuse and Mental Illness	Multicultural Resources
Managing Difficult Behaviours	Crisis Intervention
	Medications and Side Effects
	AIDS and Hepatitis protection [***]
	STDs and Birth Control [****]
	Practicum

[*]Each program needs to develop a protocol for peer supporters to use when a consumer/survivor shows signs of being suicidal.

> Note – consumers/survivors are told that if issues arise involving their safety, the peer supporter will contact the program coordinator, the case worker or Emergency Outreach Services.

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[*] In the moderate structure program, the mental illness-recovery topic is covered in accordance to the non-profit organization where the group is formed (i.e. Mood Disorders Association)
[**] Each program needs to develop a protocol for peer supporters to use when a consumer/survivor shows signs of being suicidal.
[***] Communication skills on AIDS/Hepatitis protection is not provided in the trained peer support – moderate structure.
[****] STDs and birth control communication skills and a practicum are not included in the moderate structure and formal structure programs.

As noted, training curricula may vary greatly from region to region, community to community, and program to program. Several topics that are not key elements, but are useful for peer supporters to know, may be included in a curriculum. Listed below are some of these topics. Other topics may be important for your region or community.

📖 Issues that need to be referred to another source (e.g., legal questions arising from involuntary admission, specific types of treatment, questions about appropriate/quality medical and psychiatric care, etc.)

📖 Budgeting procedures

📖 Nutritional requirements and tips

📖 Early Psychosis Identification and Intervention

📖 Relationships between consumers/survivors in hospital and peer supporters

📖 Relationships between hospital staff and peer supporters

Some regions or communities may also wish to include advocacy topics in their training. Advocacy issues to discuss may include:

📖 *Mental Health Act*

📖 *Freedom of Information and Protection of Privacy Act*

📖 *B.C. Benefits (Appeals) Act;*
    B.C. Benefits (Child Care) Act;
    B.C. Benefits (Income Assistance) Act;
    B.C. Benefits (Youth Works) Act;

📖 *Residential Tenancy Act*

📖 Provincial resources available, including the Office of the Mental Health Advocate for B.C.

📖 Federal resources available including disability pensions under the *Canada Pension Plan Act* and economic advocacy services

📖 Adult Guardianship legislation

Section 4
STEPS TO IMPLEMENTING A
PEER SUPPORT PROGRAM

Peer support happens in many ways. Several aspects need to be considered when developing a peer support program. The following is intended for use as a guideline, or checklist when a region or community is considering starting a peer support program or is evaluating an existing service.

Defining the Purpose of the Peer Support Program
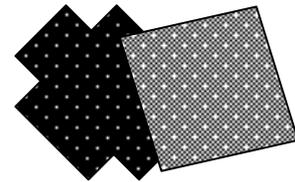
"First, know what you want. Have a dream. Build a dream. Dreams are realized by breaking them up into goals and smaller pieces, such as objectives. You can't succeed, or fail, at anything unless you know what the dream is. Keep refining your dream. Be flexible, move forward, never backward." (Ledoux, pg.143)
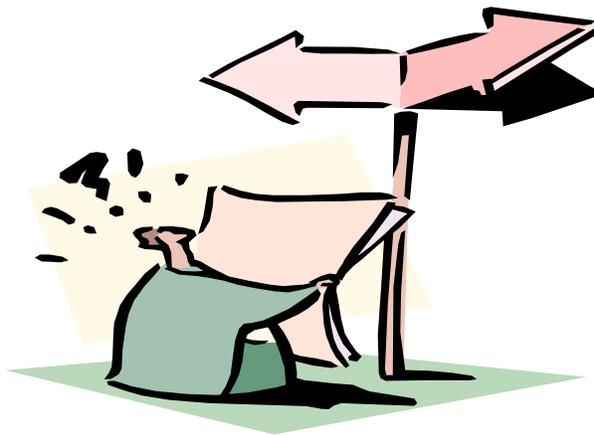
Decide on the direction
you want to take.

Decide on the purpose(s) of your peer support program. A list of purposes may include:

- Basic support to consumers/survivors
- Reduction of isolation
- Development of each consumer/survivor's life skills
- Accomplishment of specific goals
- Providing opportunities for peer supporters to enhance their skills, job readiness and self-esteem, as a result of "giving back" to others

Developing a Steering/Advisory Committee
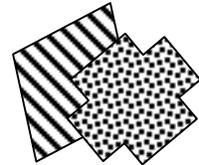
Membership of Committee

The membership of the Steering Committee follows the partnership model, in which representation from the community includes:

- **Consumers** (should be in the majority - **it is their program**)
- **Professionals** — (See **Special Issues for Consideration — Characteristics of Professionals Working with Peer Support Programs**). Direct service providers have valuable contributions to make, and should be considered for membership on the Steering Committee.
- **Family members**

A Steering Committee must be formed as soon as the idea of developing a peer support program is considered. The Steering Committee guides the development of the program. Once the program has been developed, the Steering Committee may become an Advisory Committee, depending on the requirements of each region/area.

Defining the Roles and Responsibilities of the Steering Committee in Setting up the Program
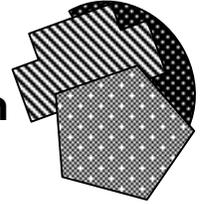
The following outlines key areas a Steering Committee will be dealing with when implementing a peer support program.

Assessing Available Resources

Financial and human resources need to be assessed. Human resources include consumers, family members, service providers and other stakeholders.

> "… it is essential to remind policy makers that the fund of mutual aid cannot survive and replenish itself without a safety net of basic health, income security, and community services." (Gottlieb; pg. 229)

Financial Resources

- Determine whether the community is willing and able to commit financial resources to developing a peer support program
- Assess whether there are sufficient financial resources available to:

  - Provide incentives, training allowances and a Therapeutic Volunteer Program (TVP);
  - Pay incurred expenses;
  - Hire a coordinator(s);
  - Cover operational expenses such as wages, rent, phone, fax, etc.;
  - Cover administration expenses to assist a non-profit organization in managing; or,
  - Pay costs associated with the programs being managed through the mental health center.

Human/Leadership Resources

- Determine whether there are a sufficient number of consumers/survivors who are at a point in their recovery such that they are able and willing to coordinate a program, train, or provide peer support without burning out
- Determine the roles and responsibilities of each position – ensure the time commitment required by each member of the team will not lead to a relapse
- Determine whether there are sufficient consumers/survivors to ensure the program, once started, will continue if a significant number of peer supporters require a "time-out" period

Developing the Mandate of the Program
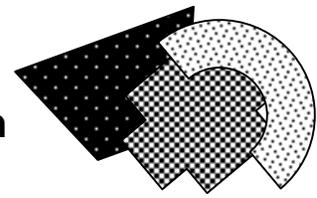
Listed below are a variety of questions to be asked and answered by each region or community wishing to start or evaluate a peer support program. The intent of this section is to promote discussion of issues existing programs have encountered, and resolved according to the needs of the particular region or community. The items listed are some of the options available, and are meant to stimulate discussion.

What are the age limits?

- Adult clients, 19 years of age to 65 years of age
- Adult clients, 19 years of age and older with no upper limit
- Starting with adolescents to allow for inclusion of clients diagnosed with their first psychotic break

Who refers consumers/survivors?

- Self-referral
- Mental health centre staff, case manager, rehabilitation worker, advocacy worker, clubhouse worker, etc.
- General practitioner, psychiatrist, hospital staff
- Financial assistance worker or other professional

What are the criteria for consumers/survivors to be accepted into the program?

- Diagnosis of mental illness
- Client of the mental health centre
- No history of continuing violent behaviour (examined on a case-by-case basis)
- No history of continuing sexual misconduct (examined on a case-by-case basis)
- Desire to have a "friendly visitor"
- No current substance misuse

What is the time period of support?

- A specified number of visits permitted on one referral (e.g., 10 visits)
- Designated number of repeat referrals (e.g., may have two referrals within a 12 month period)
- Time-limited (e.g., 6 months, with as many visits as needed per month)
- Time-limited – until a specific goal or objective is reached
- No time limit – month-to-month review of each match

What policies and procedures are needed?

- The use of the peer supporter's personal vehicle to transport consumers/survivors (insurance implications need to be considered – legal advice may be required)
- Location of meetings between peer supporters and consumers/survivors – in-home or in public places only
- Do peer supporters need a letter of referral from their doctor, psychiatrist or other mental health professional to be accepted into training
- What expenses are reimbursed:
  - Criminal record checks
  - Extra insurance coverage (if vehicle to be used for transporting consumers/survivors)
  - Transportation costs including gas and bus fares
  - Coffee or other refreshments
  - Cancelled appointments
  - Sick time
  - Hospital visits (Appendix 12 – Hospital Visit Record)
- Boundary issues – should the peer supporter give a consumer/survivor his or her personal phone number; develop a personal relationship with the consumer/survivor (*Most programs to date do **not** allow this.)
- Suicide prevention – contact person if the consumer/survivor is expressing suicidal thoughts.

- Confidentiality issues (Appendix 13 – Release of Information Form)
- Code of ethics – who will teach, and what will be taught
- Issues to consider if a peer supporter's health requires a break from the program**:**
  - Who determines whether a break is needed - coordinator, peer supporter or both
  - Length of break
  - Procedure to assess the readiness of the peer supporter to return to program
  - Attendance at team meetings until ready to return to providing peer support
- Record keeping:
  - Should peer supporters keep records of meetings (i.e., activity logs)
  - If records are kept, where should they be stored, and how long should they be kept
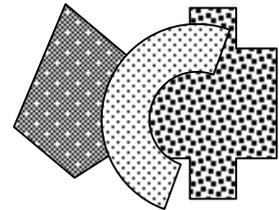
Developing a Job Description for the Coordinator(s)

The Steering/Advisory Committee develops a job description for the coordinator(s), and the position(s) is posted. Applicants are interviewed and selected by members of the Steering/Advisory Committee. (Appendix 14 - Sample Job Description; Appendix 15 - Sample Interview Questions.) Below are some considerations of the coordinator's job description that need to be determined:

- Number of hours coordinator(s) will work in a week;
- Method of payment for coordinator – incentive allowance, hourly wage, or monthly salary;
- Duties regarding the selection/hiring of peer supporters and any other team members (e.g., bookkeeper);
- Decide whether the coordinator will match peer supporters with consumers/survivors
- Specific skills and abilities required (e.g., computer, communication skills) should the coordinator be a consumer/survivor

Key Responsibilities of Coordinator:

- Prepare forms to cover policies and procedures (design original forms, or utilize forms from another program if suitable) (See Appendices for examples of forms)
- Train (or assist in training) peer supporters
- Plan and facilitate regular team meetings.

Hire coordinator(s) (each coordinator becomes a member of the Steering Committee)

Developing a Process for Accepting Peer Supporters into Training
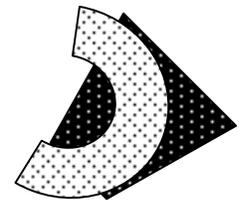
The following list outlines qualities of ideal peer supporters. Each region or community may wish to develop its own list of criteria (drawn the *Peer Support Worker Training Manual for Consumers of Mental Health Services* by Angela Neuhausler, 1995). Ideal qualities include:

- Acceptance of their psychiatric disorder (i.e., acceptance vs. denial)
- Positive attitude towards mental health professionals since they may work in collaboration with them
- Adaptive coping skills for their particular disorder and effective strategies for dealing with stress
- Like working with a variety of people and have an appreciation of individuals' unique value
- Acceptance of individual differences and willingness to learn from the beliefs and values of others
- Good interpersonal skills, particularly the ability to be warm and empathetic
- Personal sense of self-worth that allows for [honesty] and assertiveness in relationships
- Desire for self-improvement and willingness to engage actively in personal growth
- Comfortable with appropriate self-disclosure
- Respectful of another person's right to refuse help or change
- Desire to help people but without "rescuing" tendencies
- Ability to learn and work in a team setting
- Adequate literacy skills and problem-solving abilities
- High motivation, interest and commitment to taking the training

- General stability in private life, allowing them to focus on the training

Issues to consider when developing the process for accepting peer supporters into training include:

- Developing an application form for prospective trainees
- Preparing interview questions for screening prospective trainees
- Deciding who will interview applicants for training
- Should a panel or an individual do the interview
- If a panel, who should be on the panel

  ➢ Consumer/survivor?
  ➢ Coordinator(s)?
  ➢ Service provider?
  ➢ Family member?

Developing a Process for Selecting Peer Supporters
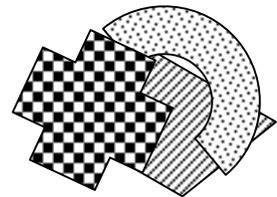
- Develop questions and procedure for interviewing graduates from training or peer supporter job applicants
- Decide who will interview applicants
  ➢ Should it be a panel or an individual who does the interview

  ➢ If a panel, who should be on the panel

    ∗ Consumer/survivor?
    ∗ Coordinator(s)?
    ∗ Service provider?
    ∗ Family member?

- Decide on the compensation for peer supporters – incentive allowance; training allowance per visit or per month; salary (if contract position); hourly wage based on a maximum number of hours per month

Developing the Responsibilities of the Bookkeeper

Most peer support programs, where incentives, wages or incurred expenses are reimbursed, require the assistance of a bookkeeper.

- Number of hours a bookkeeper will be involved per week
- Method of payment for bookkeeper – incentive allowance, training allowance, hourly wage, or salary

- Method to be used for keeping statistics
- Maintain accurate time records of the peer supporters involved in program activities (Appendix 16)
- Prepare a budget once parameters have been set by Steering/Advisory Committee
- List of skills and abilities needed (e.g., computer skills, bookkeeping training)
- Select a bookkeeper

Developing a Training Course – (see TRAINING CURRICULUM – KEY ELEMENTS)

Evaluating the Program

- Develop a process (or use an existing process) for evaluating the performance of the coordinator(s), bookkeeper and peer supporters

- Develop a process (See Appendix 17 for Sample Evaluation tools) for evaluating the program as a whole, including:

  ➢ Consumers/survivors' satisfaction
  ➢ Satisfaction of peer supporters
  ➢ Satisfaction of the person who
  ➢ referred consumers/survivors (if not self-referred)
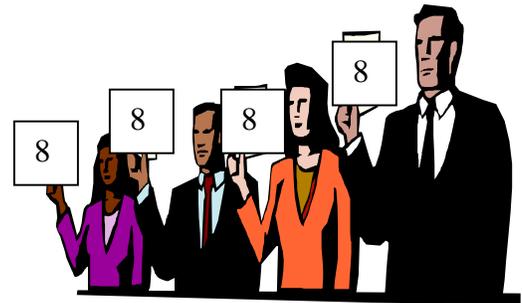
> **"Most of the consumers could not think of a negative aspect to the peer support services. Three consumers mentioned that the least beneficial aspect of this service was that they would have preferred more time with their Peer Support Worker. The great majority of the consumers would like to have the services of a PSW again." (Neuhausler, et al, December 1995; pg. 20)**

At some point, once the program is running well, the role of the Steering Committee changes, and it may become an Advisory Committee. This committee may then decide how often to meet and what its roles and responsibilities have become. Generally, this committee is not involved in the day-to-day operation of the program, but acts as a "sounding board" to provide guidance for problems, ensure that the program is reaching its goals and objectives and stays on budget, etc.

Section 5
SPECIAL ISSUES FOR CONSIDERATION

Following are some additional issues for consideration. When setting up a Peer Support program, it is important that all stakeholders in the community are aware of these issues and have examined them carefully. The Steering/Advisory Committee, in conjunction with consumers/survivors, service providers and family members, develops the peer support program in a manner that meets the requirements of each individual region or community.
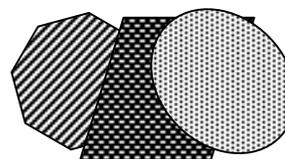
Employment Standards Act

Compliance with the *Employment Standards Act* (ESA) is essential. Peer support programs are complicated, in that often the peer supporter and the consumer/survivor are engaged in activity that may constitute work.

Volunteer vs. Employee

Volunteers are not defined under the *Employment Standards Act*, and are not regulated by the Act.

> Volunteers are not normally regarded as employees. Volunteers are persons who choose to provide services for non-profit organizations or charities for which the volunteers do not expect compensation. (Field Policy Manual from Employment Standards)
>
> The Act defines an "employee" to include
> (a) a person…receiving or entitled to wages for work performed for another;
> (b) a person an employer allows, directly or indirectly, to perform work normally performed by an employee;
> (c) a person being trained by an employer for the employer's business. (Guide to the *Employment Standards Act*; pg. 26)

A copy of the Guide to the *Employment Standards Act* may be accessed through your local Employment Standards Branch Office

The following matrix is extracted from the British Columbia *Employment Standards Act* and Regulations, Interpretation Guidelines Manual, Regulation, Part 7, Variances and Exclusions.

It provides an example of a work activity under various conditions and the classifications for coverage under the *Employment Standards Act*. This matrix is presented as a tool to assist the reader in understanding the application of the Act and Regulations; it does not replace assessments and decisions by the Director of the Employment Standards Branch. The Ministry of Health Services will work with health authorities and the Employment Standards Branch to promote consumers/survivors having options to consider for their support in rehabilitation and recovery.

Table 3 – Matrix: Regulation, Section 32: Employees Excluded from the Act
EFFECTIVE 12/03/96; REVISED 26/04/96

Specific work activity leads to coverage under ESA.

The following identifies, through the use of a specific work activity, the conditions that must exist in order that an appropriate classification can be made. The specific work activity is painting boards.

Support	Preparation	Training	Employment
An individual is allowed to attend a site that provides the boards, brushes and paint. While general support and safety is provided, there is neither instruction or expectation for painting or work related behaviors.	An individual is expected to attend a site that provides the boards, brushes and paint. The painting has neither quantity or quality expectation and is used as a vehicle to facilitate instruction in work related behaviors with specific outcomes expected.	An individual is expected to attend a site that provides the boards, brushes and paint. Instruction is provided in the skills related to painting and there is an expectation or improved productivity.	An individual is expected to attend a site that provides the boards, brushes and paint. The individual is expected to produce a product within a determined quality and quantity level.
Maintenance of existing skill and/or related behavior level with/out work activity.	Work related behavior development is the primary focus with/out work activity.	Employment skill development is primary focus with/out work activity.	Employer expected skill and related behavior performance with work activity.
May occur on or off industrial site.	May occur on or off industrial site.	May occur on or off industrial site.	Occurs on industrial site.
No economic gain expected.	No economic gain expected.	No economic gain expected.	Economic gain expected.
Opportunity to participate is provided.	Expectation to attend set hours.	Expectation to attend set hours.	Expectation to attend set hours.
No product performance expectations	No product performance expectations	Product performance expectations	Product performance expectations
	Life Skills		
←————— **REHABILITATION** —————→			
	←——— **EMPLOYMENT** ———→		

GOALS:

Support	Preparation	Training	Employment
• Support • Relationship building • Explore options • Build trust	• Support • Create opportunities to explore options and develop goals • Life skills training • Pre-vocational skills • Build confidence	• Set goals • Develop goal plan • Implement goal plan • Work experience • Educational/skills training • Work habit/ethic • Work skills • Develop skills	• Choose, get, keep job of choice • Part or full-time employment • Employment

←————————— **REHABILITATION** ————————→

←——————— **EMPLOYMENT** ———————→

ENVIRONMENT:

Support	Preparation	Training	Employment
• Safe, supportive • Non-demanding • No time limits	• Therapeutic • Some expectations for performance • "work" activity secondary to therapeutic goals of individual • Some time limits	• Supportive skill development • Expectations for review and completion • Supported work • Time-limited	• Ongoing support as needed • Supported employment

←————————— **REHABILITATION** ————————→

←——————— **EMPLOYMENT** ———————→

REMUNERATION:			
Support	**Preparation**	**Training**	**Employment**
	• Incentive allowance	• Training allowance	• wage
← REHABILITATION ————————————→			
	← EMPLOYMENT ————————————→		
PROGRAM STANDARDS SET BY:			
Support	**Preparation**	**Training**	**Employment**
Ministry of Health, Ministry of Social Services, Ministry of Education, Skills and Training*	Ministry of Health, Ministry of Social Services, Ministry of Education, Skills and Training*	Ministry of Health, Ministry of Social Services, Ministry of Education, Skills and Training*	Ministry of Labour*
ACT APPLIES:			
NO	**NO**	**YES – exemption**	**YES**
← REHABILITATION ————————————→			
	← EMPLOYMENT ————————————→		

*Ministry names have changed since latest revision to matrix

Peer supporters, if classified as employees, are entitled to the benefits under the Act. Accommodations may be needed, in which case it will be necessary for the program to apply for variances* under the Act. Under section 72 of the Act, the employer and employee(s) may apply together to the Director of Employment Standards Branch to vary certain provisions of the Act.

> Example: A peer supporter or the consumer/survivor, because of his or her individual disability is not able to meet for more than two hours a day; the employer may apply to the Director to make 2 hour the daily minimum number of hours to be worked.

*Section 30 of the Regulations tells how to apply for a Variance.

Minimum Labour Standards

Peer supporters in **Trained Peer Support - Formal Structure** programs might be considered employees. As employees, these peer supporters will be entitled to certain standards and benefits.

Minimum number of hours worked –"an employee who starts work must be paid for at least 4 hours, even if the employee works less than 4 hours" (Guide to the *Employment Standards Act* pg. 10)

Statutory Holiday pay – page 13 of the Guide to the *Employment Standards Act*, sets out the conditions under which statutory holidays must be paid for.

Vacation Pay – employees are entitled to vacation pay.

Some programs have set their incentives based on the maximum amount that can be earned on Disability Benefits without deductions. (See the section on **Possible Loss or Decrease in Benefits,** below). Other programs have made the decision to reimburse volunteers for each visit, based on a minimum of 4 hours of work at minimum wage.
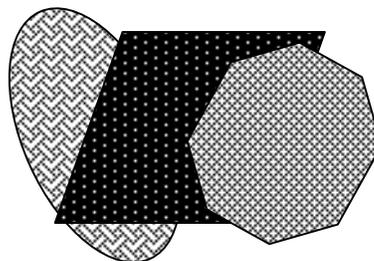
Possible Loss or Decrease in Income Benefits
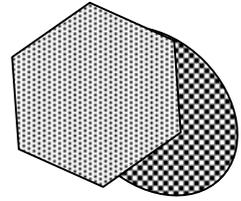
Many consumers receive income benefits from either B.C. Disability Benefits or Canada Pension Plan Disability Benefits, or both. Each type of benefit has different rules and regulations regarding employment and/or volunteering.

B.C. Disability Benefits II - People receiving benefits from this program are allowed to earn $200 per month without any deductions. Once they have reached the $200 amount, any subsequent earnings involve a cutback in the amount they receive from B.C. Disability Benefits. It is important for consumers/survivors to inform their Financial Assistance Worker (FAW) of income received from any source.

Here is an example of how Disability II Benefits are calculated. Jane is on Disability II Benefits. She is a peer supporter, and receives $300 this month for her peer support services. Her Disability Benefits II will be calculated as follows:

> Disability Benefits II - $786.42
> Received for Peer Support - $300.00
> Allowable Earnings, without cutback - $200.00
> 25% of additional earnings that may be kept - $25.00
> Jane's income for this month will be $786.42 + $200.00 + $25.00 = $1011.42

Canada Pension Plan Disability Benefits - when people are receiving benefits from this plan, they are not allowed to earn a wage. Payment for expenses is allowed.

"Persons with psychiatric disabilities who get any kind of employment also have the justified fear of permanently losing the lifeline which disability benefits can provide, including health insurance, if they are successfully employed on more than a temporary basis." (Rogers, 1994; and Mowbray, et al; pg. 51)

Careful consideration must be given to the type of remuneration peer supporters will receive. A method of ensuring that they will not be penalized for their involvement with a peer support program needs to be developed according to the resources and needs of each region or community.
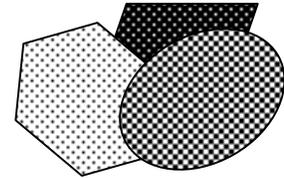
Union Relations

A committee formed by the Greater Vancouver Mental Health Service Society in 1997 assessed the impact of consumers/survivors as part of the treatment team. The goal of the committee was:

> "to reach an agreement on a proposal for a process and procedures to integrate consumers in the workplace in a way that is meaningful to them and respectful/considerate of everyone's concerns and needs and keeping in mind all legal/contractual obligations. (*Consumer Involvement in the Workplace Report*, November 1998; pg.2)

Job Protection - Fear of peer supporters taking away union jobs is a very real concern.

> Staff have expressed concerns that, by having consumer contractors in the workplace, there is a risk of 'deskilling', i.e., people with fewer qualifications doing work for lesser pay. There was also a concern that this process could potentially result in a blurring of functions if new job classifications were created requiring fewer qualifications. (*Consumer Involvement in the Workplace Report*, Nov. 1998; pg. 12)

It is important for union representation to be included in the initial planning stages of peer support program development where peer supporters will be paid an hourly wage. Union consultation from the outset, and involvement in the process, will likely reduce fears surrounding job erosion. Specifically, accommodations for the peer supporters and job descriptions require union input.

Pay Scales - There is a fear that when consumers are involved, the rate of pay will be significantly lower than union pay scales, and therefore, union jobs will be lost to the consumer service providers. These concerns may be a significant barrier to developing a peer support program. It is recommended, particularly where peer supporters are involved closely with the clinical team, that union involvement be sought. (See Appendix 18 for the Summary of Recommendations from the *Consumer Involvement in the Workplace Report*).

Peer Supporters Providing Support from the Unit Where they Receive, or once Received Services
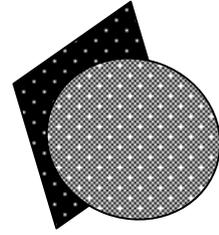
Perceptions are difficult to change. When a consumer has received services from a mental health center/unit, it is often hard for staff to view that individual as a support provider. This is a particular concern in smaller communities where there is only one mental health centre and clients tend to be well known by all staff members.

> **"The professional behaviours towards consumers/providers that appear to cause the most consternation, however, are stigma and bias. Specifically, consumers - providers report that mental health professionals they work with are continually looking for symptomatic behaviours and attributing any behavioural problem as a manifestation of the individual's psychiatric label."** (Mowbray, et al; pg. 54)

It is suggested that, where possible, consumers not provide peer support at the same place where they have received or are receiving services. Small urban centres and rural areas need to be aware of possible relationships between consumers/survivors and peer supporters, and attempt to make matches where there is no previous close relationship.

Concerns of Peer Supporters Providing Support
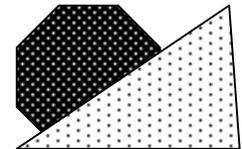
In *Consumers as Providers in Psychiatric Rehabilitation*, Mowbray et al itemize several concerns of consumer providers regarding their role:

- Unreasonable feelings of responsibility for consumer/survivor's progress
- Frustration over consumer/survivor not performing as well as expected
- Over-involvement with consumer/survivor problems, resulting in peer supporter becoming ill
- Inability to relate to other consumers/survivors as a result of their new role
- Inability to relate to professional service providers in their new role due to stigma
- Accommodations that may be required due to the peer supporter's illness
  - Decreased stress in the workplace

> ➢ Need for private area to work in order to avoid distractions
> ➢ A flexible work schedule (e.g., working only afternoons because medications cause drowsiness in the morning)
> ➢ Long periods away from work due to increased symptoms
- Lack of formal credentials, making it difficult to compete in the job market

Concerns of Consumers/Survivors Receiving Support
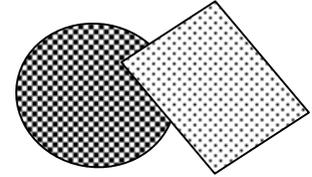
- Feelings that another consumer/survivor will not have the training and skills of a professional, and therefore can't really help them
- If the peer supporter is now a "professional", they can't be trusted, because they are "one of them"
- Having to relate in a new way to someone who has been a friend and peer
- Feeling the peer supporter will be more concerned with his or her own problems than the consumer/survivor's

Concerns of Management/ Professional Service Providers
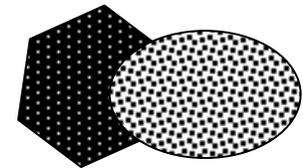
A variety of management concerns exist, and need to be considered, in each region/community developing a peer support program. Some of these concerns may include:

- Recruitment and placement
- Fringe benefits
- Supervision
- Accommodations
- Role clarity
- Training for peer supporters

"There are no easy solutions to the issues and problems raised... Yet, the questions themselves require community support systems that plan to engage in consumer role innovation to contemplate ways to support the effectiveness of consumer employees. We consider these supports in the context of a progressive human resource system that requires: (a) the establishment of a mission and culture conducive to consumer role innovation; (b) the availability of mentoring and consistent supervision; and (c) the establishment of opportunities for education and advancement." (Mowbray, et al; *Community Mental Health Journal*, Vol. 32, No. 1, February 1996; pg. 62)

Characteristics of professionals working with peer support programs

Professionals working with peer support programs need to create a culture that is positive towards change and recovery. The following is a list of conditions, attitudes and skills required of professionals which have been adapted from *Competencies for Professionals Working with Consumers and Families* (Anne Bowles, 1993)

Conditions that need to pre-exist in the mental health system

- An attitude of respect and cooperation
- Demonstrated interpersonal skills
- Recognition of uniqueness of social networks and their coping skills
- Hopeful and patient attitude towards change

Awareness needs to be cultivated by

- Knowing and learning about peer support
- Valuing peer support
- Understanding the contributions of peer support and professional support
- Understanding the impact of professionals on peer support
- Being honest with self and others regarding limitations of professional knowledge
- Trusting experiential knowledge
- Learning from experiential knowledge of others

Skills that need to be practiced

- Use peer supporters as resources
- Be informed about the range of peer support
- Involve the person [referred to peer support] in the referral decision
- Make referrals to peer support
- Keep updated on advances in the field [of peer support and meaningful consumer/survivor participation]
- Share as much information as possible with peer supporters
- Give specific and understandable information

- Link people who have shared concerns
- Provide consultation on request
- Mobilize resources on request
- Educate other professionals
- Influence service delivery to support peer support programs
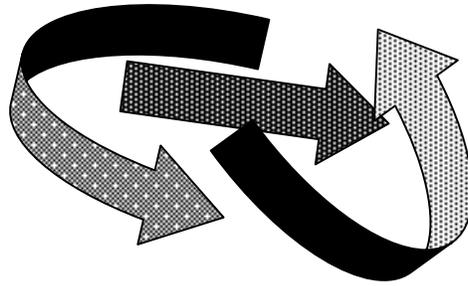
Funding

Existing Peer Support programs have derived funding in different ways. Some regions have used Consumer and Family Initiative (CFI) funds to develop a pilot project, and obtained subsequent funding from the CFI funds, with core funds from mental health services. Other regions have developed the peer support program as a core mental health service from the outset.

The funds for the peer support program may be managed through a non-profit organization, funded by Mental Health. Day-to-day operations of the program, such as matching of clients or content and scheduling of team meetings, rest with the coordinator and the peer support team. This arrangement gives the peer support team a sense of ownership. A Steering/Advisory Committee (if there is one) offers guidance and suggestions. Funding sources include mental health services within Health Authorities and/or Consumer Facilitation Funds.

Research has shown that peer support programs are beneficial for the peer supporter, the consumer/survivor and the system. Funding needs to be provided by mental health services to allow for the development of peer support programs in all regions. In order for peer support programs to operate effectively, funding needs to be:

- Annualized and sufficient to allow for:
  - ➢ reimbursement for training
  - ➢ the coordinator's salary
  - ➢ wages and/or incentives for peer supporters
  - ➢ administrative expenses, including bookkeeper, rent, phone, etc.

Section 6
PEER SUPPORT IN OTHER FORMATS

Peer support occurs in many different formats. So far, we have examined four classifications of peer support programs. Other formats merit being mentioned in this manual. These formats fit within the classifications we identified. Individual communities or regions may wish to do further investigation of these types of peer support at a later date.

- **Seniors' Peer Support** – groups developed specifically for consumers/survivors over age 65.

- **Multi-Cultural Peer Support** – groups developed to allow consumers/survivors of various cultures to relate to one another and feel supported and understood given their cultural differences.

> **"Before this Latino Development project began,** [a self-help group of] **Spanish speaking recipients of this community mental health service came to the clinic and sat silently in the waiting room, often staring at the floor; they seldom spoke to staff or other clients; they had no contact outside the clinic."**
> (Carpinello; pg. 65)

The cultural make-up of each region is unique. Peer support groups could be formed for each culture in a region (e.g., Chinese, Aboriginal, Spanish, Pakistani, French, etc.)

Attitudes towards mental illness vary greatly among cultures, and therefore, the approaches to people with mental illness need to be designed to recognize this diversity.

- **Warm Lines** – this is essentially a phone line that is staffed by trained consumers/survivors who talk to other consumers/survivors. The concept is similar to a crisis line, but can be accessed when an individual is not actually in crisis. B.C. has a number of rural, sparsely populated areas where it is difficult to provide a peer support service. A warm line may be a solution in these areas. It is also of interest for those who want companionship but may be withdrawn, isolated or unwilling to openly seek support.

> **"Warm lines run by people in recovery from mental illness hold a special appeal for callers with the same label. Many people with mental illness refuse to call a crisis team because they are afraid they will again be committed."** (Fisher)
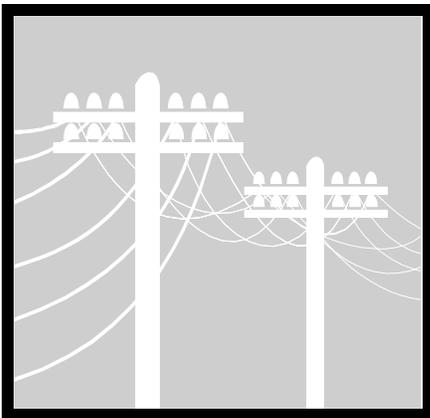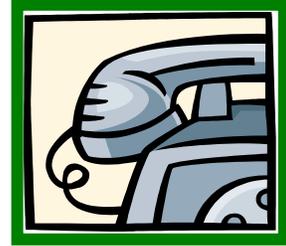
> **"I interviewed the director of a typical consumer-run warm line in New Hampshire. He stated that they grew out of the expressed need of club members to have support available after the club closed….He stated that an unexpected benefit has been the preparation and motivation the job has provided to the workers. Several of them have gotten full-time jobs and have gotten off disability."** (Fisher)

- **Internet Peer Support Chat Lines** – there are a number of chat lines available on the Internet for consumers suffering from a range of mental illnesses. This may be another source for peer support.

  Note – consumers need to be aware of hoaxes and fraud on the internet and to be cautious in providing personal information like address and telephone number. Consumers need to educate and familiarize themselves with reliable information sources. If something sounds to good to be true it probably is.

Section 7 APPENDICES

Caveat:

The following appendices include sample forms used by agencies and document excerpts from various peer support programs in B.C. These documents are only provided as reference material and should be reviewed by the user for errors, omissions and compliance with applicable Acts and Regulations.

Appendix 1 – Oath of Confidentiality

Appendix 2 – Application for Training

Appendix 3 – Referral Letter from a Professional

Appendix 4 – Interview Questions – Pre Training

Appendix 5 – Interview Questions – Post Training

Appendix 6 – Referral Form

Appendix 7 – Advertisement for Peer Supporters

Appendix 8 – Contract, Letter of Agreement

Appendix 9 – Orientation to Health Unit

Appendix 10 – Activity Log

Appendix 11 – Goal and Outcome Sheet

Appendix 12 – Hospital Visit Record

Appendix 13 – Release of Information Form

Appendix 14 – Job Description for Coordinator

Appendix 15 – Interview Questions for Coordinator

Appendix 16 – Time Sheet

Appendix 17 – Evaluation Tools

      A.   Peer Support Training (Classroom) Evaluation

      B.   Peer Support Training (Practicum) Evaluation

      C.   Evaluation by Consumers Referred to Program

      D.   Evaluation by Referral Source (if not self-referred)

Appendix 18 – Summary of Recommendations from the *Consumer Involvement in the Workplace Report*

APPENDIX 1 – OATH OF CONFIDENTIALITY

Canadian Mental Health Association – Mid Island Branch

PEER SUPPORT
Policies and Procedures

<u>OATH</u> <u>OF</u> <u>CONFIDENTIALITY</u>

I _____have read the Policies and Procedures Manual including Confidentiality and Ethics and agree to follow these guidelines. If any of these guidelines are breached, a meeting will be set up with the Coordinator and may include the Executive Director to deal with the issue. I understand the severity of breaching these guidelines.

_____   _____

Peer Support Worker's Signature   Date

_____

Witness

A United Way Member Organization

<u>SAMPLE ONLY</u>

APPENDIX 2 – APPLICATION FOR TRAINING

PEPtalk

Central Okanagan Peer Outreach
Volunteer Information Form

Name: ……………………………..
Address: …………………………..
…….. ………………………………….
…….. ………………………………….
…….. ………………………………….

PLEASE PRINT CLEARLY

Phone: …………………………..
Date of birth: …………………….
Emergency contact: ……………
Phone: …………………………..

Special interests/skills: ………………………………………………….
…………………………………………………………………………………
…………………………………………………………………………………

Previous Volunteer Experience: (List most recent first)

1. Where: …………………………………………………
   Date: ……………………………………………………
   Duties:……………………………………………………
   …………………………………………………………….
   Supervisor: ……………………………………………..
   Phone …………………………………………………….

2. Where: …………………………………………………
   Date: ……………………………………………………
   Duties:……………………………………………………
   …………………………………………………………….
   Supervisor: ……………………………………………..
   Phone …………………………………………………….

SAMPLE ONLY

APPENDIX 2 – continued

Why do you want to volunteer with the peer support program?

....
....
....
....
....
....
....
....

Times available: (please mark with an X)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have access to transportation? If so, what: ....

Signature of applicant: ....
               Date: ....

OFFICE USE ONLY

Intake Interview Date: ....
          Interviewers: ....

Training Dates: ....
Volunteer Manual: ....
Provided: Yes ....   No   ....

SAMPLE ONLY

APPENDIX 3 – REFERRAL LETTER
FROM A PROFESSIONAL

REFERRAL FORM

APPLICANT'S NAME FOR THE TRAINING PROGRAM:

_____

The above applicant is seeking to participate in a peer support training program. It involves training mental health consumers with basic peer counselling skills to enable them to function as skilled helpers to other mental health consumers. The training consists of weekly classes for a period of four months (beginning July/94) followed by a six-month practicum.

NAME OF REFERENCE: _____

1. What is your professional relationship to the applicant?

   _____

2. How long have you known the applicant? _____

3. Are you still professionally involved with the applicant? If not, how long ago?

   _____

Please enclose with this form a letter describing your impressions of the applicant's suitability for this training program.

SAMPLE ONLY

APPENDIX 4 – INTERVIEW QUESTIONS – PRE TRAINING

INTERVIEW QUESTIONS FOR PEER SUPPORT WORKER APPLICANTS - FEBRUARY 16, 17, AND 19, 1999

Time: 45 minutes

Scoring ~ Score each question from 1 (lowest) to 5 (highest).

Assessment *1. Outward appearance*
2. Punctuality

Questions:

1. WHY DID YOU APPLY FOR THIS COURSE?

2. HOW HAS YOUR PREVIOUS WORK EXPERIENCE, VOLUNTEER EXPERIENCE OR EDUCATION, PREPARED YOU FOR THIS WORK?

3. HOW HAS YOUR PERSONAL LIFE EXPERIENCE PREPARED YOU FOR THIS TYPE OF WORK?

4. HOW WOULD YOUR FRIENDS OR COLLEAGUES DESCRIBE YOU?

5. WHAT KIND OF PERSONAL CHARACTERISTICS DO YOU THINK A PEER SUPPORT WORKER SHOULD HAVE?

6. COULD YOU GIVE SOME EXAMPLES OF WHAT A PEER SUPPORTER WOULD DO?

7. HOW DO YOU COPE WITH STRESS?

8. HOW DID YOU DEAL WITH CONFLICT/DIFFERENCES AT YOUR PREVIOUS WORK/VOLUNTEER SETTING?

9. AS A PEER SUPPORTER, YOU MAY BE EXPECTED TO PUT IN VARIABLE HOURS. DO YOU HAVE ANY CONCERNS ABOUT THAT?

SAMPLE ONLY

APPENDIX 4 - continued

10. AS A PEER SUPPORTER, YOU WILL BE EXPECTED TO SUPPORT MALES OR FEMALES, DO YOU HAVE ANY CONCERNS ABOUT THAT?

11. HOW DO YOU COPE WITH YOUR OWN PARTICULAR DISORDER?

12. DO YOU FEEL COMFORTABLE WITH SHARING YOUR OWN LIFE EXPERIENCES?

13. DO YOU HAVE AN ADEQUATE PERSONAL SUPPORT NETWORK?

14.   HAVE YOU VOLUNTEERED OR WORKED WITH OTHER MENTAL HEALTH CONSUMERS BEFORE?

15. WHAT ARE YOUR STRENGTHS?

16. WHAT ARE YOUR WEAKNESSES?

17. WHAT ARE YOUR LONG TERM GOALS?

18. THE COURSE IS FOR 2 MONTHS TRAINING FOLLOWED BY A TWO MONTH PRACTICUM. PARTICIPANTS MUST ATTEND AT LEAST 90% OF THE COURSE. ARE YOU ABLE TO MAKE THIS ATTENDANCE COMMITMENT?

19. ARE YOU WILLING TO SUPPORT PERSONS FROM A CULTURALLY DIVERSE POPULATION?

20. DO YOU HAVE ANY QUESTIONS YOU WOULD LIKE TO ASK US?

SAMPLE ONLY

APPENDIX 4 - continued

CANDIDATE'S SCORING ON PEER SUPPORT TRAINING INTERVIEW

	LOW			HIGH	
1.	1	2	3	4	5
2.	1	2	3	4	5
3	1	2	3	4	5
4	1	2	3	4	5
5.	1	2	3	4	5
6.	1	2	3	4	5
7.	1	2	3	4	5
8.	1	2	3	4	5
9.	1	2	3	4	5
10.	1	2	3	4	5
11.	1	2	3	4	5
12	1	2	3	4	5
13.	1	2	3	4	5
14.	1	2	3	4	5
15.	1	2	3	4	5
16.	1	2	3	4	5
17.	1	2	3	4	5
18.	1	2	3	4	5
19.	1	2	3	4	5
20.	1	2	3	4	5

SAMPLE ONLY

APPENDIX 5 – POST TRAINING INTERVIEW QUESTIONS

INTERVIEW QUESTIONS FOR VOLUNTEER APPLICANTS

PART ONE

1. What are some of the resources and/or services in Kelowna and area that you are familiar with?

2. What experience(s) have you had with mental illness?

3. What other experiences have you had that you feel prepare you for being a peer supporter?

4. What are your strengths?   **<u>SAMPLE ONLY</u>**

5. What are some areas you think you could improve?

6. What do you feel you could offer the "team" that manages this program?

7. What are some of the ways in which you have learned to manage your illness?

APPENDIX 5 - continued

PART TWO

SCENARIOS

1. Bob is extremely depressed. After several visits you are finally developing a good rapport with him. During one of your visits with Bob in the hospital, he complains about the food and makes a special meal request. His nurse comes into the room and tells him that she is not his personal cook and he should appreciate the good food he is getting. Bob appears to be very upset. <u>What do you do</u>?

<u>SAMPLE ONLY</u>

2. Susan has been discharged from the hospital but you continue to visit her in public places. On one of your visits she expresses concern over taking her medication, and some of the uncomfortable side affects. She is feeling pretty good and confides in you that she is going to stop taking her pills. <u>What do you do?</u>

APPENDIX 6 – REFERRAL FORM

Vernon Peer Outreach Program

Participant Intake Form

Name: _____

Address:_____

Phone Number:
_____

Interests/hobbies:
_____

Age   20-29yrs   30-39yrs   40-49yrs   50-59yrs   60+yrs

What were you doing before you became ill? (work, school, etc.)

What do you hope to gain from having an outreach peer supporter?

What are the best times to have a peer supporter visit you?

What are some of the activities you would like to do with your peer supporter?

Please check your preference for a visitor: Man   Woman   Either

SAMPLE ONLY

APPENDIX 7 – POSTING FOR PSW POSITION

WANTED: PEER SUPPORTERS

Location: ***Please indicate all positions you are applying for on your resume

*** Duration: 6 months

Job Description: Under the supervision of the team directors and unit coordinators, and in conjunction with treatment personnel, you will work on a one-to-one basis with selected mentally ill adult clients with the objective of assisting them to achieve their stated goals. The successful candidates will be well-organized individuals who exhibit initiative, flexibility, sound judgement and good interpersonal skills. Duties include: visiting clients in the community; assisting clients in achieving goal(s) (e.g. shopping, attending a group, going for coffee, assist in organizing new housing, etc.); maintain regular contact with the client's case manager or the rehabilitation staff; communicate all relevant information verbally and in writing to pertinent staff; and attend monthly peer support worker meetings.

Qualifications:
1. Successful completion of a Peer Support Training program or equivalent experience.
2. Personal experience receiving services with the mental health system required.
3. Have effective strategies for dealing with stress.
4. Able to work cooperatively with other mental health staff.
5. Able to be a role model to people recovering from a serious mental illness by sharing common experience and practical information.
6. Some shared life experience with the clientele.
7. Willingness to work with a culturally diverse population.
8. Respect other people's right to refuse help or resist change.
9. Ability to adequately access public transportation.
10. Be empathetic, patient and supportive.

Hours: 20 hours maximum a month (including meetings) at $10.00 an hour.

Closing Date and Location: **SAMPLE ONLY**

For more information please call Vancouver Community Mental Health Services

APPENDIX 8 – CONTRACT, LETTER OF AGREEMENT

PEPtalk   <u>SAMPLE ONLY</u>

Central Okanagan Outreach

Peer Support Volunteer Contract

May 25, 1998

I, _____ have read, understand and accept PEPtalk's policies and procedures. I also agree to participate in ongoing evaluations.

I am available for peer support visits during the days and times noted below. Please mark with an X:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

_____
Signature

OFFICE USE ONLY

PEER SUPPORT VOLUNTEER
Name: _____   Emergency Number: _____
Address: _____   Doctor: _____
_____   Phone: _____
_____
Phone: _____   Training Certificate Date: __

APPENDIX 9 – ORIENTATION TO HEALTH UNIT

ORIENTATION CHECKLIST FOR CONSUMER CONTRACTORS WITH GVMHS

A. Letter of Agreement ☐
   The Team Director/Unit Manager has gone over the duties and expectations of the contract (letter of agreement) with the consumer contractor.
B. Consumer contractor has been given the **CONSUMER CONTRACTOR PACKAGE** and contents have been discussed with supervisor.
   Package should contain:
   - Confidentiality statement ☐
   - Code of Ethics ☐
   - Conflict of Interest statement ☐
   - Mandate ☐
   - Mission Statement ☐
   - Criminal Records Check consent form ☐
   - Policies and Procedures for consumer contracts ☐
   - Liability Issues and what consumer contractors are covered for. ☐
C. Consumer contractor has had a tour of the Unit, including:
   - Washroom/lunchroom
   - Coffee/water location
   - Coat rack
   - Reception, telephone and message areas
   - Areas that might be out of bounds and why
   - Workspace
   - Relevant pamphlets, brochures and notice boards.
D. Safety Issues: Consumer contractor has been oriented to specific safety protocols in place at their team or unit. ☐
E. Consumer contractor has been introduced to all employees at a Staff meeting. This should be done before the consumer contractor starts if at all possible. ☐
F. Space has been provided for the consumer contractor to keep notes Or files if this is an expected part of the contract. ☐
G. Names and phone numbers have been provided: ☐
   - locals of people at that site
   - Phone numbers of people at other Teams or Units.
H. Declaration of **earnings:** Consumer contractors have been made aware by the supervisor that they must declare any earnings as 'income' for taxes, disability pension and employment insurance requirements. ☐

<u>SAMPLE ONLY</u>

APPENDIX 9 - continued

INSURANCE COVERAGE

Workers' Compensation Board:

All consumer contractors are covered by the Workers' Compensation Board while providing services under contract. They will have the same status as employees of the service in terms of coverage. In order to ensure contractors are registered for coverage it is essential that Central Office receive a copy of the consumer contract (see Consumer Contractor Handbook).

Liability

All consumer contractors are covered by GVMHS Liability insurance, which will provide the costs of defence and insure the person, in the event they are held legally liable for bodily injury to another person or for damage to another person's property, while providing services approved by GVMHS under contract. This insurance coverage does not include any personal accident coverage, which is available through WCB.

CRIMINAL RECORDS CHECK

All consumer contractors must undergo a Criminal Records Check. The cost of the Criminal Records Check will be covered by GVMHS.

SICK LEAVE

Where possible, there will be an attempt to ensure the contract payment to the consumer will be continued during a period of illness not to exceed one month per year up to a maximum of $200. There will be an attempt to have the consumer contractor make up the contract hours within the remaining contract term.

SUBSTANCE ABUSE POLICY

The Greater Vancouver Mental Health Service Society will not tolerate any substance abuse on its premises. Any volunteers, students or consumer contractors reporting for work under the influence of alcohol or controlled drugs will be asked to leave immediately. Under these circumstances, assistance will be provided to ensure that the volunteer, student or consumer contractor arrives home safely. Anyone who repeatedly reports to work under the influence of alcohol and drugs may have his/her placement or contract terminated.

<u>SAMPLE ONLY</u>

APPENDIX 10 – ACTIVITY LOG

GOAL:
CLIENT'S INITIALS: DATE:

DATE	ACTIVITIES	DATE OF NEXT VISIT

<u>SAMPLE ONLY</u>

APPENDIX 11 –
GOALS & OUTCOME SHEET

CLIENT NAME:	D.O.B. (YR. MO. DY)
PEER SUPPORT WORKER	THERAPIST:

GOAL(S)
(Therapist's/rehab staff's reason for referral to PSW)

DATE: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

OBJECTIVES AND PLAN
(Developed by client, therapist/rehab staff and PSW)

DATE:_____

A._____

_____

_____

_____

B. _____

_____

_____

C. _____

_____

_____

_____

_____

CLIENT'S SIGNATURE:

SAMPLE ONLY

APPENDIX 11 - continued

OUTCOME/SUMMARY	
OUTCOME (notes by PSW – was the goal achieved, accomplishments, strengths and areas of difficulty)	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ (If more space is required, attach additional sheets.)
RECOMMENDATIONS (OPTIONAL)	_____ _____ _____ _____ _____

OUTCOME SCALE	OBJECTIVES	(1) (Not much progress)	(2) Satisfactorily Achieved	(3) Exceeded Expectations
	A			
	B			
	C			

PEER SUPPORT WORKER SIGNATURE	THERAPISTS/REHAB STAFF SIGNATURE

SAMPLE ONLY

APPENDIX 12 – HOSPITAL VISIT RECORD

HOSPITAL VISITATION   Date:_____

Peer Outreach Volunteers:_____

Patient's Name	P.O.P. Explained	P.O.P. Pamphlet	P.O.P. Interest	No Interest in P.O.P.	MDA Pamphlet	Conversation	Consumer Voice*	Follow Up	Vernon	Other (specify)

SAMPLE ONLY

APPENDIX 13 –
RELEASE OF INFORMATION FORM

SOUTH FRASER HEALTH REGION
PEER SUPPORT PROJECT
AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize:_____

to release the following information

SAMPLE ONLY

_____
_____
_____
_____
_____

on

_____
          Client's Name   **Birthdate**

To: _____
    Name of Agency

   _____
   Address

This consent will expire on, _____ or sixty days after the date below.

_____
Client's signature or person authorized to sign for client

_____   _____
Witness   *Date*

APPENDIX 14 – JOB DESCRIPTION FOR COORDINATOR

PEER SUPPORT PROGRAM COORDINATOR'S DUTIES

1.   Organize and present Peer Support Training classes.

        (Arrange classroom space; determine topics; write and photocopy handouts, overheads, etc.; obtain flip chart and markers; schedule classes – usually Mon. Wed. Fri. from 9:30 a.m. to 12:30 p.m.; organize coffee for students budget permitting; research what subjects current peer support workers would like added and/or emphasized; determine which subjects the Coordinator has the knowledge to present. Send out notices and arrange practicum experience for each student at Mental Health Teams in Vancouver and Richmond. Accompany students to initial practicum meetings. Take debriefing calls from students after each visit. Be in liaison with case managers re student's progress. Arrange for debriefing meetings attended by all the students every two weeks.)

2.   Review the Peer Support training program as required.

        (Research and review current curricula in other regions; determine what is working and not working based on requested feedback from employed PSW's; incorporate the determined best into a new curriculum; prepare Coordinator's class material, handouts, lesson plans and quizzes; consult with professional "experts" regarding the subjects the coordinator is not qualified to teach, invite guest instructors, request they prepare handouts, etc.; write letters of confirmation to guest instructors re day, time and place of class and thank them for their willingness to participate; prepare evaluation forms for each student to complete for class. Teach determined classes; make up and mark homework and quizzes; have evaluation meetings with students. Make arrangements for Graduation Ceremony including place, invitations, speakers, food and beverage, flowers for reception. Design and prepare Graduate's certificates. Write thank you letters to everyone who has given of their time and talents to the program. Obtain practicum time sheets from students; prepare and submit payroll information. Have evaluation meeting with each student following completion of course.)

SAMPLE ONLY

APPENDIX 14 - continued

Recruit new consumers to participate in new Peer Support training sessions. (Design and prepare recruitment notice; arrange for clerical volunteer to prepare data base of all mental health resources who should receive aforementioned notices; arrange for clerical volunteer to photocopy notice, place address labels on envelopes, stuff envelopes, stamp and mail them. Field inquiries from staff and consumers. Obtain from each applicant a resume, covering letter and documentation from their psychiatrist or case manager re the applicant's stability and ability to do this work; arrange for a 5-person interview panel of consumers and service providers; schedule interviews; arrange room; notify applicants of interview times; prepare questions for the panel to ask each applicant. Do three reference checks for each applicant, following decision of interview panel to consider candidate for course.)

3. Provide supervision and support to the Peer Support Workers (PSW's).

(Determine from budget how many PSW's can be employed; recruit employees – notices to mental health resources, interview candidate; check references; orientation session(s) for new employee(s); introduce employees to Mental Health Team and inpatient hospital psychiatric unit(s); meet with service providers individually and at meetings on a regular basis to promote the service and encourage referrals; meet and consult with service providers re their clients; provide debriefing support following the PSW visit with client. Meet with PSW on a monthly basis for debriefing and educational session; meet with PSW every three months for performance evaluation.)

4. Promote the Peer Support Program in the community.

Arrange for and make presentations to local branch of Canadian Mental Health Association and other local mental health agencies and drop-in centres. Compose promotional letter to local psychiatrist; obtain list of aforementioned; have clerical volunteer photocopy letters and address and mail; phone calls to these psychiatrists and arrange individual meetings with each where possible. Have promotional meeting for Hospital staff psychiatrists. Have promotional meeting with Richmond General Practitioners. Have promotional meeting with Boarding House managers. Design and arrange for promotional brochure to be printed in accordance with budget restrictions; distribute a supply (and keep replenished) of brochures to local mental health resources, psychiatrists, etc.; write and distribute news releases to the local media. Make follow-up phone calls; meet with editors.

SAMPLE ONLY

APPENDIX 14 - continued

5.   Attend meetings as requested by Health Service Society.

(Record number of hours spent at meetings outside of regular work hours; deduct those hours from work time; actively participate. Attend any meetings concerning Peer Support held in the Region and Provincially. Attend Richmond Health Services meetings and appropriate Team planning meetings, etc.)

6.   Maintain and invoice to the Administrator, Mental Health Services, the time records for Peer Support Workers.

(Distribute time and expenses record sheets to employees; receive these and receipts completed every four weeks; record this information as well as a record of the Coordinator's expenses. Complete and submit individual cheque requisitions to the Administrator for approval. Obtain and submit monthly budget statement to funding body.)

7.   Provide a monthly report to the Manager, Adult/Older Adult Mental Health Services or designate, using the Balanced Scorecard evaluation framework.

(Provide a copy of this report to funding body.)

8.   Liaise with other service providers.

(Educate other service providers about Peer Support and attempt to establish amicable, respectful and cooperative working relationships.)

9.   Staff Liaison will be through the Mental Health Care Coordinator.

(Establish good working rapport with this individual and consult when necessary.)

10.   Attend to phone calls and correspondence.

11.   Order and maintain sufficient office supplies.

12.   See that files are kept up-to-date and filed in an orderly fashion.

13.   Be in liaison with Peer Support Coordinators in other Regions and Vancouver, sharing experience, etc.

14.   Be responsible for Petty Cash. Keep accurate records and requisition more when necessary.

15.   Manage budget.   **<u>SAMPLE ONLY</u>**

(Peer Support Coordinator Job Description from Richmond)

APPENDIX 15 – INTERVIEW QUESTIONS FOR COORDINATOR

Questions for Coordinator Position

1. Why did you apply for the job?

2. Are you able to work flexible hours/put in volunteer hours?

3. Are you comfortable working on your own?

4. How do you work in a busy setting?

5. What are your strengths/weaknesses?

6. How might your mental illness affect your job?
   What would you do to handle it?

SAMPLE ONLY

APPENDIX 15 - continued

7. How much experience do you have working with groups? What does being a team leader mean to you?

8. What mental health resources are you familiar with?

9. What experience do you have in public relations?

10. What desktop publishing experience do you have?

11. How would you define peer support?

12. What experience do you have in conducting workshops or training programs?

13. How do you deal with difficult people?   **SAMPLE ONLY**

14. What proposal writing and fund raising experience do you have?

APPENDIX 16 – TIME SHEET

PEPtalk SAMPLE ONLY

Central Okanagan Peer Outreach   Volunteer Timesheet

Name: ....

Date submitted:.......................

Date	Participant	✓ Visit	✓ Phone	# of hours

Total
Visits_____

Volunteer allowance: (visits X $30) $ _____

Total
hours_____

OFFICE USE ONLY
Volunteer: _____
Coordinator: _____
Authorization: _____
Date Paid: _____ Check # _____

APPENDIX 17 (A) – PEER SUPPORT TRAINING (CLASSROOM) EVALUATION

PROGRAM EVALUATION

1. To what extent were your needs and expectations met by the course content?

    Exceptionally Quite   To Some   Not at
    Well_____ Well_____   Extent_____   All _____

2. To what extent did the instructor assist your learning?

    Exceptionally Quite   To Some   Not at
    Well_____ Well_____   Extent_____   All _____

3. To what extent did the instructional materials (e.g. handouts, binders) reinforce course content and your learning?

    Exceptionally Quite   To Some   Not at
    Well_____ Well_____   Extent_____   All _____

4. Which topic or session of the program did you find MOST useful? Why?
    _____
    _____
    _____
    _____

5. Which topic or session of the program did you find LEAST useful? Why?
    _____
    _____
    _____
    _____

6. How would you rate the facility?

    Excellent_____ Good_____ Fair_____ Poor_____

7. What did you learn about yourself?

    _____

<u>SAMPLE ONLY</u>

APPENDIX 17 (B) – PEER SUPPORT TRAINING (PRACTICUM) EVALUATION

<u>PEER SUPPORTER PRACTICUM EVALUATION</u>

<u>Practicum</u>

1. Was a 5 1/2 months practicum:
    adequate _____ too long _____ too short _____

2. If not adequate, what would you suggest?
    3 months_____ 9 months _____ 1 year   _____

3. What did you find most useful about the practicum?
    _____

    _____

    What did you find least useful about the practicum?
    _____

    _____

4. Generally, you were expected to reserve 10 hours per week for your practicum, about 5 that were to be job direct consumer contact.
    (a) Were 10 hours per week:
    adequate_____ too many _____ too few_____

    (b) Were 5 hours of direct consumers contact:
    adequate _____too many_____ too few_____

Suggestions or comments

_____
_____
_____

<u>SAMPLE ONLY</u>

APPENDIX 17(B) - continued

5. You were invited to attend bi-monthly meetings with your peers Angela and Pat, in your opinion please rate the following:

	Very Helpful	Helpful	Somewhat Helpful	Not Helpful
Support offered				
Information sharing				
Reviewing audio Tapes				
Guidance/suggestions				
Ongoing education on topics/project not covered previously				
Overall, how did you find the......				
Provides you constructive feedback				

6. It was suggested that you have weekly contacts with the case managers. On average how often did you have these contacts?

   (a) face to face ———— monthly ———— weekly ————
       bi-monthly ———— monthly ———— other ————

   (b) face to face ———— monthly ———— weekly ————
       bi-monthly ———— monthly ———— other ————

   (c) face to face ———— monthly ———— weekly ————
       bi-monthly ———— monthly ———— other ————

SAMPLE ONLY

APPENDIX 17 (B) - continued

7.   How helpful were your case managers in the following areas?

	Very Helpful	Helpful	Somewhat Helpful	Not Helpful
Making you feel comfortable and welcome in the team				
Assisting you to meet your learning needs, goals and expectations				
Making you feel supported				
Encouraging you to be independent				
Providing you with constructive feedback				
Asking for feedback and input about your peer support experiences and performance				
Asking for feedback about his/her effectiveness as a supervisor				
Providing you with information regarding the referred consumers				

8. How helpful did you feel to the consumers?

Very helpful _____ helpful _____ somewhat helpful _____
Not helpful _____

Comments:

_____

_____

SAMPLE ONLY

APPENDIX 17(B) - continued

9.   Did you have an opportunity to practice the following skills you were taught in training?

	Very Often	Often	Sometimes	Never
Empathy				
Advanced accurate empathy				
Self disclosure				
Constructive feedback				
Immediacy				
Summarizing				
Brain storming				
Balance sheet technique				

10. Did you have an opportunity to discuss or teach the following skills?

	More than enough	Enough	Not quite enough	Would like more
Effective communication				
Stress management				
Using strategies for management of next episode of illness				
Systemic desensitization				
Assessment skills for suicidal ideation				
Anger management				

SAMPLE ONLY

APPENDIX 17(B) - continued

Safe use of prescription drugs				
Strategies for management of side effects				
Coming to terms with having a psychiatric disorder				
Coming to terms with other losses				

Other (specify) _____

_____

11. How do you feel about the amount of information given to you on the following subjects?

	More than enough	Enough	Not quite enough	Would like more
Anxiety disorder				
Mood disorders				
Psychotic disorders				
Eating disorders				
Substance abuse/dependence disorders				
Personality disorders				
Emotional abuse				
Physical abuse				
Sexual abuse				
Battering in relationships				
Loss and the grieving process				
Practicum expectations				
Dysfunctional families				

SAMPLE ONLY

APPENDIX 17(B) - continued

12. In general how did you find the practicum?
    Excellent _____ good _____ adequate _____ poor _____

Please comment:

_____

_____

_____

SAMPLE ONLY

APPENDIX 17(C) – EVALUATION BY CONSUMERS REFERRED TO PROGRAM

PEER SUPPORTER EVALUATION - CONSUMERS

1. How long did you have the services of a peer supporter?

2. Would you have preferred more time, less, or was this enough?

3. Overall, how did you like having a peer supporter?

4. What type of activities did you do with your peer supporter?

5. What was most beneficial about having a peer supporter?

6. What was least beneficial?   **SAMPLE ONLY**

7. If there were any problems, what were they?

8. Would you like to have a peer supporter again?

9. Do you have any suggestions for additional services that you would like a peer supporter to provide?

Thank you for completing this questionnaire. Your opinion is important in evaluating this program.

APPENDIX 17 (D) – EVALUATION BY REFERRAL SOURCE (IF NOT REFERRED)

<u>SAMPLE ONLY</u>

<u>Kelowna PEPtalk Progress Report 1998</u>

<u>Introduction</u>: Thank you for agreeing to fill out this questionnaire about your experience with PEPtalk. We appreciate your willingness to be involved in this process. Because of the experience that the staff of the Consumer Development Project has gained in working with consumer groups it has been asked, by the PEPtalk advisory committee, to act as a third party in this review of the PEPtalk Program.

<u>How Long Will This Take</u>? About 20 minutes. This estimate depends on the extent of your comments.

<u>Confidentiality</u>? Yes! All of your answers and your name will be kept confidential.

<u>Deadline</u>: Please return the completed questionnaires by

Want More Information? Please contact

APPENDIX 17 (D) - continued

Kelowna PEPtalk Progress Report 1998

PEPtalk Mission Statement

The program's primary function is to provide one-on-one peer support to people who need help coping with the isolating effects of mental illness. The program helps connect and reconnect consumers to resources in the community and initiate increased socialization through a peer, important in the recovery of anyone experiencing isolation, low self-esteem, etc. because of their illness. PEPtalk also provides valuable work experience for volunteers and paid employment for consumers.

General Statements

Taking the above statement into consideration:

1. I feel that PEPtalk is working towards meeting its goals.

Strongly agree   Neutral   Strongly disagree   Not applicable

  1   2   3   4   5   0

Comment _____

_____

Strongly agree   Neutral   Strongly disagree   Not applicable

  1   2   3   4   5   0

Comment _____

_____

SAMPLE ONLY

APPENDIX 17 (D) - continued

3. When I refer a person to PEPtalk I receive enough information about their progress.

Strongly agree   Neutral   Strongly disagree   Not applicable

   1   2   3   4   5   0

Comment _____

_____

4. When I make a referral to PEPtalk I receive a response from the PEPtalk staff in a reasonable time.

Strongly agree   Neutral   Strongly disagree   Not applicable

   1   2   3   4   5   0

Comment _____

_____

5. I feel that I have a good working relationship with PEPtalk volunteers and staff

Strongly agree   Neutral   Strongly disagree   Not applicable

   1   2   3   4   5   0

Comment _____

_____

SAMPLE ONLY

APPENDIX 17 (D) - continued

6. I feel that the training and support of PEPtalk volunteers is adequate for their role.

Strongly agree   Neutral   Strongly disagree   Not applicable

   1   2   3   4   5   0

Comment _____

_____

7. I feel that PEPtalk volunteers and staff have a good knowledge of the community services that are available for their clients

Strongly agree   Neutral   Strongly disagree   Not applicable

   1   2   3   4   5   0

Comment _____

_____

Additional Comments

1. What do you think is working well in PEPtalk?

2. What do you think is not working well in PEPtalk?

SAMPLE ONLY

APPENDIX 17 (D) - continued

3. What are your suggestions for PEPtalk?

4. Are there any other comments or suggestions you would like to make?

SAMPLE ONLY

5. Please complete the following sentence:

PEPtalk has helped me

_____

_____

_____

6. If you were to give an overall grade of your experience with PEPtalk it would be?

       A   B   C   D   E

Number of clients you have referred to PEPtalk

END

THANK YOU

Please return the completed questionnaire by

APPENDIX 18 – SUMMARY OF RECOMMENDATIONS FROM THE *Consumer Involvement in the Workplace Report*

A.   ACCOMMODATIONS

1.   A joint management/union committee should review accommodations and establish those accommodations which might be reasonable and acceptable within the various collective agreements and which should be available to any staff or contractor with a mental health concern, allowing for team/unit operational requirements.

2.   Prior to the start of a consumer contract and/or an employment situation, the supervisor will discuss with the consumer contractor/consumer employee what accommodations might be required. All accommodations will be subject to a review with unions.

3.   Accommodations will be written and, as they will change over time, they will need to be regularly reviewed and updated through input from staff and consumers.

4.   Accommodations will be specifically geared to ensure that consumer contractors/consumer employees may have the option, where appropriate and necessary, to undertake a graduated approach which will allow for a build up of work tolerance.

5.   Accommodations must not negatively impact other individuals in the workplace and must not increase workloads of others in the workplace.

B.   CONFIDENTIALITY

6.   Staff to ensure discussions related to confidential client information do not occur in open social areas but are dealt with in offices or interview rooms with those who need to be aware of the information.

7.   All consumer contractors must, as part of their orientation, have a full discussion with their supervisor related to confidentiality and its importance. The confidentiality agreement outlines that an " intentional or voluntary violation may result in termination of placement or contract". All breaches will be reviewed by the contract supervisor and appropriate action taken.

SAMPLE ONLY

APPENDIX 18 – continued

8. All consumer contractors must sign a Confidentiality Agreement to acknowledge their understanding of confidentiality issues.

9. Consumer contractors are not to have direct access to client files for any reason. With the consent of the client, Team/Unit staff may share information they feel is relevant to the consumer contractor to do their job.

C. CONSUMERS WORKING AT PLACE OF THEIR TREATMENT

10. Consumer contractors should not offer services at a Team/Unit where they are presently receiving treatment/rehabilitation services. Exceptions may occur for those unable to work outside their Team/Unit but the situation must be reviewed in advance by the individuals concerned, i.e. Team/Unit staff, physician, and management staff. Exceptions will be considered due to: (1) geography and distance and (2) familiarity with Team and the community.

D. JOB EROSION

11. Ensure that staff understand consumer contractors or additional support positions, e.g. peer support, are an adjunct to the existing continuum of services and not a replacement. Staff must receive a clear message that the introduction of consumers into the workplace is not a strategy to move away from professional services but a complement to those services.

12. Communicate with staff that the organization is committed to protecting bargaining unit work by bringing forward all consumer contracts for review at regular joint union/management meetings. This review will ensure that contracts do not negatively impact on the development or maintenance of union positions within the workplace and will identify positions which meet the criteria of bargaining unit work.

E. LIABILITY

13. All consumer contractors are covered by the Workers' Compensation Board while providing services under contract. They will have the same status as employees of the service in terms of coverage. In order to ensure contractors are registered for coverage it is essential that Central Office receive a copy of the consumer contract (see Consumer Contractor Handbook, p. 46)

SAMPLE ONLY

APPENDIX 18 - continued

14. All consumer contractors are covered by GVMHS Liability Insurance, which will provide the costs of defence and insure the person, in the event they are held legally liable for bodily injury to another person or for damage to another person's property, while providing services approved by GVMHS under contract. This insurance coverage does not include any personal accident coverage, which is available through WCB.

15. All consumer contractors must undergo a Criminal Records Check. The cost of the Criminal Records Check will be covered by GVMHS.

16. Consumer contractors are to be advised at orientation that if they breach confidentiality and are sued, they are not covered by GVMHS insurance and will be solely responsible.

F. SPACE

17. Staff will need to ensure that discussions related to confidential client information do not occur in open social areas but are dealt with in office or interview rooms with those who need to be aware of the information.

18. GVMHS policy states that any individual who provides services, whether as an employee or a contractor, at GVMHS worksite is to be given equal access to any worksite amenity spaces including the lunch room and washrooms.

G. SUPPORT TO CONSUMERS

19. The organization be clear that it values and supports consumer involvement in the workplace and that the organization sees this process of inclusion as closely related to the organization's goals and objectives. Cost implications associated with providing the necessary training and support must be addressed and these supports must be in place and available before the process proceeds.

20. A joint consumer/professional position be developed to reflect the overall importance of consumer involvement in the workplace. This position would be created to oversee and provide direction to the implementation of the recommendations of this report. The position would provide ongoing support and troubleshooting during the process of implementation.

SAMPLE ONLY

APPENDIX 18 - continued

21. Education and training be provided to ensure that consumers are prepared for success – not set up for failure. This will include employment training for consumers including specific work skills, an orientation to GVMHS, and to the mental health system in general. Opportunities for ongoing education and training will be available.

    Education may be undertaken in a number of formats:
    - Specific time-limited training programs
    - Consumers and professionals who have worked together providing in-service workshops
    - Presentations at Team/Units to share their experiences and strategies for success
    - In Team/Unit presentations of Consumer Involvement in the GVMHS Workplace Report and the policy/recommendations with an opportunity for discussion.
    - Consumers educating staff about their experiences and what they have to contribute; sharing "what works".

22. Ongoing support and supervision be available to ensure the success of consumer involvement in the workplace. Consumer contractor roles and responsibilities will be further defined and clarified through training and orientation. Ongoing supervision will provide feedback and an opportunity to deal with issues as they arise.
    Other means of support may include:
    - Mentors
    - Peer support groups within the workplace
    - Consumer involvement in GVMHS Day
    - Job coaches
    - A "buddy" system

23. A basic training program be designed to prepare consumer contractors for the work environment. These programs might be offered on a semi-annual basis ensuring that consumer contractors entering the workplace would have basic skills training.

SAMPLE ONLY

APPENDIX 18 - continued

H.   TRAINING FOR CONSUMER WORKERS

24.   It is proposed that a Consumer Support/Integration position be developed which would pair a half-time professional staff position and a half-time consumer staff position to jointly deliver education and support services to enable people with mental illness to be employed and to successfully maintain employment within the mental health system.

Responsibilities of this position would include:
- Provide general direction, support and guidance to the process of consumer involvement in the organization by including all relevant parties (union, management, staff, consumers), thereby ensuring the necessary support to implement the recommendations of the ***Consumer Involvement Committee Report*** (November, 1998).
- Develop and provide the necessary education and training required by consumers who will be seeking to be involved in the workplace either through committees or contracts for service. An example is Peer Support Training.
- Oversee and co-ordinate the consumer contracts and ensure appropriate tracking of contracts is in place.
- Provide support and opportunities to problem-solve with staff and consumer committee members and contractors around issues which may arise in the workplace.
- Act as consultants to Team/Units, as requested, to assist in increasing consumer involvement in consumer advisory committees operating at various Teams and Units.
- Provide staff support to the Special Advisory Committee.
- Establish and maintain regular and ongoing communication links with consumers around issues of interest to them.
- Establish and support linkage between GVMHS and other agencies related to the promotion of advocacy services.

25.   The organization be clear that it supports staff in the process of pursuing the organization's goal of including consumers in the workplace.

26.   A joint consumer/professional position be developed to oversee the implementation of recommendations in the ***Consumer Involvement in the Workplace Report***. This position will offer ongoing support for staff and will deal with any issues that may arise.

SAMPLE ONLY

APPENDIX 18 – continued

27. Education be provided to ensure that staff have a clear understanding of the principles, policies and procedures underlying consumer involvement in the workplace. Part of this education will include clarification of roles and responsibilities. A clear outlining of roles and responsibilities will reduce concerns of staff that they are being asked to take on tasks which are either not sanctioned by their professional organizations or are not within the job description for their position.

    Education may be undertaken in a number of formats:
    - Staff will be provided with basic skills training in overseeing contracts;
    - Consumers and professionals who have worked together might provide in-service presentations at Teams/Units to share their experiences and their strategies for success;
    - Staff will be provided with clearly articulated policies and procedures regarding consumer contract positions;
    - In Team/Unit presentations of **Consumer Involvement in the Workplace Report** and the policy/recommendations, with an opportunity for discussion.

28. A clear ongoing mechanism for communication within the organization be established which will allow for dialogue between staff/management and consumers. On a regular basis, there should be open discussion, possibly by way of forums, at which staff, unions, and management could share their experiences and issues.

29. The Executive/Senior Managers and Team/Unit Directors acknowledge that support and supervision of consumer contractors/employees as they enter the workplace entails additional time requirements. This time commitment must be factored into the workload expectations for the staff members whose job descriptions allow for supervision of consumer contractors. While there is significant expenditure of time and energy in the initial phase, there will likely be long run benefits to staff as consumer contractors/employees provide extra services to clients that fall outside the duties of staff.

SAMPLE ONLY

APPENDIX 18 - continued

30. A basic training program be designed to prepare consumer contractors for the work environment. These programs might be offered on a semi-annual basis and would reduce the demands on individual Team/Unit staff. It would also ensure that consumer contractors entering the workplace have basic skills training. Many new programs, such as Peer Support, already provide basic work readiness skills as part of their training program and many consumer contractors/employees will come with work skills in place and will not require additional training.

K. CONSUMER CONTRACTOR 'SUPERVISION'

31. Team Directors/Unit Managers (or a Senior Mental Health Worker as designate) assume the responsibility for providing orientation, ongoing support, service monitoring and feedback to the consumer contractor. Concerns would be dealt with by the Team Director/Unit Manager and the 'Consumer/Support Integration' position as part of the contract review function. If the issues could not be resolved at that level, it would be the decision of the Team Director/Unit Manager, in consultation with Team/Unit staff, to determine if the contract should be terminated.

32. If the consumer is an employee, they are provided with performance appraisals by the Team Director/Unit Manager in exactly the same manner as any employee.

33. The new Consumer Support/Integration position job description would be developed with union input and would include supervisory capacity and appropriate compensation for this job function.

34. Due to the complexity of this issue and the need to look at future development, it is recommended that further discussion be entered into with unions related to options for changes to existing job descriptions to allow for this supervisory function to be done by staff.

L. ORIENTATION TO ORGANIZATIONAL VALUES

35. That the GVMHS Board of Directors broaden the existing values for the organization to include consumer involvement in the workplace as a value.

SAMPLE ONLY

APPENDIX 18 - continued

36.   That all applicants for positions with the organization be provided with a summary of the organization's mission and values to ensure that they understand and are comfortable with fulfilling the organizational expectations prior to making an application.

37.   That all new staff be provided with the ***Consumer Involvement in the Workplace Report*** and Consumer Contractor Handbook as part of their orientation.

(***Consumer Involvement in the Workplace Report***, November 1998; pg.19–24)

SAMPLE ONLY

PEER SUPPORT RESOURCE MANUAL REFERENCES

Armstrong, M. L., Korba, A. M. & Emard, R. Of mutual benefit: the reciprocal relationship between consumer volunteers and the clients they serve. *Psychiatric Rehabilitation Journal,* Fall 1995, Volume 19, Number 2. 45-49.

Ashdown, W.P. Patients as professionals: enhancing inpatient care for psychiatric patients in Winnipeg. *Leadership*, Volume 4, Number 6. 44-47.

Bainbridge, L. Consumer involvement in the workplace. A literature review. Greater Vancouver Mental Health Services Society. May 1998.

Besio, S. W. & Mahler, J. Benefits and challenges of using consumer staff in supported housing services. *Hospital and Community Psychiatry,* May 1993, Volume 44, Number 5. 490-491.

Best Practices in B.C.'s Mental Health Reform. Consumer Involvement and Initiatives. British Columbia Ministry of Health and Ministry Responsible for Seniors. 1999.

Cariboo Health – Strategic Plan. November 1999.

Carpinello, S. E. A focused interview with members of a Latino self-help group. *Psychiatric Rehabilitation Journal,* Fall 1995, Volume 19, Number 2. 65-67.

Century House Senior Peer Counselling. 1999.

Chamberlain, J., Rogers, E.S. & Ellison, M.L. Self-help programs: a description of their characteristics and their members. *Psychiatric Rehabilitation Journal*, Winter 1996, Volume 19, Number 3, 33-42.

Consumer Involvement in the Workplace Report. 1998. Greater Vancouver Mental Health Services Society.

Consumers' self-help and consumers' initiatives. 1996. *Review of Best Practices in Mental Health Service Delivery.*   Prepared for Health Canada and the Advisory Network on Mental Health by Health Systems Research Unit Clarke Institute of Psychiatry. pp. 1-10.

Cook, J.A., Razzanno, L.A., Straiton, D.M. & Ross, Y.   Cultivation and maintenance of relationships with employers of people with psychiatric disabilities. *Psycho-social Rehabilitation Journal,* January 1994, volume 17, Number 3, 103-116.

Corey, M.S. & Corey, G. 1997. *Groups, Process and Practice.* Brooks/Cole Publishing.

Curtis, L.C. & Hodge, M. Old standards: new dilemmas: ethics and boundaries in community support services. *Psycho-social Rehabilitation Journal*, October 1994, Volume 18, Number 2, 13-34.

Dixon, L., Krauss, N. & Lehman, A. 1994. Consumers as service providers: the promise and challenge. *Community Mental Health Journal*, December 1994, Volume 30, Number 6. 615-633.

Felton, C.J., Stastny, P., Shern, D.L., Blanch, A., Donahue, S.A., Knight, E. & Brown, C. Consumers as peer specialists on intensive case management teams: Impact on client outcomes. *Psychiatric Services,* October 1995, Volume 46, Number 10. 1037-1044.

Fisher, D.B. A new vision of healing as constructed by people with psychiatric disabilities working as mental health providers. National Empowerment Center.

Fisk, D. & Rowe, M., Brooks, R. & Gildersleeve, D. Integrating consumer staff members into a homeless outreach project; Critical issues and strategies. *Psychiatric Rehabilitation Journal,* Winter 2000, Volume 23, Number 3, 244-252.

Francell Jr., E. G. My role as a consumer-provider: Challenges and opportunitied. *Journal of Psycho-social Nursing,* 1996, Volume 34, Number 9. 29-31.

Gottlieb, B. H. Research on mutual aid and social support: Progress and future directions. *Canadian Journal Of Community Mental Health,* Volume 14, Number 2, Fall 1995, 228-234.

Guide to the Employment Standards Act. 1996 (3rd Edition) Canadian Cataloguing-in-Publication Data.

Hildebrand, C. *An Evaluation of the Upper Fraser Valley Consumer Peer Support Project,* April 1997.

Johnson, D.W. & Johnson, F.P. 1991. *Joining together, Group theory and Group skills.* Prentice-Hall.

Lange, J. 2000. *Self-help group facilitation manual.* Mood Disorders Association of British Columbia.

Lavoie, F. & Stewart M. Special issue on mutual-aid groups and support groups. Mutual-aid groups and support groups: the Canadian context. *Canadian Journal of Community Mental Health,* Fall 1993, Volume 14, Number 2. 5-13.

LeDoux, E. 1997. Revitalizing a consumer-controlled alternative. *Consumers as Providers.* 1997. Pp. 142-147.

Mowbray, C.T., Moxley, D.P., Jasper, C.A. & Howell, L.L (Eds.) 1997. *Consumers as providers in psychiatric rehabilitation.* International Association of Rehabilitation Services.

Mowbray, C.T., Moxley, D.P., Thrasher, S., Bybee, D., McCrohan, N., Harris, S. & Clover, G. Consumers as community support providers: issues created by role innovation. *Community Mental Health Journal,* February 1996.Volume 32, Number 1. 47-66.

Neuhausler, A. & Lange, J. (Ed.) 1995. *Peer Support Worker Training Manual for Consumers of Mental Health Services.*

Neuhausler, A., Miller, D. & Ramji, K. (Editors). 1995. *An Evaluation of the FraserValley/North Shore Mental Health Services Peer Support Worker Project.* December 1995.

Noordsy, D. L., Schwab, B., Fox,L. & Drake, R.E. 1996. The role of self-help programs in the rehabilitation of persons with severe mental illness and substance use disorders. *Community Mental Health Journal,* February 1996, Volume 32, Number 1. 71-79.

North Okanagan Mental Health System Progress Report – Vernon Summary. June 2000. 14.

Peer Support Information Package. Vancouver Mental Health Services.

Ronik, S. Observations and principles related to employment of mental health consumers as providers. *Psychiatric Rehabilitation Journal*.

Review of Best Practices in Mental Health Reform. Prepared for the Federal/Provincial/Territorial Advisory Network on Mental Health. 1997.

Revitalizing and Rebalancing British Columbia's Mental Health System. The 1998 Mental Health Plan. Ministry of Health and Ministry Responsible for Seniors.

Schiff, M. Helping characteristics of self-help and support groups. Their contribution to participants' subjective well-being. *Small Group Research*, June 2000, Volume 31, Issue 3. 275, 30.

Sherman, P.S. & Porter, R. Mental health consumers as case management aides. *Hospital and Community Psychiatry,* May 1991, Volume 42, Number 5. 494-498.

Solomon, P. & Draine, J. Perspectives concerning consumers as case managers. *Community Mental Health Journal,* February 1996, Volume 32, Number 1. 41-46.

Warner, R. & Polak, P. The economic advancement of the mentally ill in the community: 1. Economic opportunities. *Community Mental Health Journal,* August 1995, Volume 31, Number 4. 381-396.

Wister, A. V. The relationship between self-help group participation and other health behaviours among older adults. *Canadian Journal of Community Mental Health*, Fall 1995, Volume 14, Number 2. 23-37.

Section 8
PEER SUPPORT RESOURCE INVENTORY

This manual collates key descriptions and makes accessible peer support services from across the province of British Columbia. This project was sponsored by the Ministry of Health in collaboration with the Peer Support Resource Manual Steering Committee and the joint efforts of the Research, Education, Evaluation and Support Centre (R.E.E.S.) of the Capital Health Region in Victoria and the CMHA – B.C. Division - Consumer Development Project (CDP), Kelowna.

This inventory of peer support programs from across British Columbia, compiles information gathered on peer support and training programs from the eighteen health regions. This information is intended to provide readers with an understanding of the types of programs available and the style of peer support provided within a given health region. The reader should be able to determine from this material, the features of each program. New programs or those in development can access needed information from other parts of the province by utilizing this resource inventory.

> **We welcome your comments and feedback. Should anyone be aware of a program that is not listed, please contact the Adult Mental Health Policy Division.**

The survey form below was used to compile the information needed to create this Inventory of Peer Support Programs and Peer Support Training Programs in B.C.

PEER SUPPORT/OUTREACH RESEARCH PROJECT

1.   Do you have a Peer Support/Outreach program in place?   Yes [ ] No [ ]

2.   Did you have initial criteria for establishing your program?   Yes [ ] No [ ]
     If yes, please send details.

3.   Did consumers initiate your program?   Yes [ ] No [ ]

4.   Did you receive financial support?   Yes [ ] No [ ]
     Does financial support come from Consumer Initiative Funds?   Yes [ ] No [ ]
     What is your annual budget?   _____

     Are your peer support workers compensated?   _____   Yes [ ] No [ ]

     How many are paid compared to those unpaid?   _____

     Please enclose a breakdown of your proposed budget.

5.   Do professional have a role in your Peer Support program?   Yes [ ] No [ ]

6.   Do you have:
          a mandate?   Yes [ ] No [ ]
          a mission statement?   Yes [ ] No [ ]
          a peer support operating manual?   Yes [ ] No [ ]
          a peer support training manual?   Yes [ ] No [ ]

7.   What is your catchment area?   _____

     What is the population base your serve?   _____

     How many people use your support program?   _____

8.   Does your organization provide any Peer Support programs or special interest groups with
     the Mental Health Community i.e.: Dual Diagnosis, Ethnic, etc.   Yes [ ] No [ ]

     If Yes, please provide details: (Attach documentation if possible)

Thank you for completing this survey.

If you have insufficient room to complete details of some of the questions, please submit on a separate sheet.

PEER SUPPORT RESOURCE INVENTORY
REGIONAL MAP OF PEER SUPPORT PROGRAMS IN BC

Region **U**=Program under development **X**=Program in place **N/A**= Information not available at this time, or unable to classify as yet	Take not that there may be more than one Program within a given region	Mutual Support – Informal Structure	Trained Peer Support – Moderate Structure	Trained Peer Support – Formal Structure	Trained Peer Support/ Complimentary to Clinical Team – Formal Structure
1. Capital Health Region				X	
2. Cariboo CHSS	Quesnel	U			
3. Central Vancouver Island Health Region	a. Duncan/ Cowichan District				X
	b. Nanaimo/ Parksville District			X	
4. Coast Garibaldi CHSS	No program at this time				
5. East Kootenay CHSS	No program at this time, appears to be two possible programs under development, Cranbrook & Invermere	U			
6. Fraser Valley HR	a. Mennonite Central Committee SCS		X		
	b. Seniors Peer Support Group	N/A			
7. South Fraser HR	a. Langley Outreach Project		X		
	b. South Fraser Project	Defunct			
8. Simon Fraser Hr	a. no program at this time	N/A			
	b. Century House Senior Peer Counselling	N/A			
9. Kootenay Boundary CHSS	N/A				
10. Northern Interior RHB			X		
11. North Okanagan RHB	Greater Vernon & Salmon Arm		X		
12. Okanagan Similkameen HR	a. Kelowna			X	
	b. Penticton			X	
13. North Shore HR	North Shore Senior Counselling	N/A			
14. North West CHSS	No program at this time				
15. Peace Liard CHSS	N/A				
16. Thompson RHB	N/A				
17. Upper Island Central Coast CHSS	N/A				
18. Vancouver/Richmond HB	a. Vancouver				X
	b. West End Seniors Network Senior Peer Counselling	N/A			
	c. Richmond				X

For a list of organizational support groups, please see the appendices following the inventory.

FEATURES OF PEER SUPPORT PROGRAMS WITHIN EACH REGION

Use the corresponding numbers indicated on the left to correctly match to the information chart on the following page to the correct Regions data.

1.   Capital Health Region
2.   Cariboo CHSS
3.   Central Vancouver Island Health Region
   a. Duncan/Cowichan District
   b. Nanaimo/Parksville District
4.   Coast Garibaldi CHSS
5.   East Kootenay CHSS
6.   Fraser Valley Health Region
   a. Mennonite Central Committee
   b. Seniors Peer Support
7.   South Fraser Health Region
   a. Langley Outreach Project
8.   Simon Fraser Health Region
   a. Simon Fraser Peer Support
   b. Century House Senior Peer Counselling
9.   Kootenay Boundary CHSS
10.   Northern Interior Regional Health Board
11.   North Okanagan Regional Health Board
12.   Okanagan Similkameen Health Region
   a. Kelowna
   b. Penticton
13.   North Shore Health Region
14.   North West CHSS
15.   Peace Liard CHSS
16.   Thompson Regional Health Board
17.   Upper Island Central Coast CHSS
18.   Vancouver/Richmond Health Board
   a. Vancouver Health Board
   b. West End Seniors Peer Counselling
   c. Richmond Health Board

FEATURES OF PEER SUPPORT PROGRAMS
WITHIN EACH REGION

1. Capital Health Region
2. Cariboo CHSS
3. Central Vancouver Island HR
   a. Duncan/Cowichan District
   b. Nanaimo/Parksville District
4. Coast Garibaldi CHSS Health Region
5. East Kootenay CHSS
6. Fraser Valley Health Region

7. South Fraser Health Region
   a. Langley Outreach Project
8. Simon Fraser Health Region
   a. Simon Fraser Peer Support
   b. Century House Senior Peer Counselling
9. Kootenay Boundary CHSS
10. Northern Interior Regional Health Board
11. North Okanagan Regional Health Board
12. Okanagan Similkameen Health Region
    a. Kelowna
    b. Penticton

13. North Shore Health Region
14. North West CHSS
15. Peace Liard CHSS
16. Thompson Regional Health Board
17. Upper Island Central Coast CHSS
18. Vancouver/Richmond Health Board
    a. Vancouver Health Board
    b. West End Seniors Peer Counselling
    c. Richmond Health Board

Features of a Peer Support Program	Region Symbol Explanation: X = Yes; S = Some Workers can do this																						
	1	2	3		4	5	6		7	8		9	10	11	12		13	14	15	16	17	18		
			a	b			a	b	a	a	b				a	b						a	b	c
One to one friend/coffee buddy			X	X			X		X				X	X	X							X		X
One to one help learning new skills e.g.: new bus routes			X	X			X		X				X	X	X	X						X		X
One to one support with some skills in problem solving & goal setting			X	X			X		X						X	X						X		X
One to one support for companionship			X	X			X		X				X	X	X							X		X
One to one supports to go to meetings at Ministry of Human Resources & Economic Development, doctor appointment, etc.			X	X			X		X				X	X	X							X		X
Skilled in facilitating a formal support group			S	X			X							X								X		X
Assist in completing BC Benefits forms			S	X					?				X	X	X									X
Ability to help BC Benefits appeals process			S	X					?					X	X									X
Ability to act as nominee on BC Benefits Appeals Tribunal																								

FEATURES OF PEER SUPPORT PROGRAMS
WITHIN EACH REGION

1. Capital Health Region

2. Cariboo CHSS

3. Central Vancouver Island HR
   a. Duncan/Cowichan District
   b. Nanaimo/Parksville District
4. Coast Garibaldi CHSS Health Region
5. East Kootenay CHSS
6. Fraser Valley Health Region

7. South Fraser Health Region
   a. Langley Outreach Project
8. Simon Fraser Health Region
   a. Simon Fraser Peer Support
   b. Century House Senior Peer Counselling
9. Kootenay Boundary CHSS

10. Northern Interior Regional Health Board
11. North Okanagan Regional Health Board
12. Okanagan Similkameen Health Region
    a. Kelowna
    b. Penticton

13. North Shore Health Region

14. North West CHSS

15. Peace Liard CHSS

16. Thompson Regional Health Board
17. Upper Island Central Coast CHSS
18. Vancouver/Richmond Health Board
    a. Vancouver Health Board
    b. West End Seniors Peer Counselling
    d. Richmond Health Board

Features of a Peer Support Program	Region Symbol Explanation: X = Yes; S = Some Workers can do this																							
	1	2	3		4	5	6		7	8		9	10	11	12		13	14	15	16	17	18		
			a	b			a	b	a	a	b				a	b						a	b	c
Ability to advocate for individual at committal appeal			S	S					?															
Ability to act as nominee on committal review panel			S	S					?															
Special Interest Groups Available i.e.: Peer Support for Ethnic groups, other specialized groups			X											X										X
Informal Support Groups														X										
- MDA			X	X					X				X	X	X						X			X
- Dual Diagnosis Support Group			X	X						X											X			X
- BCSS			X	X					X				X	X	X									X
- CMHA			X																					X

PEER SUPPORT RESOURCE INVENTORY

This manual collates and makes accessible peer support services from across the province of British Columbia. This project was sponsored by the Ministry of Health Services in collaboration with the Peer Support Resource Manual Steering Committee and the joint efforts of the Research, Education, Evaluation and Support Centre (R.E.E.S.) of the Capital Health Region in Victoria and the CMHA – BC Division, Consumer Development Project (CDP), Kelowna Okanagan Similkameen Health Region.

FEATURES OF
PEER SUPPORT TRAINING PROGRAMS
AS APPLIED
TOP THE FOUR CATEGORIES
OF PEER SUPPORT

Peer Support Categories Peer Support Features necessary for each particular Peer Support Training Program	Mutual Support – Informal Structure	Trained Peer Support – Moderate Structure	Trained Peer Support – Formal Structure	Trained Peer Support/ Adjunct to Clinical Team – Formal Structure
Basic Human Needs			X	X
Process of Change			X	X
Self-awareness	X	X	X	X
Grieving process			X	X
Values/morals/beliefs			X	X
Verbal – nonverbal communication	X	X	X	X
Expressing feelings	X	X	X	X
Assertiveness skills		X	X	X
Anger Management			X	X
Understanding mental illness	X	X	X	X
Understanding mental wellness	X	X	X	X
Suicide prevention			X	X
Conflict resolution			X	X
Rules of confidentiality	X	X	X	X
Ethics		X	X	X
Guidelines to objectivity			X	X
Interviewing skills			X	X
Problem solving skills		X	X	X
Goal setting		X	X	X
Knowledge of services: local, regional, Provincial, Federal	X	X	X	X
Knowledge of Mental Health Act			X	X
Knowledge of Freedom of Information Act			X	X
Knowledge of BC Benefits Act			X	X
Landlord and Tenant Board Regulations			X	X
Ombudsman Office			X	X
Advocacy			X	X
Quality Assurance			X	x

Region	Capital Health Region	**Work Phone**	(250) 595-8619
Peer Support Program	REES Peer Support Program	**Work Extension**	
		Fax Number	(250) 595-8629
Address	1931 Lee Avenue		
City	Victoria	**Contact Name**	Ian
Province	BC	**Manual**	yes
Postal Code	V8R 4W9	**Training Manual**	yes

Email Address chrcomm@islandnet.com

Program Description Clearing house and Training Centre for Peer Support in the Capital Health Region. Peer Support is provided by Peer Support workers from REES and the REES Centre, the Med Clinic, Consumer Activity Centres, the Day Hospital and on individual outreach basis.

Training Program Description Peer Support workers are provided with a twelve week Peer Support training program and a twelve week practicum at REES with inhouse support, ongoing training and community partnerships.

Did Consumers initiate your program professionals consulted with consumers

Did funding originate from Consumer Initiative Funds partly

Do you have a mandate yes

Do you have a mission statement yes

Catchment Area Capital Health Region

Do professionals have a role in your Peer Support Program yes
If yes, please explain

Provide support, consultation and referrals

Region	Capital Health Region		
Address	100-3200 Shelbourne St	**City**	Victoria
Postal Code	V8P 5G6	**Province**	BC

Regional Health Manager/Contact Anne Bowles

Phone (250) 952-4325 **Fax Number** (250) 952-4320

Contacts Email anne.bowles@caphealth.org

Web page www.islandnet.com/chrcomm/rees.htm

Region	Cariboo CHSS	**Work Phone**	(250) 392-1906
Peer Support Program	Assoc. of Consumers & Families for Mental Health, Education, Services & Advocacy	**Work Extension**	
		Fax Number	(250) 392-1913
Address	369 Oliver St		
City	Williams Lake	**Contact Name**	Ray Langley
Province	BC	**Manual**	use Bridges Manual
Postal Code	V2G 1M4	**Training Manual**	
Email Address	wlacme@starddate.bc.ca		
Program Description	All volunteers are receiving incentive, TVP's or CVP's.		
Training Program Description			

Did Consumers initiate your program

Did funding originate from Consumer Initiative Funds yes

Do you have a mandate

Do you have a mission statement

Catchment Area Cariboo, Williams Lake, 100 Mile House, Bella Coola

Do professionals have a role in your Peer Support Program yes
If yes, please explain

In Williams Lake, professionals are non-voting members of ACME. They are consultants to BCSS and Family to Family. Professionals also operate the clubhouse.

Region	Cariboo CHSS		
Address	540 Borland St. 3rd floor	**City**	Williams Lake
Postal Code	V2G 1R8	**Province**	BC
Regional Health Manager/Contact		Jim Campbell, Director	
Phone	(250) 398-4685	**Fax Number**	(250) 398-4249
Contacts Email	jim.campbell@cariboohealth.com		

Bridging manual. In Williams Lake: WLACME: Clubhouse-Jubilee Care; BCSS; MDA; Eating Disorders group; group for Survivors of Sexual Abuse.

Region	Cariboo CHSS	**Work Phone**	(250) 992-4288
Peer Support Program	Peer Support Team/Volunteer Training Project	**Work Extension**	
Address	c/o Mental Health Program 627 Walkam St	**Fax Number**	(250) 992-4276
City	Quesnel	**Contact Name**	Colleen Mero
Province	BC	**Manual**	under development
Postal Code	V2J 2J6	**Training Manual**	under development
Email Address			

Program Description Create a group of trained peer supporters with a broader base of expertise to facilitate better interaction with the community. Enable a better team Liaison within our community. All peer supporters are compensated.

Training Program Description Training by a qualified Peer Support Worker and one Mental Health Worker with course experience. Emulates Family to Family course. 10 or more sessions as deemed necessary by Mental Health Worker. Guest speakers from community agencies and field trips.

Did Consumers initiate your program   yes

Did funding originate from Consumer Initiative Funds   yes

Do you have a mandate   yes

Do you have a mission statement   yes

Catchment Area Quesnel/Wells/Nasko

Do professionals have a role in your Peer Support Program yes
If yes, please explain

Professionals provide support and guidance.

Region	Cariboo CHSS

Address	540 Borland St., 3rd floor	**City**	Williams Lake
Postal Code	V2G 1R8	**Province**	BC

Regional Health Manager/Contact   Jim Campbell, Director

Phone	(250) 398-4685	**Fax Number**	(250) 398-4249

Contacts Email   jim.capmpbell@cariboohealth.com

MDA group in Quesnel, use Bridges training program. In Williams Lake: WLACME: Clubhouse-Jubilee Care; BCSS; MDA; Eating Disorders group; group for Survivors of Sexual Abuse.

Region	Central Vancouver Island HR	**Work Phone**	(250) 756-2121
Peer Support Program	CMHA Peer Support Program	**Work Extension**	
		Fax Number	(250) 756-4871
Address	2020 Bowen Rd		
City	Nanaimo	**Contact Name**	Margaret Nerassen
Province	BC	**Manual**	yes
Postal Code	V2J 2J6	**Training Manual**	under development
Email Address	cmhanan@nisa.net		

Program Description   Peer supporters go to the hospital weekly to talk with the patients about CMHA and its program. They offer advocacy or will just listen to the patients if needed. Referrals are self-referred, hospital, doctor, psychiatrist, case managers & other agencies.

Training Program Description   10 week course, 2 days per week. Teaches self-esteem, problem solving, assertiveness, listening skills, suicide, conflict resolution, Mental Health Act, Disability Pensions and many other issues. An honorarium is paid to all.

Did Consumers initiate your program

Did funding originate from Consumer Initiative Funds

Do you have a mandate

Do you have a mission statement

Catchment Area

Do professionals have a role in your Peer Support Program If yes, please explain

Region	Central Vancouver Island HR		
Address	c/o Nanaimo MH Services 1665 Grant Avenue	**City**	Nanaimo
Postal Code	V9S 5K7	**Province**	BC
Regional Health Manager/Contact	Allison Cutler, Regional Mental Health Manager		
Phone	(250) 755-3014	**Fax Number**	(250) 755-7353
Contacts Email	Allison.cutler@cvihr.bc.ca		

BCSS offices exist in both Nanaimo and Parksville. MDA office. Professionals play a major role in our Peer Support Program by providing support and guidance.

Region | Central Vancouver Island HR

Work Phone | (250) 746-4040

Peer Support Program | Cowichan Valley Advocacy Team

Work Extension

Fax Number | (250) 748-2702

Address | Duncan MHC 3088 Gibbons Rd

City | Duncan

Contact Name | Bonnie Smith

Province | BC

Manual

Postal Code | V9L 1E8

Training Manual

Email Address

Program Description | Our program offers training in: Basic Human needs, process of change, self awareness, grieving process, values/morals/beliefs, verbal – nonverbal Communication, expressing feeling, assertiveness skills, anger management, understanding mental illness, ethics.

Training Program Description | Suicide prevention, Knowledge of Freedom of Information Act, BC Benefits Act, Landlord & Tenant Board Regulations, Ombudsmans Office. Only one worker is paid.

Did Consumers initiate your program

Did funding originate from Consumer Initiative Funds

Do you have a mandate

Do you have a mission statement

Catchment Area

Do professionals have a role in your Peer Support Program
If yes, please explain

Region | Central Vancouver Island HR

Address | c/o Duncan MHC
3088 Gibbons Rd

City | Duncan

Postal Code | V9L 1E8

Province | BC

Regional Health Manager/Contact | Andrea Lemp

Phone | (250) 709-3040

Fax Number | (250) 709-3045

Contacts Email | alemp@cvis.bc.ca

In the Cowichan Valley community CMHA liaises with the Cowichan Valley Intercultural and Immigrant Aid Society to provide support and education.

Region	Central Vancouver Island HR	**Work Phone**	
Peer Support Program	no program at this time	**Work Extension**	
		Fax Number	
Address			
City		**Contact Name**	
Province		**Manual**	
Postal Code		**Training Manual**	
Email Address			

Program Description

Training Program Description

Did Consumers initiate your program

Did funding originate from Consumer Initiative Funds

Do you have a mandate

Do you have a mission statement

Catchment Area

Do professionals have a role in your Peer Support Program If yes, please explain

Region	Central Vancouver Island HR		
Address	c/o Port Alberni MHC	**City**	Port Alberni
Postal Code	V9Y 3Z2	**Province**	BC
Regional Health Manager/Contact	Denyse Houde		
Phone	(250) 724-3554	**Fax Number**	(250) 724-3977
Contacts Email	denyse.houde@cvihr.bc.ca		

BCSS offices exist in both Nanaimo and Parksville; A local MDA group exists.

Region	Coast Garibaldi CHSS	**Work Phone**	
Peer Support Program	no program at this time	**Work Extension**	
		Fax Number	
Address			
City		**Contact Name**	
Province		**Manual**	
Postal Code		**Training Manual**	
Email Address			

Program Description

Training Program Description

Did Consumers initiate your program

Did funding originate from Consumer Initiative Funds

Do you have a mandate

Do you have a mission statement

Catchment Area

Do professionals have a role in your Peer Support Program If yes, please explain

Region	Coast Garibaldi CHSS

Address	Sunshine Coast MHC Box 949 5544 Sunshine Coast Hwy	**City**	Sechelt

Postal Code	V0N 3A0	**Province**	BC

Regional Health Manager/Contact Paul Charron

Phone	(604) 885-6101	**Fax Number**	(604) 855-5842

Contacts Email paul.charron@cgh.bc.ca

Program is under development.

Region	East Kootenay CHSS	**Work Phone**	(250) 426-1400
Peer Support Program	Cranbrook Peer Support Project	**Work Extension**	
		Fax Number	(250) 426-1603
Address	Cranbrook MHC 204-1212 2nd Street N.		
City	Cranbrook	**Contact Name**	Kelly Madigan
Province	BC	**Manual**	yes – Vernon Manual
Postal Code	V1C 4T6	**Training Manual**	yes – Vernon Manual
Email Address	Kelly.madigan@ekchss.hnet.bc.ca		

Program Description
We have established the initial criteria for our program.

Training Program Description

Did Consumers initiate your program   yes

Did funding originate from Consumer Initiative Funds

Do you have a mandate   yes

Do you have a mission statement   yes

Catchment Area   East Kootenay

Do professionals have a role in your Peer Support Program   yes
If yes, please explain
Professionals were involved in the initial planning stages.

Region	East Kootenay CHSS		
Address	Cranbrook MHC 204-1212 2nd St N.	**City**	Cranbrook
Postal Code	V1C 4T6	**Province**	BC

Regional Health Manager/Contact   Kelly Madigan, Director

Phone   (250) 426-1400   **Fax Number**   (250) 426-1603

Contacts Email   Kelly.madigan@ekchss.hnet.bc.ca

MDA, BCSS offices

Region	East Kootenay CHSS	**Work Phone**	(250) 426-1400
Peer Support Program	Kootenay Clover Clubhouse	**Work Extension**	
Address		**Fax Number**	(250) 426-1400
City	Cranbrook	**Contact Name**	
Province	BC	**Manual**	no
Postal Code		**Training Manual**	yes
Email Address			

Program Description: Program under development. We plan to develop a program that will keep the connections to the community open for consumers who are isolated. We expect to service approximately 20 clients.

Training Program Description: Provide consumers with sufficient training and support for a successful Peer Support Program. We hope to compensate all workers with an honorarium.

Did Consumers initiate your program   yes

Did funding originate from Consumer Initiative Funds   no

Do you have a mandate   yes

Do you have a mission statement   yes

Catchment Area   East Kootenay

Do professionals have a role in your Peer Support Program   yes
If yes, please explain

Professionals will most likely act as consultants. One coordinator will work with the Peer Support Group.

Region	East Kootenay CHSS		
Address	Cranbrook MHC 204-1212 2nd St N.	**City**	Cranbrook
Postal Code	V1C 4T6	**Province**	BC

Regional Health Manager/Contact   Kelly Madigan, Director

Phone   (250) 426-1400   **Fax Number**   (250) 426-1603

Contacts Email   Kelly.madigan@ekchss.hnet.bc.ca

MDA, BCSS offices

Region	East Kootenay CHSS	**Work Phone**	(250) 342-4295
Peer Support Program	East Kootenay Community Health Services Society	**Work Extension**	
Address	Invermere MH Box 157	**Fax Number**	(250) 342-4332
City	Invermere	**Contact Name**	Colleen Flynn, RPN
Province	BC	**Manual**	yes – Vernon Manual
Postal Code	V0A 1K0	**Training Manual**	yes – Vernon Manual

Email Address

Program Description
To Provide training to select volunteer consumers, to facilitate outreach to other consumers who are newcomers or those who are isolated in the community. Currently follow the Provincial MDA's vision, mission, goals and philosophy statements.

Training Program Description
The training manual prepared by the Vernon Peer Outreach Program will be used as a guide for this program.

Did Consumers initiate your program yes

Did funding originate from Consumer Initiative Funds no

Do you have a mandate yes

Do you have a mission statement yes

Catchment Area East Kootenay

Do professionals have a role in your Peer Support Program yes
If yes, please explain
Professionals offer management guidelines and serve as information sources.

Region	East Kootenay CHSS		
Address	Cranbrook MHC 204-1212 2nd St N.	**City**	Cranbrook
Postal Code	V1C 4T6	**Province**	BC

Regional Health Manager/Contact Kelly Madigan, Director

Phone (250) 426-1400   **Fax Number** (250) 426-1603

Contacts Email Kelly.madigan@ekchss.hnet.bc.ca

MDA, BCSS offices

Region	East Kootenay CHSS	**Work Phone**	
Peer Support Program	No Program	**Work Extension**	
		Fax Number	
Address	2205 2nd St North		

City	Cranbrook	**Contact Name**	Deb Preston
Province	BC	**Manual**	no
Postal Code	V1C 3L4	**Training Manual**	no

Email Address

Program Description | NO PROGRAM AT THE PRESENT TIME. Expect to serve approximately 75 clients. No other details were made available on this survey.

Training Program Description

Did Consumers initiate your program   yes

Did funding originate from Consumer Initiative Funds

Do you have a mandate   yes

Do you have a mission statement   yes

Catchment Area   East Kootenay

Do professionals have a role in your Peer Support Program   yes
If yes, please explain

Professionals act in an advisory role only.

Region	East Kootenay CHSS
Address	Cranbrook MHC 204-1212 2nd St N.

City   Cranbrook

Postal Code   V1C 4T6   **Province** BC

Regional Health Manager/Contact   Kelly Madigan, Director

Phone   (250) 426-1400   **Fax Number**   (250) 426-1603

Contacts Email   Kelly.madigan@ekchss.hnet.bc.ca

MDA, BCSS offices

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Region	East Kootenay CHSS	**Work Phone**	
Peer Support Program	No Program	**Work Extension**	
		Fax Number	
Address			

City	Creston	**Contact Name**	
Province	BC	**Manual**	
Postal Code		**Training Manual**	

Email Address

Program Description — NO PROGRAM AT THIS PRESENT TIME. No other details were made available on this survey.

Training Program Description

Did Consumers initiate your program — no

Did funding originate from Consumer Initiative Funds

Do you have a mandate

Do you have a mission statement

Catchment Area — Creston & Area (from Yahk to Mountain Shores)

Do professionals have a role in your Peer Support Program — no
If yes, please explain

Region	East Kootenay CHSS
Address	Cranbrook MHC 204-1212 2nd St N.	**City**	Cranbrook
Postal Code	V1C 4T6	**Province**	BC

Regional Health Manager/Contact — Kelly Madigan, Director

Phone (250) 426-1400 **Fax Number** (250) 426-1603

Contacts Email — Kelly.madigan@ekchss.hnet.bc.ca

MDA, BCSS offices

Region	East Kootenay CHSS	**Work Phone**	(250) 426-1400
Peer Support Program	Steering Committee	**Work Extension**	
Address	Cranbrook	**Fax Number**	(250) 426-1603
City	Invermere	**Contact Name**	
Province	BC	**Manual**	yes
Postal Code	V0A 1K0	**Training Manual**	yes

Email Address

Program Description   Program under development. We expect to compensate the volunteers to the program. A budget has been developed. No other details were made available on this survey.

Training Program Description

Did Consumers initiate your program   yes

Did funding originate from Consumer Initiative Funds   no

Do you have a mandate   yes

Do you have a mission statement   yes

Catchment Area   East Kootenay

Do professionals have a role in your Peer Support Program   yes
If yes, please explain

Professionals helped with the Steering Committee setup.

Region   East Kootenay CHSS

Address   Cranbrook MHC 204-1212 2nd St N.   **City**   Cranbrook

Postal Code   V1C 4T6   **Province** BC

Regional Health Manager/Contact   Kelly Madigan, Director

Phone   (250) 426-1400   **Fax Number**   (250) 426-1603

Contacts Email   Kelly.madigan@ekchss.hnet.bc.ca

MDA, BCSS offices

Region	Fraser Valley Health Region	**Work Phone**	
Peer Support Program	Mennonite Central Com. Peer Support Worker Program	**Work Extension**	
Address			
City	Chilliwack	**Contact Name**	
Province	BC	**Manual**	yes
Postal Code		**Training Manual**	yes

Email Address

Program Description The Peer Support Program puts into practice that consumers can assist other consumers in helping to understand and cope with daily living, and to extend an encouraging hand and word.

Training Program Description The Mennonite Central Committee Supportive Care Services (MCC SCS) provides field support to the Peer Support Workers. 4 month training program using the Skilled Helper model. All workers are compensated.

Did Consumers initiate your program   yes

Did funding originate from Consumer Initiative Funds   yes

Do you have a mandate   yes

Do you have a mission statement   yes

Catchment Area   Abbotsford, Mission, Hope, Chilliwack, Boston Bar, HLA 32,33,34,75,76

Do professionals have a role in your Peer Support Program yes
If yes, please explain

Peer Support Workers work in collaboration with case managers of respective Mental Health Centres, and are supervised directly by the Peer Support Field Coordinator.

Region	Fraser Valley Health Region		
Address	34194 Marshall Rd	**City**	Abbotsford
Postal Code	V2S 5E4	**Province**	BC

Regional Health Manager/Contact   Frank Fung, Manager

Phone   (604) 870-7834   **Fax Number**   (604) 870-7801

Contacts Email   frang.fung@fvhr.org

This region has another program sponsored by CFCI monies which provides for a Seniors Peer Support group.

Region	North Okanagan Health Region	**Work Phone**	(250) 542-6155
Peer Support Program	Vernon Peer Outreach Program	**Work Extension**	
		Fax Number	(250) 542-5882
Address	c/o CMHA 3105 28th Avenue		
City	Vernon	**Contact Name**	Patricia Harding/ Will Cundy
Province	BC	**Manual**	yes (Policies & Procedures)
Postal Code	V1T 1X8	**Training Manual**	yes (Policies & Procedures)
Email Address	peerout@junction.net		

Program Description Workers are reimbursed for their expenses. Two are paid hourly. A peer supporter runs classes for consumers. Peer Support Workers are responsible and accountable to a partnership steering committee.

Training Program Description rules of confidentiality, ethics, guidelines to objectivity, problem solving skills, goal setting, knowledge of services (local, regional, provincial, federal) knowledge of Freed of Information Act.

Did Consumers initiate your program yes with staff

Did funding originate from Consumer Initiative Funds yes

Do you have a mandate yes

Do you have a mission statement yes

Catchment Area Greater Vernon and Salmon Arm

Do professionals have a role in your Peer Support Program yes
If yes, please explain

There are professionals on the steering committee. Professionals provide referrals to the program and the Peer Support Workers respond to requests from professionals for assistance.

Region	North Okanagan Health Region		
Address	Vernon MHC 1440 14th Avenue	**City**	Vernon
Postal Code	V1B 2T1	**Province**	BC

Regional Health Manager/Contact Cliff Cross

Phone (250) 549-5737   **Fax Number** (250) 549-5468

Contacts Email ccross@nohr.org

Have MDA, BCSS, Depression & Recovery Program and Consumer Initiative Council. The Health Board, BCSS, CMHA, and MHC have all come to recognize the intrinsic value of having a peer outreach and peer support program in the region.

Region	North Shore Health Region	**Work Phone**	(604) 987-8138
Peer Support Program	North Shore Senior Peer Counselling	**Work Extension**	
Address	c/o North Shore Neighborhood House 225 E. 2nd Street	**Fax Number**	(604) 987-2107
City	North Vancouver	**Contact Name**	Eleela Hart
Province	BC	**Manual**	yes
Postal Code	V7L 1C4	**Training Manual**	yes
Email Address			

Program Description
We provide peer support to senior clients to help them maintain an independent life style for as long as possible, and an information service that deals with the emotional issues of older adults.

Training Program Description
One paid 10 hours per week. Others are volunteers, variable hours. Serve 40-60 clients per year.

Did Consumers initiate your program — yes

Did funding originate from Consumer Initiative Funds — no

Do you have a mandate — yes

Do you have a mission statement — yes

Catchment Area — North Vancouver City & District, West Vancouver, Lions Bay, Bowen Is.

Do professionals have a role in your Peer Support Program yes
If yes, please explain

Professionals provide referrals to our program and occasionally provide in-service training.

Region	North Shore Health Region		
Address	500-145 W 17th Street	**City**	North Vancouver
Postal Code	V7M 3G4	**Province**	BC
Regional Health Manager/Contact	Barnabas Walther, Manager		
Phone	(604) 904-3577	**Fax Number**	(604) 904-3545
Contacts Email	bwalther@nshr.hnet.bc.ca		

CMHA

Region	North West CHSS	**Work Phone**	(250) 638-2202
Peer Support Program	No program at this time – in process of developing	**Work Extension**	
		Fax Number	
Address			
City		**Contact Name**	Marsha Lloyd
Province		**Manual**	
Postal Code		**Training Manual**	
Email Address			

Program Description

Training Program Description

Did Consumers initiate your program

Did funding originate from Consumer Initiative Funds

Do you have a mandate

Do you have a mission statement

Catchment Area

Do professionals have a role in your Peer Support Program
If yes, please explain

Region	North West CHSS		
Address	c/o Terrace MHC 202-3412 Kalum St.	**City**	Terrace
Postal Code	V8G 4T2	**Province**	BC
Regional Health Manager/Contact	Currently vacant		
Phone	(250) 638-2202	**Fax Number**	
Contacts Email	Glenda.Harcourt@nwch.hnet.bc.ca		

Region	Northern Interior Regional HB
Peer Support Program	
Address	
City	
Province	
Postal Code	
Email Address	

Work Phone	
Work Extension	
Fax Number	
Contact Name	
Manual	
Training Manual	

Program Description
Peer Supporters are paid.

Training Program Description
Training provided in problem solving skills, goal setting, knowledge of services: local, regional, prov., federal, Freedom of Information Act, BC Benefits Act, Advocacy, i.e. Drug & Alcohol

Did Consumers initiate your program

Did funding originate from Consumer Initiative Funds

Do you have a mandate

Do you have a mission statement

Catchment Area

Do professionals have a role in your Peer Support Program If yes, please explain

Region	Northern Interior Regional Health Board
Address	Prince George MHC 1444 Edmonton St
City	Prince George
Postal Code	V2M 6W5
Province	BC
Regional Health Manager/Contact	Elizabeth Tovey, Manager
Phone	(250) 565-7417
Fax Number	(250) 565-7416
Contacts Email	etovey@pgrhosp.hnet.bc.ca

Offer a special program "Double Trouble" dealing with Dual Diagnosis. MDA Group

Region	Okanagan Similkameen HR	**Work Phone**	(604) 770-3516
Peer Support Program	Peer Support Service	**Work Extension**	
		Fax Number	(604) 770-3410
Address	c/o Community Health Program 740 Carmi Avenue		
City	Penticton	**Contact Name**	Maurizio Baldini
Province	BC	**Manual**	under development
Postal Code	V2A 8P9	**Training Manual**	Under development
Email Address			

Program Description New program Jan 1/2000. Workers paid $200 per month honorarium.   Flexible hours, 20 hours of service per month. Workers meet weekly for support, education and discussions regarding referrals. Comprehensive orientation to community services/agencies/MHS.

Training Program Description Program offers training in the key elements of a peer support program. 20 people access the program.

Did Consumers initiate your program yes

Did funding originate from Consumer Initiative Funds no

Do you have a mandate no – under development

Do you have a mission statement no – under development

Catchment Area Penticton & surrounding communities

Do professionals have a role in your Peer Support Program yes
If yes, please explain

Professionals provide referrals to the program and consultation services.

Region	Okanagan Similkameen HR
Address	Penticton MHC 740 Carmi Avenue **City** Penticton
Postal Code	V2A 8P9 **Province** BC

Regional Health Manager/Contact Paulette Sailes

Phone (250) 770-3555 **Fax Number** (250) 770-3599

Contacts Email psailes@oshr.org

Feel that a Practicum is an important component of a peer support program. BCSS operates a Mental Health Information Centre for all Disorders. Mental Health Worker involved in project: Heather Boyes, Reg OT in Penticton.

Region	Okanagan Similkameen HR	**Work Phone**	(604) 762-5852
Peer Support Program	PEP-Talk Central Okanagan Peer Outreach	**Work Extension**	(604) 868-9611
		Fax Number	(604) 86801342
Address	212-1626 Richter St		
City	Kelowna	**Contact Name**	Charly Sinclair or Coordinator
Province	BC	**Manual**	
Postal Code	V1Y 2M3	**Training Manual**	
Email Address	cmhacdp@direct.ca		

Program Description Provides individuals with friendly social support to alleviate isolation, help them connect with peers, community and mental health services. Also assist them in accessing resource materials. Peer Supporters act as role models.

Training Program Description Program offers training in all the key elements for a Peer Support Program

Did Consumers initiate your program yes

Did funding originate from Consumer Initiative Funds yes – applying for core funding

Do you have a mandate

Do you have a mission statement yes

Catchment Area Penticton & surrounding communities

Do professionals have a role in your Peer Support Program yes
If yes, please explain

A Mental Health Centre nurse sits on the Advisory Committee

Region	Okanagan Similkameen HR		
Address	Kelowna MHC 1340 Ellis St	**City**	Kelowna
Postal Code	V1Y 1Z8	**Province**	BC
Regional Health Manager/Contact	Kim Marshall		
Phone	(250) 868-7788	**Fax Number**	(250) 868-7791
Contacts Email	kmarshall@oshr.org		

Additional programs in this Region are: BCSS, MDA, Bridges Support Group, TARA Association for Personality Disorders, Emotions Anonymous, CMHA Consumer Development Project.

Region	Peace Liard CHSS
Work Phone	
Peer Support Program	No program at this time
Work Extension	
Address	
Fax Number	

City		**Contact Name**	
Province		**Manual**	
Postal Code		**Training Manual**	
Email Address			

Program Description

Training Program Description

Did Consumers initiate your program

Did funding originate from Consumer Initiative Funds

Do you have a mandate

Do you have a mission statement

Catchment Area

Do professionals have a role in your Peer Support Program
If yes, please explain

Region	Peace Liard CHSS
Address	c/o Dawson Creek MHC 1001-110th Ave
City	Dawson Creek
Postal Code	V1G 4X3
Province	BC
Regional Health Manager/Contact	Karen Seyl
Phone	(250) 784-2425
Fax Number	(250) 784-2308
Contacts Email	Karen.seyl@gems4.gov.bc.ca

Region	Simon Fraser Health Region	**Work Phone**	
Peer Support Program		**Work Extension**	
Address		**Fax Number**	
City	Burnaby	**Contact Name**	
Province	BC	**Manual**	
Postal Code		**Training Manual**	
Email Address			

Program Description — Manuals, mandate and mission statement may be obtained through the SPC of BC (Seniors Provincial Council of BC)

Training Program Description

Did Consumers initiate your program no

Did funding originate from Consumer Initiative Funds no

Do you have a mandate --

Do you have a mission statement yes

Catchment Area City of Burnaby - Seniors

Do professionals have a role in your Peer Support Program yes
If yes, please explain

Professionals provide the training and supervise the assigned Peer Support Worker referrals.

Region	Simon Fraser Health Region		
Address	c/o Queen's Park Hospital 315 McBride	**City**	New Westminster
Postal Code	V3L 5E8	**Province**	BC
Regional Health Manager/Contact			
Phone	(604) 517-8610	**Fax Number**	(604) 517-8656
Contacts Email			

Region	Simon Fraser Health Region	**Work Phone**	
Peer Support Program	Century House Senior Peer Counselling	**Work Extension**	
		Fax Number	
Address	620 Eight St		
City	New Westminster	**Contact Name**	
Province	BC	**Manual**	
Postal Code		**Training Manual**	
Email Address			

Program Description

Seniors helping seniors provides the advantage of the helper/helpee having similar life experiences and a common language. Sharing coping strategies, acting as a role model and a source of inspiration for others are key components of this program.

Training Program Description

Our training program emphasizes the importance of prevention, independence and self care. The peer support workers are not compensated. There are two has helped over 800 seniors since 1985.

Did Consumers initiate your program yes

Did funding originate from Consumer Initiative Funds partly

Do you have a mandate --

Do you have a mission statement yes

Catchment Area New Westminster

Do professionals have a role in your Peer Support Program yes
If yes, please explain

Peer Counselling trainer, continuing education and case management.

Region	Simon Fraser Health Region		
Address	c/o Queen's Park Hospital 315 McBride	**City**	New Westminster
Postal Code	V3L 5E8	**Province**	BC
Regional Health Manager/Contact			
Phone	(604) 517-8610	**Fax Number**	(604) 517-8656
Contacts Email			

Region	Simon Fraser Health Region	**Work Phone**	(604) 517-8602
Peer Support Program	Simon Fraser Peer Support	**Work Extension**	
Address	620 Eight St	**Fax Number**	(604) 517-8656
City	New Westminster	**Contact Name**	
Province	BC	**Manual**	no
Postal Code	V3L 5E8	**Training Manual**	no
Email Address			

Program Description This program is in the early stages of development. More information will be forthcoming. They hope to receive funding from a partial one-time pilot project. They expect to pay their peer support workers.

Training Program Description

Did Consumers initiate your program no

Did funding originate from Consumer Initiative Funds no

Do you have a mandate yes

Do you have a mission statement no

Catchment Area Simon Fraser Health Region

Do professionals have a role in your Peer Support Program yes
If yes, please explain

Case managers or other mental health staff will refer to the program.

Region	Simon Fraser Health Region		
Address	c/o Queen's Park Hospital 315 McBride	**City**	New Westminster
Postal Code	V3L 5E8	**Province**	BC

Regional Health Manager/Contact

Phone (604) 517-8610   **Fax Number** (604) 517-8656

Contacts Email

MDA; BCSS office in Burnaby, New Westminster and Coquitlam; Support Groups; Dual Diagnosis.

Region	Simon Fraser Health Region	**Work Phone**	(604) 946-1121
Peer Support Program	Langley Outreach Project	**Work Extension**	(604) 948-7010
Address	C/o Delta Hospital 5800 Mountain Rd.	**Fax Number**	(604) 946-3086
City	Delta	**Contact Name**	Laura Clarke
Province	BC	**Manual**	yes
Postal Code	V4K 3V6	**Training Manual**	
Email Address			yes

Program Description
Goal: Connect consumers with the community & help them become independent. This is a consumer run program and involves consumers improving mental health service delivery. Current have 4 support workers serving an average of 20 clients per month.

Training Program Description
Training covers all key elements for a support program, plus advocacy issues. All peer supporters are paid.

Did Consumers initiate your program   yes

Did funding originate from Consumer Initiative Funds   yes

Do you have a mandate   yes

Do you have a mission statement   yes

Catchment Area   Langley and District

Do professionals have a role in your Peer Support Program yes
If yes, please explain

Provide support for Peer Support Workers. Professionals and Peer Support Workers have regular meetings.

Region	South Fraser Health Region		
Address	Delta Health Services 5800 Mountain View Blvd.	**City**	Delta
Postal Code	V4K 3V6	**Province**	BC
Regional Health Manager/Contact	Elizabeth Warren		
Phone	(604) 940-3415	**Fax Number**	(604) 946-3086
Contacts Email	Elizabeth.warren@sfvhr.hnet.bc.ca		

There is a BCSS in South Delta. As well there is a MDA Group.

Region	Simon Fraser Health Region	**Work Phone**	
Peer Support Program	No program at this time	**Work Extension**	
Address		**Fax Number**	
City		**Contact Name**	
Province	BC	**Manual**	
Postal Code		**Training Manual**	
Email Address			

Program Description Program is not operating. Peer support workers with the past program all received compensation. Extensive research and needs assessment project recently completed.

Training Program Description

Did Consumers initiate your program — yes

Did funding originate from Consumer Initiative Funds

Do you have a mandate

Do you have a mission statement

Catchment Area — For Delta, White Rock, South Surrey, North & Central Surrey

Do professionals have a role in your Peer Support Program yes
If yes, please explain

The sponsoring society and Mental Health staff provided referral services, consultation, supervision and contract management.

Region	South Fraser Health Region		
Address	Delta Health Services 5800 Mountain View Blvd.	**City**	Delta
Postal Code	V4K 3V6	**Province**	BC

Regional Health Manager/Contact — Elizabeth Warren, Vice President

Phone — (604) 940-3415   **Fax Number** — (604) 946-3086

Contacts Email — Elizabeth.warren@sfvhr.hnet.bc.ca

There is a BCSS in South Delta as well as a MDA Group.

Region	Thompson RHB	**Work Phone**	
Peer Support Program		**Work Extension**	
Address		**Fax Number**	
City		**Contact Name**	
Province		**Manual**	
Postal Code		**Training Manual**	
Email Address			

Program Description Program in place, but no information received by date of printing.

Training Program Description

Did Consumers initiate your program

Did funding originate from Consumer Initiative Funds

Do you have a mandate

Do you have a mission statement

Catchment Area Thompson Regional Health Board

Do professionals have a role in your Peer Support Program
If yes, please explain

Region Thompson Regional Health Board

Address c/o Kamloops MHC 519 Columbia St. **City** Kamloops

Postal Code V2C 2T8 **Province** BC

Regional Health Manager/Contact Norma Watts, Regional Director

Phone (250) 828-4438 **Fax Number** (250) 851-7489

Contacts Email norma.watts@ex.thr.bc.ca

Possible Consumer Peer Support Group working out of the local BCSS chapter.

Region	Upper Island Central Coast
Peer Support Program	no program
Address	
City	
Province	
Postal Code	
Email Address	nancy.larkin@uicc.hnet.bc.ca

Work Phone	(250) 334-1229
Work Extension	
Fax Number	(250) 334-1384
Contact Name	Nancy Larkin
Manual	
Training Manual	

Program Description

Training Program Description

Did Consumers initiate your program

Did funding originate from Consumer Initiative Funds

Do you have a mandate

Do you have a mission statement

Catchment Area

Do professionals have a role in your Peer Support Program
If yes, please explain

Region	Upper Island Central Coast
Address	c/o Courtenay MHC 941C England Ave
City	Courtenay
Postal Code	V1G 4X3
Province	BC
Regional Health Manager/Contact	Elizabeth Meuser, Regional Manager
Phone	(250) 338-9777
Fax Number	(250) 338-9655
Contacts Email	Elizabeth.meuser@uicc.hnet.bc.ca

Region	Vancouver/Richmond RHB	**Work Phone**	(604) 214-9709
Peer Support Program	Richmond Peer Support Group	**Work Extension**	
Address	200-6061 #3 Road	**Fax Number**	(604) 214-0947
City	Richmond	**Contact Name**	Hilda Nanning
Province	BC	**Manual**	under development
Postal Code	V6Y 2B2	**Training Manual**	yes
Email Address			

Program Description | Our program offers training in all key elements needed for a peer support program.

Training Program Description | Suicide prevention. Information is made available but not taught: Freedom of Information Act, Mental Health Act, BC Benefits Act, Landlord & Tenant Board Regulations, Ombudsman Office. Workers are paid. 2 clients per worker, max. 6 months.

Did Consumers initiate your program   yes

Did funding originate from Consumer Initiative Funds

Do you have a mandate   yes

Do you have a mission statement   yes

Catchment Area   Richmond

Do professionals have a role in your Peer Support Program yes
If yes, please explain

Professionals sit on the Advisory Committee

Region	Vancouver/Richmond RHB		
Address	200-520 W 6th Ave	**City**	Vancouver
Postal Code	V5Z 4H5	**Province**	BC

Regional Health Manager/Contact   Judith Tompkins

Phone   (604) 714-3774   **Fax Number**   (604) 731-3847

Contacts Email   judith_Tompkins@vrhb.bc.ca

Special interest groups: Richmond Chinese Mental Health Support Group; Contact Ahlay Chin 604-273-1989; email: marcot@smartt.com. Other groups: BCSS, MDA, CMHA.

Region	Vancouver/Richmond RHB	**Work Phone**	(604) 874-7626
Peer Support Program	Vancouver Community Mental Health Services Peer Support Program	**Work Extension**	(604) 524-7163
Address	200-520 W 6th Ave	**Fax Number**	(604) 874-7661
City	Vancouver	**Contact Name**	Jill Stainsby
Province	BC	**Manual**	yes
Postal Code	V5Z 4H5	**Training Manual**	yes
Email Address			

Program Description: We have contracts with approximately 25 self employed Peer Supporters. We plan to maintain or increase this level over the next two years. The Peer Supporters report to the appropriate staff of the Teams or Units.

Training Program Description: The training covers all key elements needed in a peer support program.

Did Consumers initiate your program   no

Did funding originate from Consumer Initiative Funds   no

Do you have a mandate   yes

Do you have a mission statement   yes

Catchment Area   Vancouver/Richmond

Do professionals have a role in your Peer Support Program yes
If yes, please explain

Professionals were on the Steering Committee. Unit Managers supervise the Peer Support Workers, Case Managers & Rehabilitation staff work with the Peer Support workers regarding client goals.

Region	Vancouver/Richmond Health Board		
Address	200-520 W 6th Ave	**City**	Vancouver
Postal Code	V5Z 4H5	**Province**	BC
Regional Health Manager/Contact	Judith Tompkins		
Phone	(604) 714-3774	**Fax Number**	(604) 731-3847
Contacts Email	judith_tompkins@vrhb.bc.ca		

Other groups: East Side Rehab Program, Deborah_simpson@vrhb.bc.ca; MDA; CMHA, Vancouver/Richmond Mental Health Network with specific groups for women and various cultural groups. Additional contact Kim Calsaferri - kim_calsaferri@vrhb.bc.ca (Director, Rehabilitation & Recovery).

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Region	Vancouver/Richmond RHB	**Work Phone**	(604) 669-7339
Peer Support Program	West End Senior's Network Senior Peer Counselling	**Work Extension**	
Address	118-1020 Denman Street	**Fax Number**	(604) 874-7661
City	Vancouver	**Contact Name**	Heidi Andrie'
Province	BC	**Manual**	yes
Postal Code	V6G 2M6	**Training Manual**	yes
Email Address			

Program Description

We serve older adults in need of peer counseling support. Program I – West End Vancouver for older adults. Program II – Older Adults with age related disabilities throughout Vancouver.

Training Program Description

Did Consumers initiate your program   no

Did funding originate from Consumer Initiative Funds   no

Do you have a mandate   yes

Do you have a mission statement   yes

Catchment Area   1) West End Vancouver-older Adults 2) throughout Vancouver – aged related disability

Do professionals have a role in your Peer Support Program yes
If yes, please explain

We have a Gerontologist who plays a role in our Peer Support Program

Region	Vancouver/Richmond Health Board

Address	200-520 W 6th Ave	**City**	Vancouver
Postal Code	V6H 3X5	**Province**	BC

Regional Health Manager/Contact   Judith Tompkins, Director

Phone (604) 714-3774   **Fax Number** (604) 731-3847

Contacts Email   Judith_Tompkins@vrhb.bc.ca

LISTING OF ORGANIZATIONAL SUPPORT GROUPS THROUGHOUT REGIONS

The following provincially funded organizations offer peer support groups and peer run education program in many B.C. communities. Due to the voluntary nature of these groups, activity may wax or wane. These organizations have information about current services:

Mood Disorders Association of BC   www.mdabc.ca
201-2730 Commercial Drive
Vancouver B.C.
V5N 5P4

BC Schizophrenia Society (BCSS)   www.bcss.org
201-6011 Westminster Highway
Richmond B.C.
V7C 4V4

Association for Awareness and Networking Around Disordered Eating (ANAD)   www.anad.org
109-2040 West 12th Street
Vancouver B.C.
V6J 2G3

Canadian Mental Health Association – BC Division (CMHA)   www.cmha.ca
1200 - 1111 Melville Street
Vancouver B.C.
V6E 3V6

Anxiety Disorders Association of British Columbia   www.anxietybc.com
4438 W. 10th Avenue, Suite #119
Vancouver B.C.
V6R 4R8

Brain Injury Associations of BC (BIABC)   www.bcbia.org

1207 Quadra Street
Victoria B.C. V8W 2K6
Telephone: 250-380-0500