Saskatchewan Health Authority

EVALUATION REPORT

COMMUNITY RECOVERY TEAM PEER SUPPORT PROVINCIAL PROGRAM

2024

Research Department
Academics & Learning

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Executive Summary

Peer support approaches to facilitating mental health have become increasingly popular since the turn of the millennium. Early studies using largely descriptive and exploratory designs showed evidence of both subjective (e.g., client satisfaction, improvements in social functioning, higher quality of life) and objective (e.g., fewer hospital admissions, earlier discharge) improvements for peer support peer clients. Although a more recent systematic review and meta-analysis found no significant impact on healthcare service use or clinical symptoms, modest improvements in self-reported recovery and empowerment were noted, reinforcing the subjective benefits noted in earlier studies.

Saskatchewan Health Authority implemented peer support programming within its Community Recovery Teams (CRT) in 2018, enhancing a Saskatoon Peer Support program that had existed since 2014 and introducing new programs in the Battlefords, Moose Jaw, Prince Albert, Regina, Saskatoon, Swift Current, Weyburn, and Yorkton. A formative evaluation was carried out to compare four models of peer support being used throughout the province, using all possible combinations of two program delivery organization (SHA vs. community-based organizations [CBOs]) and compensation models for peer supporters (employee peer support workers vs. volunteers compensated via honoraria).

A mixed-methods approach was used. One-on-one semi-structure interviews (N=41) were conducted with peer supporters, peer support peer clients, clinicians, and administrators. Additionally, a total of 51 surveys were completed by peer supporters and peer clients.

Findings about the peer support program were described according to 4 content areas: benefits, challenges, implementation, and lessons learned.

Benefits

Benefits of the Peer Support Program were divided into 3 areas of focus: benefits to peer clients, benefits to peer supporters, and benefits with respect to healthcare processes.

Peer Clients

Client benefits fit into 3 major themes, each of which had 2-4 subthemes. The first major client benefit was in the area of emotional self-regulation. Many peer clients reported improvements in their ability to function independently, building self-confidence over time, and learning to have a more positive outlook on life. Peer clients also experienced a number of benefits in terms of increased social connectedness, including improved interpersonal skills, being able to address social concerns, building authentic connections with peer supporters and healthcare professionals, and developing more of a sense of belonging. Peer clients also felt that they benefited from the program by learning how to move forward with positive intent; specifically, having feelings of fulfilment and deciding to explore new opportunities.

Peer Supporters

Peer supporters also experienced a number of benefits as a result of taking part in this program which supported their own ongoing recovery. Just as they helped peer clients to regulate their emotions, peer supporters similarly felt that the process of being involved in these partnerships helped them to regulate their

own emotions as well. Being involved in this work was felt to have contributed to them experiencing a more positive outlook on life. Peer supporters also felt a sense of accomplishment as a result of working with peer support peer clients.

Healthcare Processes

In addition to the benefits to individuals, there were also some benefits to healthcare processes that were identified. Specifically, the Peer Support Program was seen as bridging existing gaps in mental health care services in the province. Peer Support also lends itself to a client-centered approach in light of the peer supporters' ability to draw upon their own lived experiences. Additionally, this was seen as a cost-effective way of delivering services to peer clients.

Challenges

Despite the numerous benefits that participants described, however, several challenges were also noted. Employee and volunteer turnover was identified as a major barrier to ensuring continuous delivery of services. The observation that peer support is not intended to be long-term was also seen as a limitation by some. Although there is no set timeframe for completing peer support as this is intended to be recovery-driven, some participants felt a longer duration of support than what is typically provided within the program was needed to meet all of the peer clients' needs. Scheduling issues posed a logistical challenge. Finally, it was noted that it was difficult at times to navigate professional boundaries; the lived experience of the peer supporters which, on the one hand, helped them to empathize with their peer clients also meant that peer supporters needed to remain vigilant about maintaining appropriate boundaries and ensuring that the therapeutic relationship did not blur into friendship.

Implementation of the Peer Support Program in SK

Facilitators and barriers of four peer support models were considered. One model (SHA Honorarium) was not included as part of Objective 1 (assess the implementation of the three models of the Peer Support Program in Weyburn, Swift Current, Yorkton, and North Battleford to identify key successes, challenges, and lessons learned), as program administrators had already deemed this approach unfeasible to continue; therefore, no clinician interviews were conducted at those sites.

SHA

Major facilitators of working within an SHA Employee Model had to do with the connection of peer supporters to the mental health team and peer supporters' flexibility in being able to work with peer clients. However, pay grade, a mismatch between the job description and the nature of the position, and what peer clients understood to be within the mandate of peer support posed challenges.

CBO Models

For peer support delivered by CBO employees, a strong connection to the mental health team was seen as a major facilitator of success. On the other hand, those reflecting on the CBO Honorarium Model noted that there was little connection between peer supporters and the mental health team, but that peer supporters' connections with administrators was an asset. For both groups, having a community of practice was another

notable benefits. Other external facilitators facilitating the employee model included having a good relationship with SHA and support received from the Peer Support provincial lead, whereas for the honorarium model, provincial and supervisor training were highlighted.

Within both models, high turnover of peer supporters was identified as a problem. For those operating within the employee model, an additional challenge was the reliability of peer supporters. Similarly, those reflecting on the honorarium model noted client dissatisfaction was a concern.

Lessons Learned

In reflecting on the implementation and delivery of the program, participants identified several lessons that they learned as a result of this process. These lessons may be used by leaders to inform recommendations for continuing to build and strengthen the program going forward. Themes included: improvements in training, improvements in peer supporter–team interactions, an increase in peer supporters, and greater awareness and expansion of the program.

Training

Participants identified the need for improvements in training as a lesson learned from this experience. This ranged from training specific to the provision of peer support and supporting those with specific mental health needs (e.g., addiction, suicide prevention), to more general onboarding such as IT training to ensure consistency in how services were delivered, particularly when virtual care is used. Improvements in training were not limited to peer supporters, however. It was felt that clinicians could also benefit from training to learn more about the value of peer supporters and their role in providing complementary mental health support. Although participants did not address the perceived level of clinicians' understanding of the initiative, but a more structured approach to clinician education was suggested, with particular emphasis on opportunities to strengthen team-based approaches to supporting clients.

Peer Supporter–Team Interactions

In order to make decisions and take action in alignment with the greater organization, it is crucial for peer supporters have access to the most up-to-date information that may impact their work. Several participants identified a need to strengthen the connection between peer supporters and mental health teams, including clinicians and support staff.

Increase in Peer Supporters

Even in those areas where peer supporter turnover was not identified as an issue, it was broadly demonstrated that participants felt that an increased number of regional peer supporters are needed in order to meet client demand for services. It should be noted that despite the focus on recovery, there was still a small contingent interviewees who described stigmatization of those experiencing mental health challenges, with it being reported that some support staff have concerns with hiring individuals for this role who are themselves going through the process of mental health recovery.

Greater Awareness and Expansion

A recommendation that arose from the interviews was the expansion of this program, both in terms of geographical coverage and potential scope (e.g., addictions support, child and youth mental health support). In the areas in which the program currently operates, opportunities to raise further awareness were noted.

Discussion and Conclusions

Objectives 1 (evaluating peer support program implementation) and 2 (experiences of peer clients and peer supporters) were addressed in the findings via the interview and survey data. Limitations in the number of participants and available outcome data precluded in-depth consideration of objective 3 (recovery outcomes by peer support model).

Overall, participants found value in the provincial peer support program. These findings may be used to inform future recommendations regarding continued delivery and potential expansion of the Community Recovery Team Peer Support program within SHA. Future researchers may wish to examine longer-term impacts of the program for peer clients and peer supporters via self-report and health systems (e.g., number of emergency and/or inpatient mental health admissions, length of stay, community-based resource utilization) data for peer support peer clients vs. a matched cohort. Additional data—particularly longitudinal data—may be helpful in more systematically examining the relative benefits and drawbacks of individual peer support models. A Research Scientist, program manager, and peer support supervisors will work collaboratively to develop reporting metrics and data collection tools for use in the 2024-25 fiscal year and beyond.

Background

The use of self-help and peer support models to support mental health, particularly among frontline healthcare personnel, has increased in popularity over the past 20 years. In Canada, renewed calls for increasing access to peer support interventions as an integral part of mental health recovery (Beshai & Carleton, 2016; Kirby & Keon, 2006; Stockdale Winder, 2014) has prompted the development of standards of practice for peer supporters and mentors, as well as a certification process to recognize and validate the unique role of peer supporters (Peer Support Accreditation and Certification Canada, 2016). Peer support is a mutually beneficial support process wherein people with a common experience come together to give and receive help based on the knowledge that comes through shared experience (Riessman, 1989). It is not based on psychiatric models or diagnostic criteria and the benefits are primarily intrapersonal and social in nature (Mead & Macneil, 2005). Peer supporters draw on their lived experience, employ positive self-disclosure, and promote hope and self-efficacy. Peer support interventions have been delivered in various settings including peer-led grassroots organizations and professional care services (Simpson & House, 2002). In Canada, peer support is often promoted as complementary to other forms of clinical care.

There is emerging evidence to support the effectiveness of peer support interventions on mental health and wellbeing. Early studies were descriptive and exploratory, but suggested that participants were satisfied with their involvement, had a decrease in use of hospital services and experienced improvements in their psychiatric symptoms, social networks, quality of life, self-esteem, and social functioning (Bologna & Pulice, 2011; Campbell, 2005). Forchuk and colleagues (2005) found that patients were discharged earlier from hospital when peer support was added to the traditional discharge model. However, there was no significant difference in the quality of life, level of functioning or utilization of hospital services in the group receiving peer support compared to a control group (Forchuk et al., 2005). A longitudinal study of four consumer-run groups in Southwestern Ontario found that members of these organizations reported improvements in satisfaction with their quality of life and social support, as well as reductions in hospital admission rates and use of hospital emergency services (Community Mental Health Evaluation Initiative, 2004).

A recent systematic review and meta-analysis identified 19 trials of one-to-one peer support interventions in adult mental health services. The authors reported modest positive impact on self-reported recovery and empowerment. There was no impact on clinical symptoms or service use. Analyses of heterogeneity suggested that peer support might also improve social network support (White et al., 2020). The authors recommended that the expansion of peer support interventions in mental health services requires more complete outcome data, selection of outcomes that map to the intervention mechanisms, and exploration of the heterogeneity of implementation in peer support interventions (White et al., 2020). Another systematic review of group peer support interventions for persons living with mental illness found limited evidence of effects on personal recovery, but no other significant effects on outcome measures. There was marked heterogeneity across studies and moderate risk of bias. More high quality trials are needed to determine effectiveness (Lyons, Cooper & Evans, 2021).

Building off of a similar program established in Saskatoon Health Region in 2014, Mental Health and Addiction Services (MHAS) within the Saskatchewan Health Authority (SHA) introduced Peer Support Programming as a component of its Community Recovery Teams (CRT) in 2018, with the goal of ensuring that peer support is available for peer clients across Saskatchewan. Four different models have been used in other programs:

delivery through community-based organizations (CBOs) through (1) volunteers compensated via honoraria and (2) employee peer support workers, and delivery through Saskatchewan Health Authority (SHA) through (3) volunteers compensated via honoraria and (4) employee peer support workers. It was not known which model would provide the best support to peer clients; as such, each model was piloted in different geographical areas. The four models were trialed in six sites:

- Swift Current and Yorkton (CBO employee model),
- North Battleford (initially a CBO honorarium model, then a blended CBA honorarium/employee model, and finally an employee-only model),
- Prince Albert and Weyburn (SHA employee model),
- Regina (initially an SHA employee model, but transitioned to a CBO employee model after the research for this project was conducted), and
- Moose Jaw and Saskatoon (SHA honorarium model, which has since been phased out).

An evaluation of the CRT Peer Support Program was undertaken in order to determine the relative strengths and challenges of different approaches, as well as the broader impact of peer support in the province, in order to provide guidance on future directions for the program.

Evaluation Design

A program logic model was developed (see Appendix) and a formative evaluation plan was designed to assess the implementation and impact of the provincial peer support program. A Research Scientist from the SHA Research Department was responsible for carrying out the evaluation in collaboration with the Project Lead to facilitate the collection of data. An Advisory Committee was established, comprising SHA Mental Health and Addictions (MHAS) personnel and four Patient-Family Partners (PFP). This committee provided guidance for the development of the evaluation plan and advised on issues such as the interview process, survey development/adaptation and administration, and knowledge translation strategies.

Evaluation Objectives

Three main objectives were determined at the outset of the evaluation process, each containing specific guiding questions.

Objective 1: Assess the implementation of the three models of the Peer Support Program in Weyburn, Swift Current, Yorkton, and North Battleford[1] to identify key successes, challenges, and lessons learned.

1. How were the three program models implemented across different sites?
    a. How are peer supporters recruited?
    b. How are peer supporters trained?
    c. How effective was the initial training?
    d. How effective is the ongoing training?
    e. How were peer supporters matched with peer clients?

[1] The original evaluation proposal made reference to four communities (North Battleford, Swift Current, Weyburn, and Yorkton). Two additional communities (Moose Jaw and Saskatoon), both of which had been using the SHA honorarium model, were subsequently included in Objectives 1 and 3 of the evaluation (Minutes of the Project Advisory Group Meeting, November 22, 2021), whereas previously, they were only included in Objective 2.

    f. How was peer support delivered to peer clients?
    g. What types of support were helpful for peer supporters?
    h. What types of support were not helpful for peer supporters?
2. What strategies were used to implement the program at each site?
    a. What facilitated implementation across sites?
    b. What were the barriers to implementation/delivery of peer support?
3. What adaptations were made to tailor the program to the local context?
    a. What was the perceived effectiveness of local adaptations?
4. What are the overall lessons learned with regard to implementation of Peer Support programs?

Objective 2: Examine the experiences, benefits, and challenges of peer support services in Weyburn, Swift Current, Yorkton, North Battleford, Saskatoon, and Moose Jaw[2] among peer clients and peer supporters.

1. What are the experiences of peer clients and peer supporters?
2. What benefits have peer clients and peer supporters experienced with the Peer Support program?
3. What challenges have peer clients and peer supporters experienced with the Peer Support program?
4. What are the overall lessons learned about Peer Support programs?

Objective 3: Examine differences in recovery-oriented outcomes of peer support programs and different delivery models in Weyburn, Swift Current, Yorkton, and North Battleford among peer clients and peer supporters.

1. Did participation in peer support programs lead to improvements peer clients' recovery outcomes?
2. Did participation in peer support programs lead to improvements in peer supporter recovery-promoting outcomes?
3. What was the effect of different implementation models on peer and peer supporter recovery-oriented outcomes?

An additional aim of the evaluation was to produce recommendations regarding reporting for each site, as well as to provide suggestions for evaluation of this program on a go-forward basis. Future evaluation plans should reference (and adapt, if necessary) the program logic model as outlined in the Appendix.

Methods

A mixed-methods approach was used to gather in-depth information on the experiences of peer clients, peer supporters, and program administrators, drawing upon qualitative data obtained through key informant interviews (to examine experiences with implementation, benefits, challenges of peer support and lessons learned) and surveys to assess peer clients' and peer supporters' experiences with the program. Approval for the study was obtained from the Saskatchewan Health Authority Research Ethics Board (REB-22-10).

[2] During the COVID-19 pandemic, the Peer Support Program went on temporary hiatus in Regina and Prince Albert. It was later decided that the programs from these two communities would be included in the evaluation as well, to the extent possible, recognizing that there may be some research questions they could not speak to due to the suspension of services during pandemic slowdowns (Minutes of the Project Advisory Group Meeting, November 22, 2021).

Participants

Peer Clients

The term “peer client” refers to people with lived experience of mental health and or addiction issues who are receiving services provided by peer supporters. The peer support service is expected to be time limited but also depends on the stage of the recovery journey. Peer support may be offered at all levels of client functioning. The number of peer clients at each of the sites varies from fewer than 10 to more than 30. All peer clients who had at least one session with a peer supporter were eligible to participate in interviews and surveys.

Peer Supporters

The term “peer supporter” refers to people who have been invited to use their lived experience to help support the mental health and well-being of peer clients. All peer supporters receive training based on national standards as well as supervision and mentoring. Some peer supporters undergo a certification process through Peer Support Canada; however, this is not required. Within some models, peer supporters are paid employees of CBOs or SHA; in other models, peer supporters within CBOs and SHA are volunteers who are given honoraria for their participation in the program.

The number of peer supporters varies across project sites, from 1 to 12; although total capacity fluctuates, there are typically fewer than 25 peer supporters in total across these programs at any given time. All peer supporters were eligible to participate as long as they had delivered peer support services as part of the program.

Clinicians

Depending upon the extent of their involvement, clinicians were invited to share their experiences of being involved in Peer Support programs. “Clinicians” included community mental health nurses, counsellors, social workers, and other community recovery team members. There was clinician representation across all the models except the SHA honorarium model, as at the time of the interviews, it had already been decided that this model would be sunsetted.

Administrators, Coordinators & Supervisors

A minimum of one representative from each of the six sites was selected to share their experiences of Peer Support programs. They provided views that related to the processes and management involved in the peer support initiative.

Data Collection & Analysis

Semi-Structured Interviews

A total of 41 in-depth, semi-structured interviews were conducted to learn about participants' experiences with the program as well as recommendations about how to improve the delivery of Peer Support services. This comprised 17 peer clients, 10 peer supporters, 8 administrators, and 6 clinicians across sites (barring the exception noted above re: clinicians in SHA honorarium sites). Interview questions were developed in collaboration with the PFPs. An email invitation to participate in an interview was sent to participants. Interviews ranged from approximately 30-60 minutes long and were held virtually, via WebEx.

Interviews were audio-recorded and transcribed verbatim. Transcription services were outsourced to the Canadian Hub for Applied and Social Research (CHASR) at the University of Saskatchewan. NVivo software was used to analyze qualitative data (i.e., transcripts and notes) using a thematic analysis approach.

Surveys

Separate online surveys using the REDCap survey platform were used to gather information from peer clients and peer supporters about the impact and outcomes of peer support. In total, 37 peer clients and 14 peer supporters responded to the surveys. As survey distribution was facilitated by multiple individuals and was not tracked, calculating a response rate is not possible. An option to complete the surveys on paper was also offered as an alternative to mitigate potential technological barriers. The survey included Likert items and open-ended questions about specified recovery-oriented outcomes (e.g. belief in recovery, self-management, self-efficacy), in addition to questions about demographics, frequency and type of interaction, employment status, and mental health and addiction challenges. Survey data was exported to R for analysis. Descriptive statistics such as frequencies and percentages were used to summarize participant responses. Open-ended survey responses were analyzed thematically using NVivo.

Results

Detailed demographic and service use information was collected via the peer supporter and client surveys. All other parts of this Results section represent a combination of findings from the Likert items on the surveys (as presented via the Figures within the applicable sub-sections), as well as thematic analysis of interview data.

Survey Demographics

For all survey demographics tables, cells with fewer than 6 cases are suppressed (represented via "-" in the tables below) in order to better protect confidentiality. Therefore, raw numbers may not add up to the column totals (37 for peer clients and 14 for peer supporters). The valid percentage (percentage of responses with missing data excluded from the denominator) is reported in all cases.

A roughly equitable balance of men and women was achieved in both survey samples (Table 1).

Table 1. Gender of survey respondents.

	PEER CLIENTS		PEER SUPPORTERS	
GENDER	N = 37	%	N = 14	%
Man	19	51.4%	6	42.9%
Woman	16	43.2%	8	57.1%

The majority of participants in both groups identified as White (Table 2). On average, peer supporters were approximately five years younger (M_{age} = 40.4, SD = 9.3) than peer clients (M_{age} = 45.3, SD = 17.2).

Table 2. Ethnicity of survey respondents.

	PEER CLIENTS		PEER SUPPORTERS	
ETHNIC IDENTITY	N = 37	%	N = 14	%
Indigenous	7	18.9%	-	-
White	28	75.7%	13	92.9%

Most peer clients who responded to the survey came from Moose Jaw (27.0%), Swift Current, Weyburn, or Yorkton (24.3% combined), North Battleford (21.6%) and Saskatoon (21.6%), whereas a little fewer than half of peer supporters came from Saskatoon (42.9%). All other sites having fewer than 6 peer supporter respondents (Table 3). It should be noted that the number of peer supporters in communities differs according to both community size and peer support model; where peer supporters employees, there are typically 1-2 per team. [3]

Table 3. Location of peer support services.

	PEER CLIENTS		PEER SUPPORTERS	
LOCATION	N = 37	%	N = 14	%
Moose Jaw	10	27.0%	-	-
North Battleford	8	21.6%	-	-
Regina	-	-	-	-
Rural Southern SK	9	24.3%	-	-
Saskatoon	8	21.6%	6	42.9%

[3] T. Mitchell, August 29, 2023, personal communication

More than half of peer clients (56.7%) had been involved with the Peer Support program for one year or more, whereas the overwhelming majority of peer supporters (85.8%) were involved in the program for that same length of time (Table 4).

Table 4. Length of involvement in Peer Support.

	PEER CLIENTS		PEER SUPPORTERS	
PERIOD	N = 37	%	N = 14	%
Less than 1 year	15	40.5%	-	-
1 - 2 years	10	27.0%	6	42.9%
More than 2 years	11	29.7%	6	42.9%

Peer clients and peer supporters were asked to select from a list of mental health and addiction challenges they have experienced, with an additional option to provide open-ended responses. As individuals may experience multiple mental health and addiction issues, percentages in each column in Table 5 add up to more than 100%. Nearly all (92.9%) of peer supporter respondents reported experiencing anxiety, with depression (71.4%) being the second most commonly experienced challenge. Anxiety (73.0%) and depression (54.1%) were the most commonly reported challenges amongst peer clients as well. There was a higher proportion of peer supporters who experienced addiction and substance misuse issues as compared to peer clients (35.7% vs. 18.9%).

Table 5. Most commonly reported mental health and addiction challenges of peer supporters and peer clients.

	PEER CLIENTS		PEER SUPPORTERS	
MENTAL HEALTH/ SUBSTANCE USE CHALLENGES	N = 37	%	N = 14	%
Addiction/substance misuse	7	18.9%	5	35.7%
Anxiety disorder	27	73.0%	13	92.9%
Depression	20	54.1%	10	71.4%
PTSD	6	16.2%	-	-

Client Use of Peer Support Services

Additional questions were posed to peer clients about their employment status and engagement with the Peer Support program. More than two-thirds of peer clients were not working, either due to being on disability (54.1%) or due to retirement (13.5%; Table 6).

Table 6. Employment status of peer support peer clients.

EMPLOYMENT STATUS	N = 37	%
Employed full or part time	9	24.3%
Not working and receiving disability payments	20	54.1%
Retired	5	13.5%

The majority of peer clients met with their peer supporter either once per week (35.1%) or, more commonly, 2-3 times per month (40.5%), with 16.2% meeting more than once per week (Table 7).

Table 7. Frequency of meetings with a peer supporter.

FREQUENCY	N = 37	%
More than once a week	6	16.2%
Once a week	13	35.1%
More than once a month	15	40.5%

The most common method of meeting with one's peer supporter was in a one-on-one format (81.1%), although 13.5% reported a combination of one-on-one and group sessions (Table 8).

Table 8. Formats for meetings with peer supporters.

FORMAT	N = 37	%
One-to-one	30	81.1%
Group setting or one-to-one	5	13.5%

Peer clients reported most commonly meeting with their peer supporter in-person (70.3%) and/or via telephone (62.2%; Table 9).

Table 9. Methods of meeting with peer supporters.

METHOD	N = 37	%
In-person	26	70.3%
Telephone	23	62.2%
Text message	10	27.0%
Email	-	-
Video-call	-	-

Benefits of the Peer Support Program

Findings from the interviews pertaining to the benefits of peer support are broken down into three topics to correspond with the evaluation questions that were posed. These include recovery benefits for peer clients, recovery benefits for peer supporters, and process benefits associated with the implementation of the provincial Peer Support initiative. The derived themes are further described under each area of focus.

Recovery Benefits Associated with Peer Clients

Discussion of the various recovery benefits that peer clients can experience as a result of participating in a peer support program yielded the most detailed data of all the topics explored within the interviews. Three main themes emerged—emotional self-regulation, social connectedness, and moving forward—each of which contained 2-4 subthemes.

Theme 1: Emotional Self-Regulation

Participants reported improvements in peer clients' emotional stability during their participation in the peer support initiative. Peer clients described being inspired by their engagement with their peer supporter, primarily attributing this to encouragement received and feeling less stigma associated with their mental health and/or addiction challenges when relating to their peer supporter.

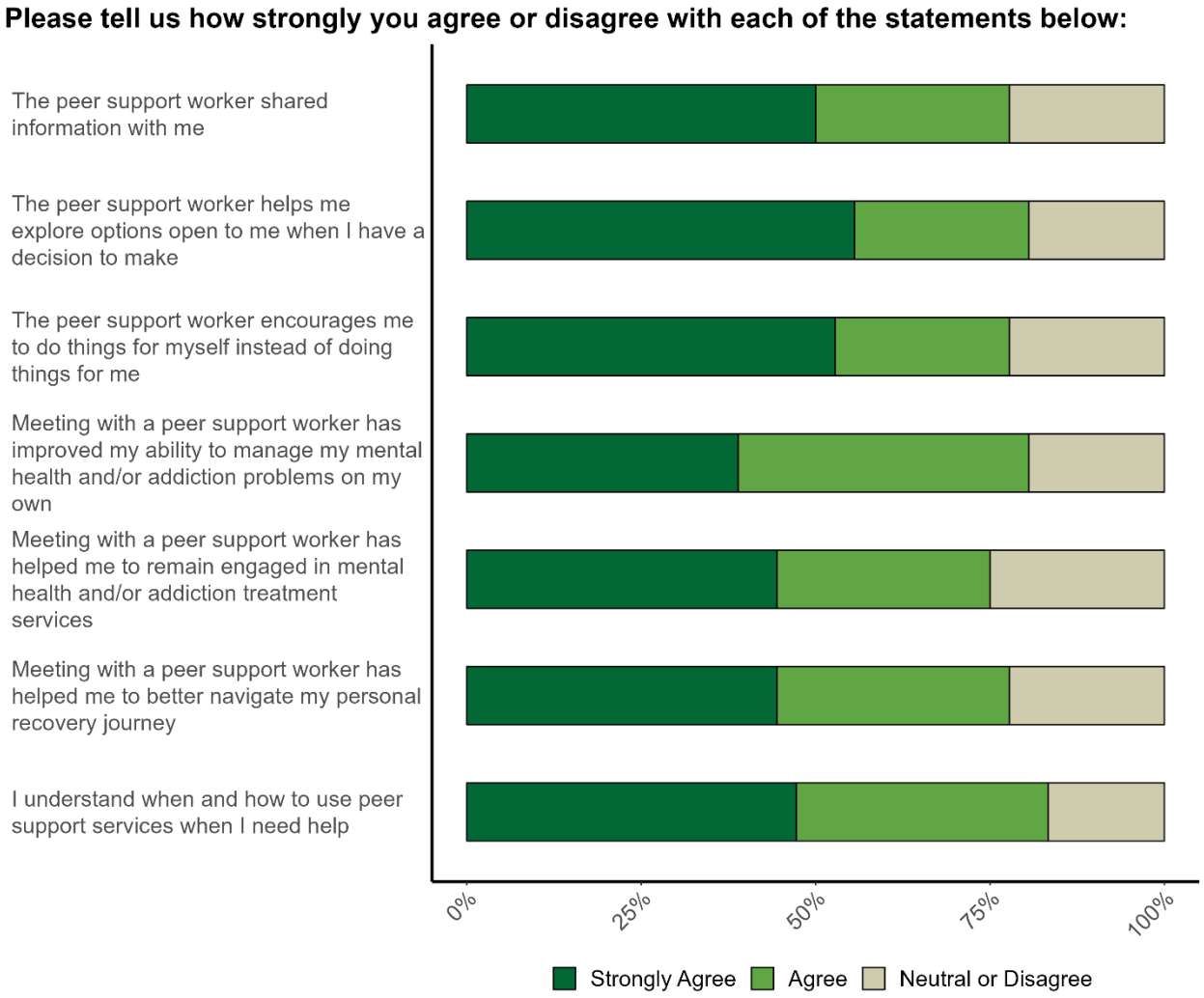
Subtheme: Increasing Independence

Increased client independence was described in a variety of contexts, including engaging in program activities, handling life circumstances, and generating ideas for their program goals. While some ongoing support was still needed, many peer clients were noted to have become more capable in dealing with challenges and making steps in a positive direction.

> "[One of the] benefits is just getting to see some of the people that come in and where they started off, and now they're actually growing and they're coming up with their own ideas, where before it was, 'I need help.' Where now they'll be talking and they'll be like, 'I can do this,' and they're finally what peer support is about, being supporting and letting them come up with their own ideas, and actually getting to finally see that." *(Participant 8)*

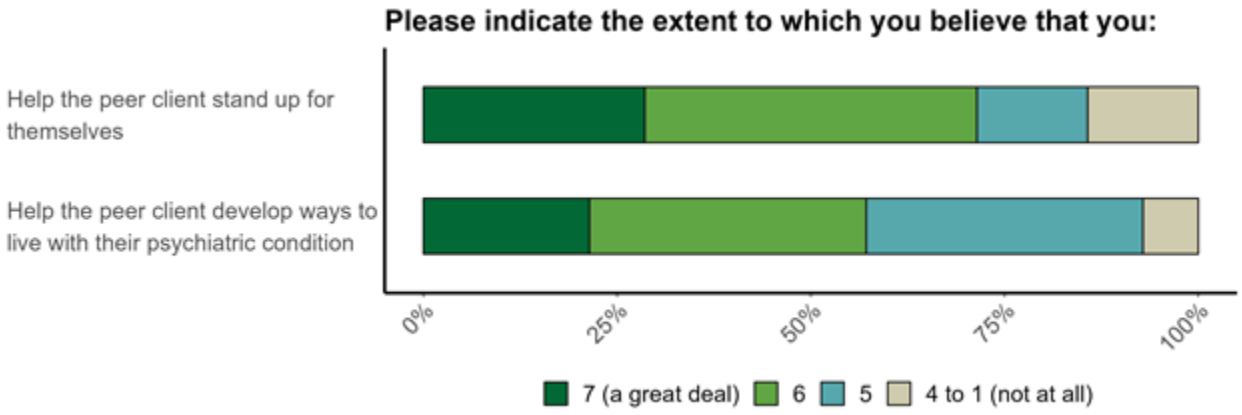
Peer clients' self-reported survey data echoed this sentiment. More than three-quarters of respondents responded that they agreed or strongly agreed with all questions pertaining to the role of their peer supporter in increasing their independence, including sharing information, helping them to understand when and how to use peer support services, supporting independent decision making by helping them to explore their available options, encouraging them to do things independently, helping them remain engaged in—and improving their ability to manage—their own mental health and/or addiction treatment, and helping them to navigate their journey of recovery (Figure 1).

Figure 1. Peer client survey questions about recovery support benefits pertaining to the subtheme "increasing independence."



Peer supporters echoed these sentiments, with the majority indicating that they helped clients to stand up for themselves and develop ways to live with their mental health condition (Figure 2).

Figure 2. Peer supporter survey questions about recovery support benefits pertaining to the subtheme "increasing independence."



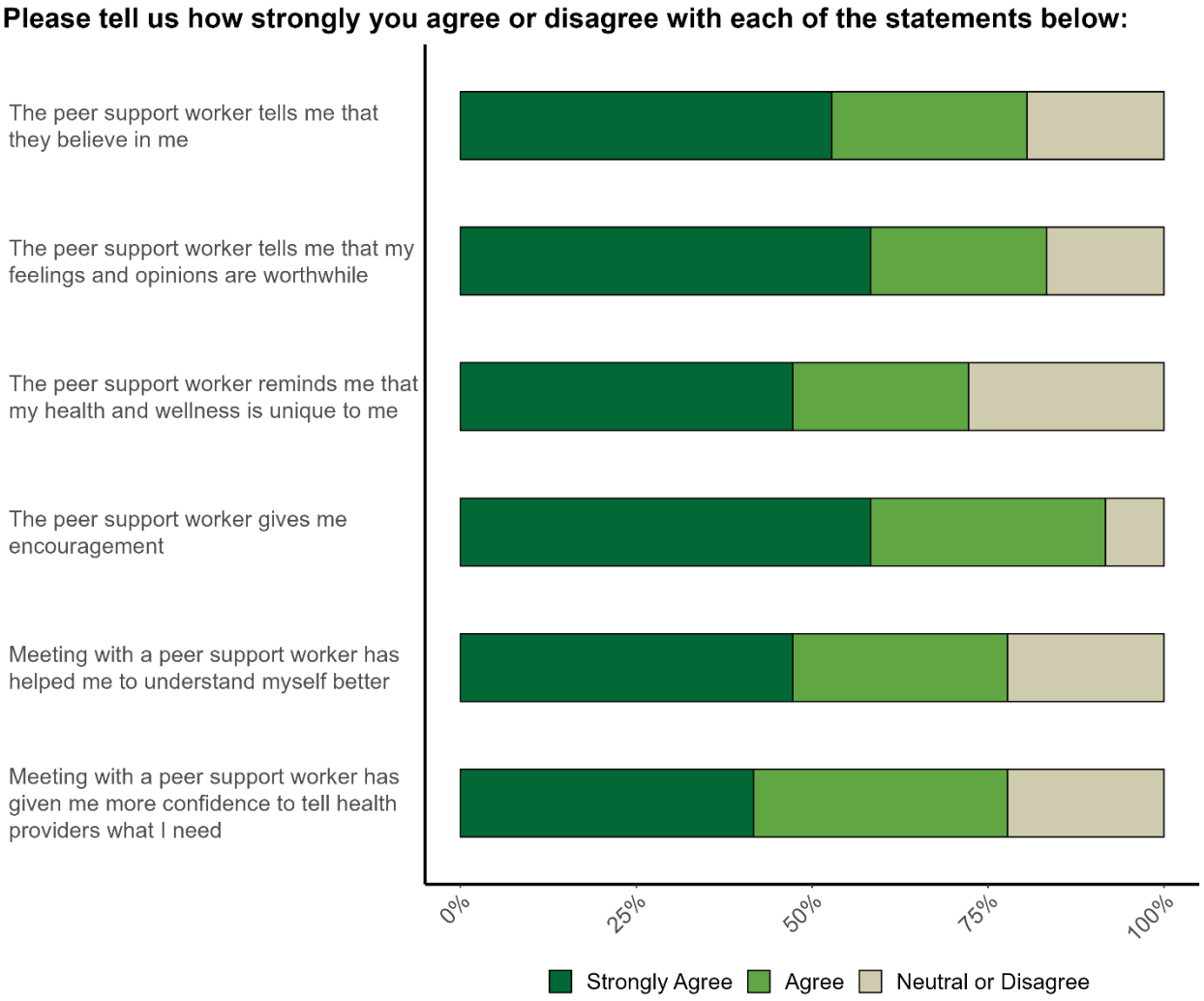
Subtheme: Building Self-Confidence

Peer clients were reported as building confidence in discussing their program goals and brainstorming ideas to achieve them. They believed that due to the support they received, they are personally developing strategies to meet life objectives. They also described the development of self-confidence to explore new opportunities. Given that individual levels of mental health recovery can be complex and circumstantial, self-confidence was shown as a crucial factor that influenced stability not only in relation to achieving program goals but also for overall well-being. As described below, a peer client who aimed for an employment-related goal discussed the importance of confidence built for emotional stability.

> "The confidence boosting is definitely — like I kind of was a little bit scared to look for work because I just had been out of the loop for so long, but all these aspects, not just with peer support, but where I'm living now and just my situation, I'm starting to feel more confident." *(Participant 40)*

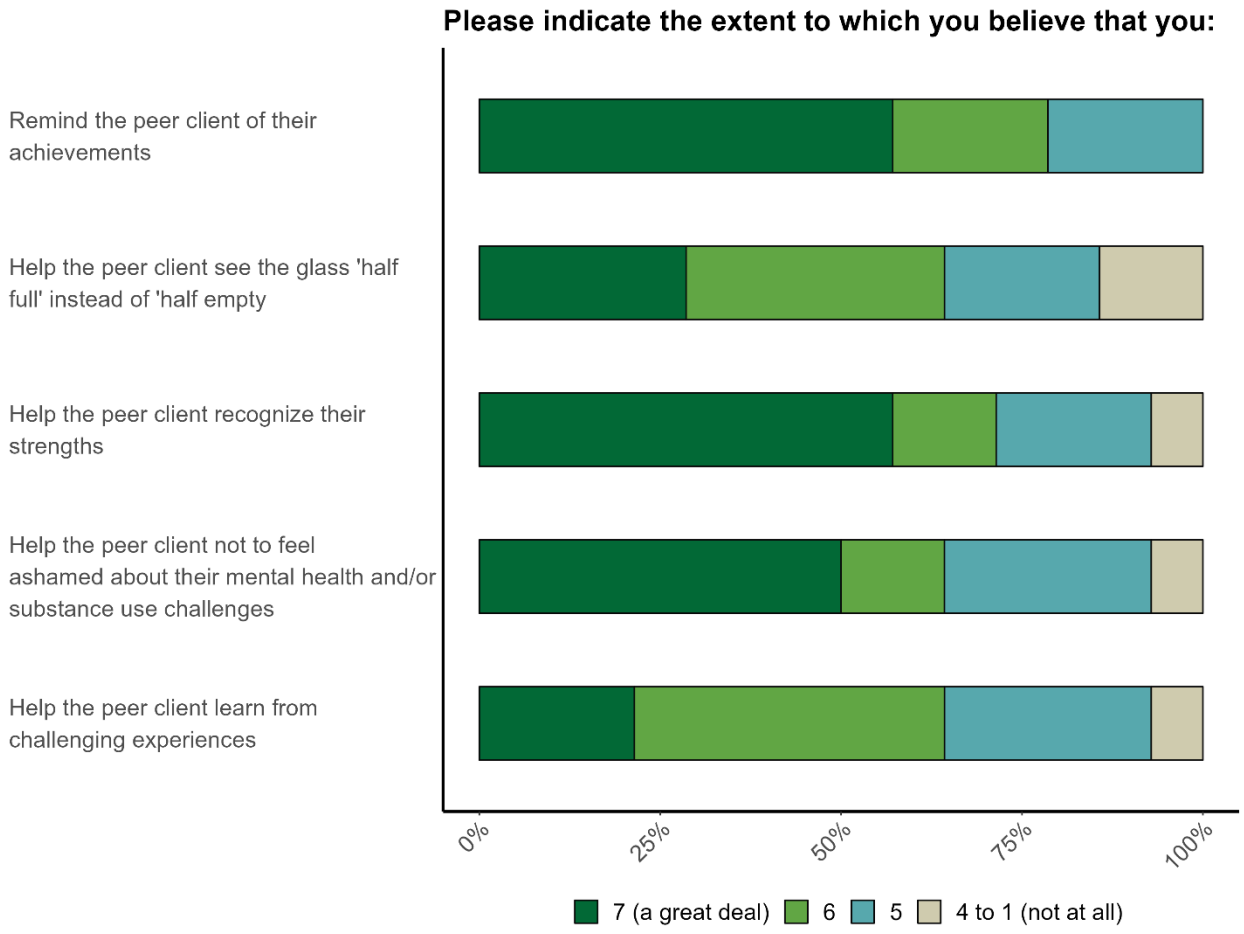
Peer supporters helped to build peer clients' self-confidence in a number of ways. More than three-quarters of peer clients indicated that their peer supporter told them that they believed in them and that their feelings and opinions are worthwhile, gave them encouragement, helped them to understand themselves better, and improved their confidence regarding self-advocacy with their healthcare providers, with slightly fewer indicating that their peer supporter reminded them that their health and wellness are unique to them (Figure 3).

Figure 3. Peer client survey questions about recovery support benefits pertaining to the subtheme "building self-confidence."



All of the peer supporters surveyed indicated that they remind their peer clients of their achievements, and most identified that they help clients to maintain a mindset of seeing the cup as half-full rather than half-empty, recognize their strengths, and to learn from challenging experience, and not to feel shame about their mental health and/or substance use challenges (Figure 4).

Figure 4. Peer supporter survey questions about recovery support benefits pertaining to the subtheme "building self-confidence."



Subtheme: Fostering a Positive Outlook on Life

Most of the interviewed peer clients demonstrated improvement in their view of life as a result of their connection to physical, social, mental, and spiritual engagements within the initiative. In terms of physical practices contributing to positive outlook on life, some peer clients had physical activity-related goals and described their engagement in exercise outdoors which gave them a positive appraisal of life, as they connected with people outdoors. In relation to mental wellness, they described improved cognition from their regular engagement in the initiative.

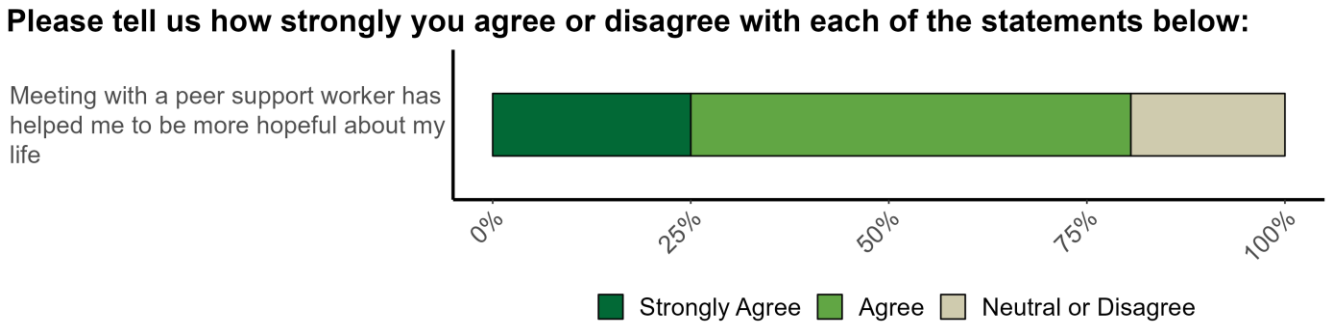
> "Well, it just boosted my thinking, like my mental health and my demeanor." *(Participant 40)*

Participants also described hope and reassurance as a key component of their positive outlook to life. The sense of hope in successfully managing their illness and hope in future endeavours was influenced by their relationship with the peer supporters. The successes and lived experiences shared by peer supporters gave them hope in their ability to deal with difficult circumstances.

"I definitely think I've benefitted in a huge way from the program. Maybe not in terms of being successful and fully managing my illness, but being successful in the never giving up in the management of my illness." *(Participant 38)*

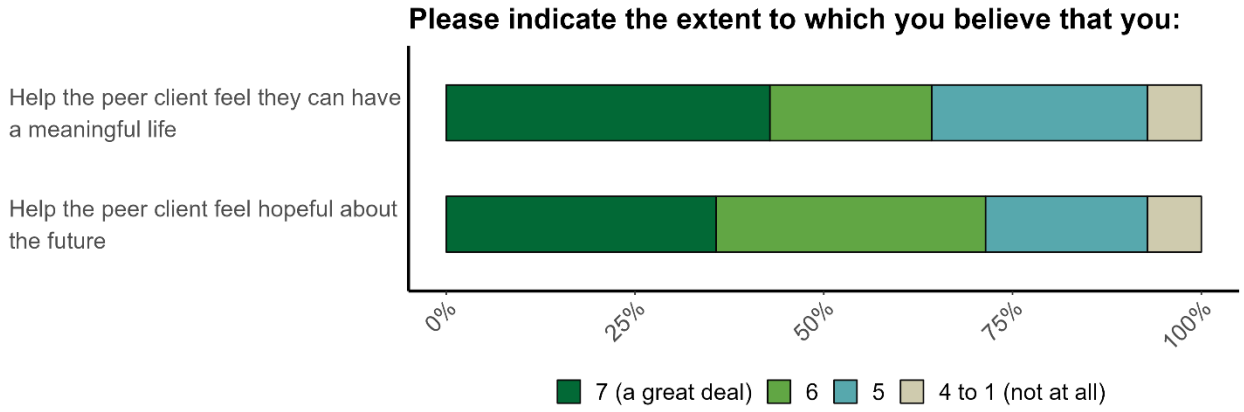
More than three-quarters of peer clients surveyed reported that their peer supporter helped them to be more hopeful about their life (Figure 5).

Figure 5. Peer client survey question about recovery support benefits pertaining to the subtheme "fostering a positive outlook on life."



Similarly, the majority of peer supporters indicated that they helped their peer clients to feel they could have a meaningful life and to feel hopeful about the future (Figure 6).

Figure 6. Peer supporter survey questions about recovery support benefits pertaining to the subtheme "fostering a positive outlook on life."



Theme 2: Social Connectedness

Social connectedness emerged as a theme due to several benefits described by the interview participants around relationships and community engagement. These are further described under the various subthemes of improving interpersonal skills, addressing social concerns, building authentic connections, and developing a sense of belonging.

Subtheme: Improving Interpersonal Skills

The development of interpersonal skills emerged as a subtheme due to the benefits derived from socialization opportunities and connection to social programs. The peer clients described that meeting new people has been very helpful as a recovery benefit. As some peer clients worked on goals around socialization, they were introduced to different social programs which helped improve their interpersonal skills. For others under therapeutic advice to get outside, overcoming loneliness was important for them and this led to the development of interpersonal skills. The excerpts below from the peer clients helped demonstrate some of the ways they derived this benefit.

> "I guess I'm not sure because I haven't been working with peer support that long, so I guess I'm not sure, but I guess the benefit I'd say is… I'd say that it would be improving my social skills, I'd say, yeah." *(Participant 42)*
>
> "My peer support worker is very professional. She provides ongoing collaboration because one of the things I'm working on is socialization. She introduces me to a lot of the different social programs." *(Participant 32)*

None of the peer client or peer supporter survey questions addressed the subtheme of improving interpersonal skills.

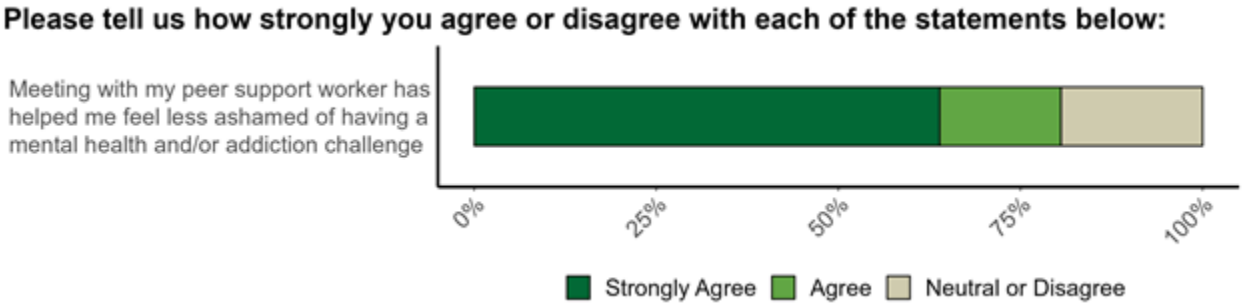
Subtheme: Addressing Social Concerns

The majority of peer support peer clients experienced depression (54.1%) and/or anxiety (73%), which in turn can lead to social isolation. The peer support initiative served as an opportunity for peer clients to address these social and psychological concerns, especially for those who were lacking in other opportunities for social engagement. For example, peer supporters reported witnessing improvements among peer clients experiencing social anxiety, leading to a better quality of life.

> "So, some peer clients, they don't leave the house a whole bunch. Especially those that have social anxiety. So, this has been beneficial for one of my peer clients and being able to get out and be in the community, being supported and being exposed to some social events." *(Participant 20)*
>
> "So, I've seen really good interactions and really good conversations that are had. And I think that's a really cool benefit. It's helped decrease some social anxiety, some social isolation." *(Participant 18)*

Additionally, more than three-quarters of peer clients reported that meeting with their peer supporter helped them to feel less shame regarding their mental health and/or addiction challenge (Figure 7). There were no questions on the peer supporter survey that directly addressed the subtheme of addressing social concerns.

Figure 7. Peer client survey question about recovery support benefits pertaining to the subtheme "addressing social concerns."



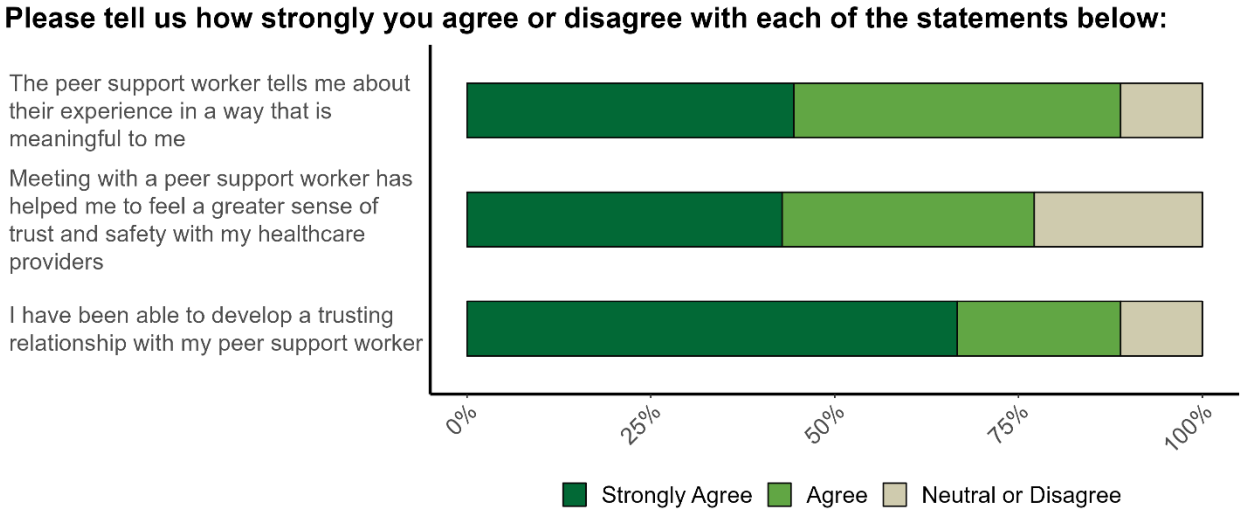
Subtheme: Building Authentic Connections

The development of a sociocultural environment that embraces trust and open communication was a key subtheme under the social connectedness benefit. This type of relationship that developed between peer clients and peer supporters was characterized by a combination of respect and professionalism, leading to strong sense of trust and understanding. As described by several participants, there was a unique sense of professional companionship which was developed and described in a beneficial manner to the recovery of the peers, within the scope of the acceptable practice in the peer support initiative.

> "There's that, over time, because it has been a longer term, I don't want to say per se that it's like a friendship, because it isn't. But because I have a lot of respect for him and because I think we sort of have a trust in each other through the program and an understanding because we both have very different mental health issues." *(Participant 38)*

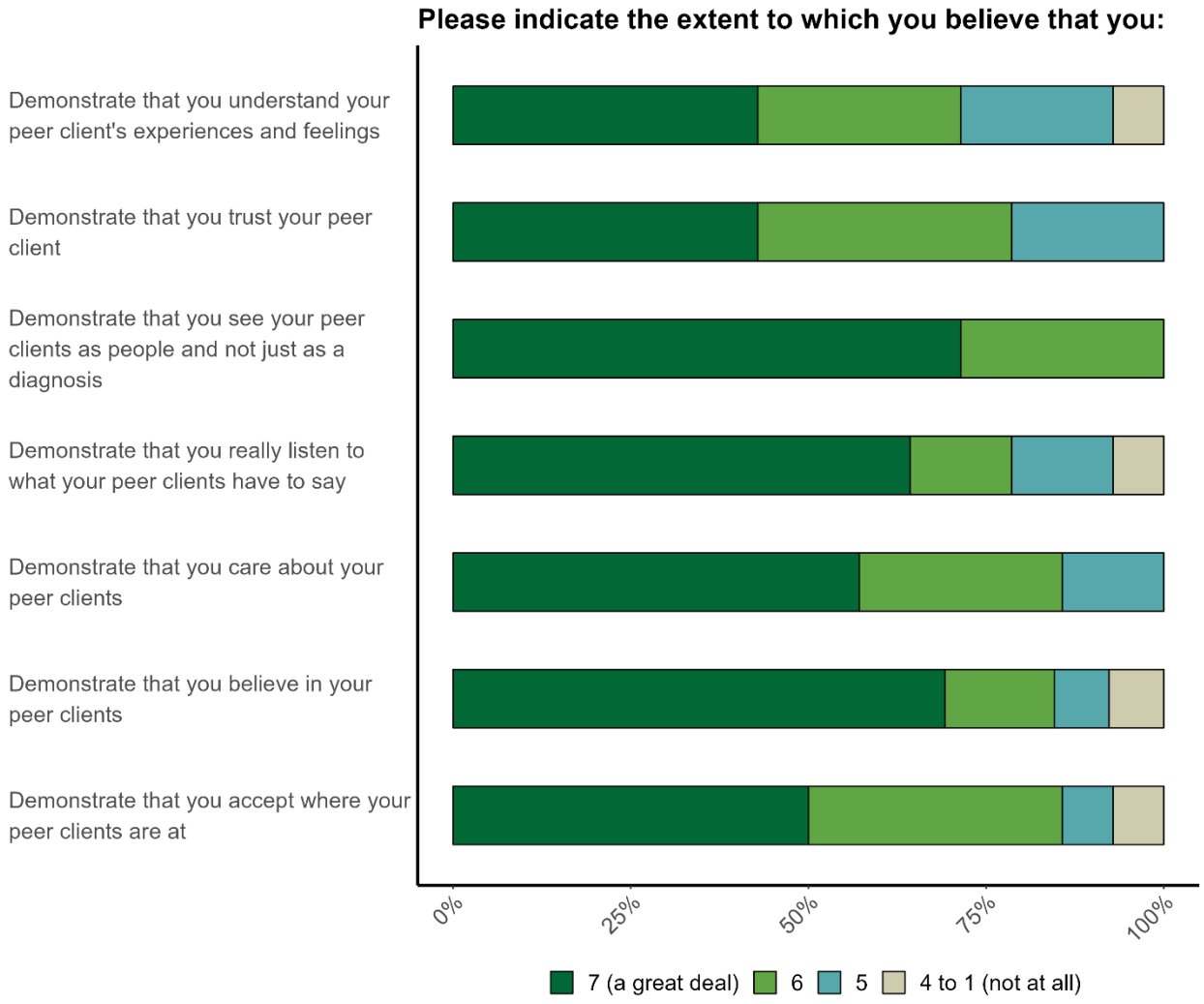
Peer clients reported receiving authentic interpersonal validation from peer supporters which in turn helped them learn to build trust with their healthcare providers. More than three-quarters of peer clients indicated that they were able to develop a trusting relationship with their peer supporter (Figure 8). They also indicated that their peer supporter told them about their own experiences in a meaningful way and helped them to feel a greater sense of trust and safety with their healthcare providers

Figure 8. Peer client survey questions about recovery support benefits pertaining to the subtheme "building authentic connections."



These findings supported peer supporters' own observations about the ways that they demonstrated authentic validation and support for peer clients. All of the respondents indicated that they demonstrated to their clients that they care about and trust them, and that they demonstrated to clients that they saw them as people, not just as a diagnosis (Figure 9). The vast majority also indicated that they understood their peer clients feelings and experiences, believed in their peer clients, accepted their peer clients where they were at, and felt that they really listened to what their peer clients had to say.

Figure 9. Peer supporter questions about recovery support benefits pertaining to the subtheme "building authentic connections."



Subtheme: Developing a Sense of Belonging

Participants associated some positive feelings with belongingness, as they engaged in social and other community activities under the direction of their peer supporters. They explained that having goals to accomplish gave them a sense of purpose in life and supported their ability to reintegrate into society. One client related belongingness to the ability to overcome stigma and societal norms that negatively impact wellness:

> "That has to be a benefit that you maybe can recognize … that we all want to feel like we belong. Especially with mental illness and mental health problems, there's such stigma still." *(Participant 17)*

None of the peer client or peer supporter survey questions addressed the subtheme of improving interpersonal skills.

Theme 3: Moving Forward

The ability of participants to accomplish goal-oriented and recovery-oriented tasks in support of moving forward in their lives emerged as another theme in this study. The recovery journey was by no means an easy process; however, throughout the ups and downs, there was some sense of positivity in their level of achievements. This was supported by the sub-themes of feelings of fulfilment and exploring new opportunities. None of the peer client or peer supporter survey questions addressed this theme.

Subtheme: Feelings of Fulfillment

Due to the client–peer supporter relationship, some peer clients expressed seeing a different version of themselves emerge (e.g., a version characterized by ability to accomplish tasks).

> "I don't always have to work too hard on it, but I accomplished simple things and go little by little timeframe, and that's okay, like taking my steps with things." *(Participant 26)*

This was supported below by a clinician who demonstrated a sense of accomplishment among the peers she had on her case load.

> "I've seen a lot of benefit when the match is going well, I see a lot of positive feedback, a lot of closeness. The peer support worker feels this sense of accomplishment and then, as well as the peer client is doing really well in their own recovery journey." *(Participant 18)*

There was an aspect of fulfillment that related to consistency in working on program goals and ability to develop self-adaptive mechanisms. The participants' reflections supported the development of adaptive techniques based on direct involvement with the peer support initiative. This solidified the peer clients' understanding around their ability to navigate through mental health challenges via the regular engagement in program goals and the consistent support received.

> "There's been times with my peer support worker where I'm like, "Oh, I never looked at it that way," or, "I never thought of it that way." If it's something that's really fundamental where it's like, "How did I not see that?" It really sticks with me then so then I'm able to apply it consistently over time and it becomes one of my coping tools. So, it's like, "Yay." Those things, when they happen, I'm grateful, because if I didn't have that program, I wouldn't have those times and I think I might feel kind of lost." *(Participant 38)*

Similarly, peer supporters who responded to the survey indicated several ways that they felt they helped to support the development of their peer clients' independence, including helping peer clients to stand up for themselves, recognize their strengths, and learn from challenging experiences (Figure 7).

Subtheme: Exploring New Opportunities

Another subtheme that emerged was looking forward to exploring new opportunities. This arose due as peer clients gained self-confidence in their ability to try new things and experienced an increase in their willingness to learn. The peer supporters were described as the key influence in the development of the benefits associated with this subtheme. Some examples of the activities they engaged in included: visiting attractions within the community, getting a gym membership, going out for drives or walks, and going fishing. This type of

engagement built trust in the client-supporter relationship and encouraged openness and disclosure. Some participants even showed that they were determined to keep busy just to promote their recovery journey and wellness. One of the peer clients who combined virtual and in-person options for the program described some activities below in support of this subtheme.

> "And in person, when we go and do things, we're just out in the community doing stuff. We're at the Humane Society, volunteering there, we go and visit with the animals, take dogs for walks. We'll do paintings, whether at my house or at my mother's place, in her backyard, depending on the size of the painting." *(Participant 45)*

Another benefit was the exploration of job opportunities. Some interview participants had program goals related to gaining paid employment. The peer support initiative inspired them to apply for positions and attend interviews, while some successfully secured employment. As described by one of the program administrators:

> "I'm going to say, with employment, we've had successful people get employment because they've been working with the peer support. That's been huge. Or just even comfortable sharing in group." *(Participant 22)*

Overall Client Satisfaction with the Peer Support Program

When peer clients and peer supporters were asked if there is anything that needs to improve with the initiative, a number of them felt that the program was currently running well. Most peer clients had an overall satisfaction with the supports and services they received, as described below by a participant who had previously dealt with suicidal ideation.

> "Yes, there is help for me. I didn't think there was any help for me. I didn't there was anyone who could help me, but with the health clinic here in Estevan and the peer support counselling, it is helping me. I'm doing a lot better than I was because all I used to want to do was kill myself, but now it's not as often for those thoughts." *(Participant 45)*

A number of participants also described a positive outlook toward the peer support initiative. They reflected that they looked forward to their meetings with their peer supporters due to the associated benefits. They said that due to their meetings, they built self-capacity, developed strength to deal with life circumstances, and improved their overall recovery process.

Finally, there were some participants that described a sense of satisfaction with the matching of peer supporter. Some described a natural instant connection with their peer supporter, while others described working with a few peer supporters before finally having what they referred to as a perfect match. The explained that their sense of satisfaction with a matching supporter resulted in openness to discuss life goals.

> "Well, like I said, getting to trust them, like I have something in common with my second peer support worker, so right away, I was able to trust them more, but the first one, I didn't have much in common and I felt kind of hard – hard for me to open up to her as much as." *(Participant 28)*

Recovery Benefits Associated with Peer Supporters

Interviews with peer supporters contained three major themes with respect to the recovery benefits that peer supporters may experience as a result of their peer support work: emotional self-regulation, fostering a positive outlook on life, and having a sense of accomplishment. None of the peer survey questions addressed

recovery benefits associated with peer supporters. Some questions on the peer supporter survey touched on this theme, but were better addressed within other themes and subthemes and are included in those sections of this report.

Theme 1: Emotional Self-Regulation for Peer Supporters

The benefits for the supporters align with the peer clients and emotional regulation was a major theme for them as well. The peer supporters, just like the peer clients, demonstrated how the initiative has helped them immensely in their mental health recovery. They had a unique perspective on the associated benefits of their investment in helping the peers. Most of them described that the peer support had made them a better person in life particularly due to the sense of dignity and respect they developed through their role.

> "And then, yeah, it's helped me be a better support person to people in my life. It's also helped me to be more focused on my recovery." *(Participant 30)*
>
> "And it gives me dignity and respect, knowing that I'm helping somebody else is key to health and wellness." *(Participant 3)*

Further, being a peer supporter also rebuilt a lot of self-confidence which was developed through their commitment to help others. In addition, the development of support skills and learning the program processes assisted in rebuilding their confidence and maintaining an emotionally regulated recovery.

> "As a peer supporter, I feel confident. I feel there's a lot of hope for people. I have self-determination myself." *(Participant 3)*

Theme 2: Positive Outlook on Life

In terms of positive outlook to life, some supporters discussed that they were also still working on their mental health and further shared that their client-supporter relationship gave them hope and reassurance.

> "And as they talk and you talk, it's like you can almost, you're helping yourself at the same time, maybe with a struggle that might be going on too, or not feeling like you're alone." *(Participant 8)*
>
> "Being able to be there and work with other people and share what I've learned or even role model recovery gives hope, right? So, that helps me, it gives me a lot of joy and satisfaction…" *(Participant 9)*

Further, there were a few participants that used the phrase, 'moving from a victim to a survivor state', as described below. They felt that their life challenges and lived experiences provides meaning when it is directed towards helping others and that in itself is a kind of healing.

> "And I used to live as a victim, and it wasn't really doing me any favors. So I started to sort of pivot, and learn to live more as a survivor. And I found by doing that, peer support has really helped. Because I'm taking some of those things that happened to me and using them for greater good, I guess. And so, maybe they weren't all so bad?" *(Participant 4)*

Theme 3: Sense of Accomplishment

Finally, there were reflections from peer supporters in the area of sense of accomplishment. For example, the processes required to secure a peer support employment was challenging for some and having the courage to successfully go through that process was associated with a sense of achievement and a high degree of self-confidence and belongingness.

> "…if that doesn't convince a person how important the program is, I don't know what would because if you're going from being a peer, and you've learned and believe in it so much that you want to turn around and apply and go through all of the process of being hired, 'hired' in quotation marks, as a peer supporter, then you really believe in it." *(Participant 13)*

As shown above, peer supporters felt a sense of belongingness in the intervention and felt a sense of achievement in securing the employment, and this was observed across the different models of the initiative including the volunteer positions. Further, the feeling of being a part of the processes involved in helping people also brings the sense of psychological safety for peer supporters, which is important for their mental health recovery, as described.

> "Because it gives you a sense of belonging in a way. It's like, okay, I'm part of this group. And then just meeting the peers, you just know that other people, they're going through things too. So maybe if you feel like you're alone in certain areas, maybe somebody else has had similar experiences. You might not beat yourself up as much about it. Maybe forgive yourself a little bit for not being perfect." *(Participant 6)*

Peer supporters indicated additional benefits to themselves via their survey responses, such as maintaining connections within the peer support community as a resource to stay grounded in peer support practices and identifying areas for their own growth and taking advantage of opportunities to learn and develop (Figure 8).

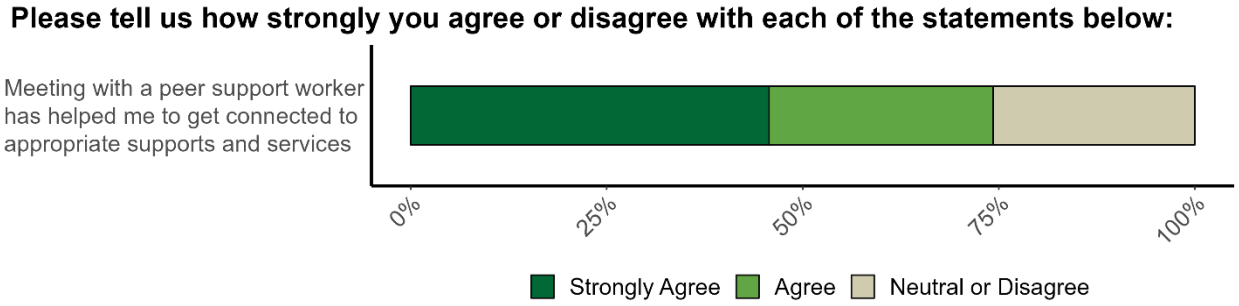
Healthcare Process Benefits

Interview participants identified three main ways in which the Peer Support Program benefits the healthcare system: by bridging existing gaps in mental health care, providing a client-centered approach to supporting mental health and addiction needs within the community, and by providing a cost-effective means of supporting individuals with mental health and addiction challenges.

Theme 1: Bridging Existing Gaps in Mental Health Care

The idea that the peer support initiative filled some missing aspects of standard care was a consistent reflection from several participant groups including administrators, supporters and peer clients. Approximately three-quarters of peer clients agreed or strongly agreed that meeting with a peer supporter helped them to get connected to appropriate supports and services (Figure 10). No questions on the peer supporter survey directly addressed this theme.

Figure 10. Peer client survey question about recovery support benefits pertaining to the theme "bridging existing gaps in mental health care."



Participants operating from models that function as a care team described that the initiative as well as the integration of a peer supporter was a missing link within their team-based care. They shared that the role of peer support is as valuable as any other component of their team, and that they are just as professional as others in the support of the peer clients. One program administrator said:

> "Well, I think it's a branch of care, that in many ways and in many areas is still ground-breaking." *(Participant 16)*

In particular, they described that the initiative bridged an existing gap between peer clients and mental health clinician, through the application of lived experiences needed for support.

The importance of using the lived experiences to establish empathy and build a professional relationship that is uniquely characterized by listening and sharing was often explained by the participants. As described by a peer supporter:

> "It's really just a sounding board. I'm there to bounce or relay information, to kind of go through things with a person, and just have a one-on-one connection." *(Participant 2)*

One of the ways that participants explained this theme was the normalization of care. This does not diminish the conventional clinical services in any way but rather emphasizes normalization as it is perceived by the peer clients. The emphasis was placed on perceived stigma associated with seeing a psychiatrist or a psychologist, whereas, the idea of receiving services and support from a less formal settings was considered normalization by those who had experienced some mental health challenges. For example, one peer supporter stated:

> "I think what peer support offers is just a normalization of needing services, of accessing services, of having mental health struggles or needing addictions services. It's really about just normalizing it." *(Participant 2)*

A peer client also said:

> "I do know that he does have some mental problems also. So, I don't feel as much stigmatized or looked down upon, when he does speak of having difficulties too." *(Participant 25)*

Another key aspect of bridging the gap of mental health care is the consistency of check-ins on the peer clients by the peer supporter due to the established client-supporter relationship. Given that many of the peer clients

may lack a social support network, having someone with whom to check in about their health and recovery process was deemed beneficial and considered a significant addition to the services they received.

> "I really recommend the peer support program for people. It's a good way to work on the goals that you've set with your peer support worker. And have a regular check in to see how you're progressing and review things." *(Participant 32)*

Theme 2: Client-Centeredness

Another theme concerning mental healthcare process benefits, as described by the participants, was the notion of a client-led and client-driven support. Client-centeredness was observed through the several processes involved in the provision of support starting from the referrals where peer clients' goals are documented, to meeting with the peer clients and talking about their expectations, as well as to the stage of developing relationships and learning about boundaries. Further, participants explained the initiative as a goal-oriented support for peer clients. In other words, the focus of the support is centered on the peer clients' needs and goals. This was described by a peer supporter who said:

> "And I think that at the end of the day, the biggest benefit is that we are making sure that this is client-centered care and that within this team, we really focus on that objective more." *(Participant 2)*

Further, the participants revealed some impact of a client-centered approach on the peer clients. First, they believed that receiving a goal-oriented support makes them feel heard.

> "And just someone positive to talk to, you know, someone to listen to me and understand that I have issues and problems and stuff that I want to learn to look after and helping me like that." *(Participant 28)*
>
> "People really need to feel heard, and they don't always receive that from formal services in the community." (Participant 19)

Second, they feel safe and empowered to address their life challenges through an environment created by a goal-focused conversation, empathy, and client-centered support. As described:

> "Yes. We also talk about what we're struggling with that day. He has struggles, I have struggles. I believe it's a trusting environment that when I'm not well, I can say that, you know?" *(Participant 29)*

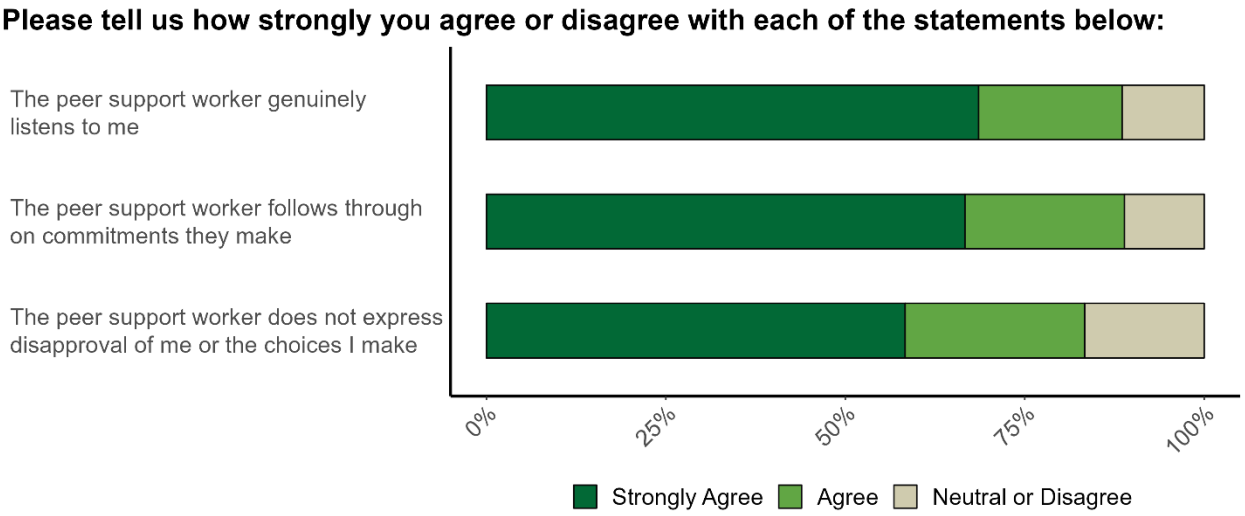
Finally, the peer clients felt guided and supported on their program plans and expectations. The quote below explains the impact of client-centeredness on staying focused on program plans, as peer supporter checks-in regularly and provides guidance during a meeting.

> "…because I think they have to do an overview of the conversation — he's always looking for, 'So, what kind of things are you struggling with and what are you doing about them?' and, 'What things are going really well for you that you want to continue?' Even just, he'll read that back to me, what he's written at the end of the conversation and I'll be like — it'll remind me that I'm doing more than I realize I'm doing…and it just keeps the conversation sort of on track, too, in terms of goals." *(Participant 38)*

Peer clients indicated a high degree of agreement with survey questions pertaining to client-centered care, with more than three-quarters indicating that their peer supporter genuinely listened to them, would follow

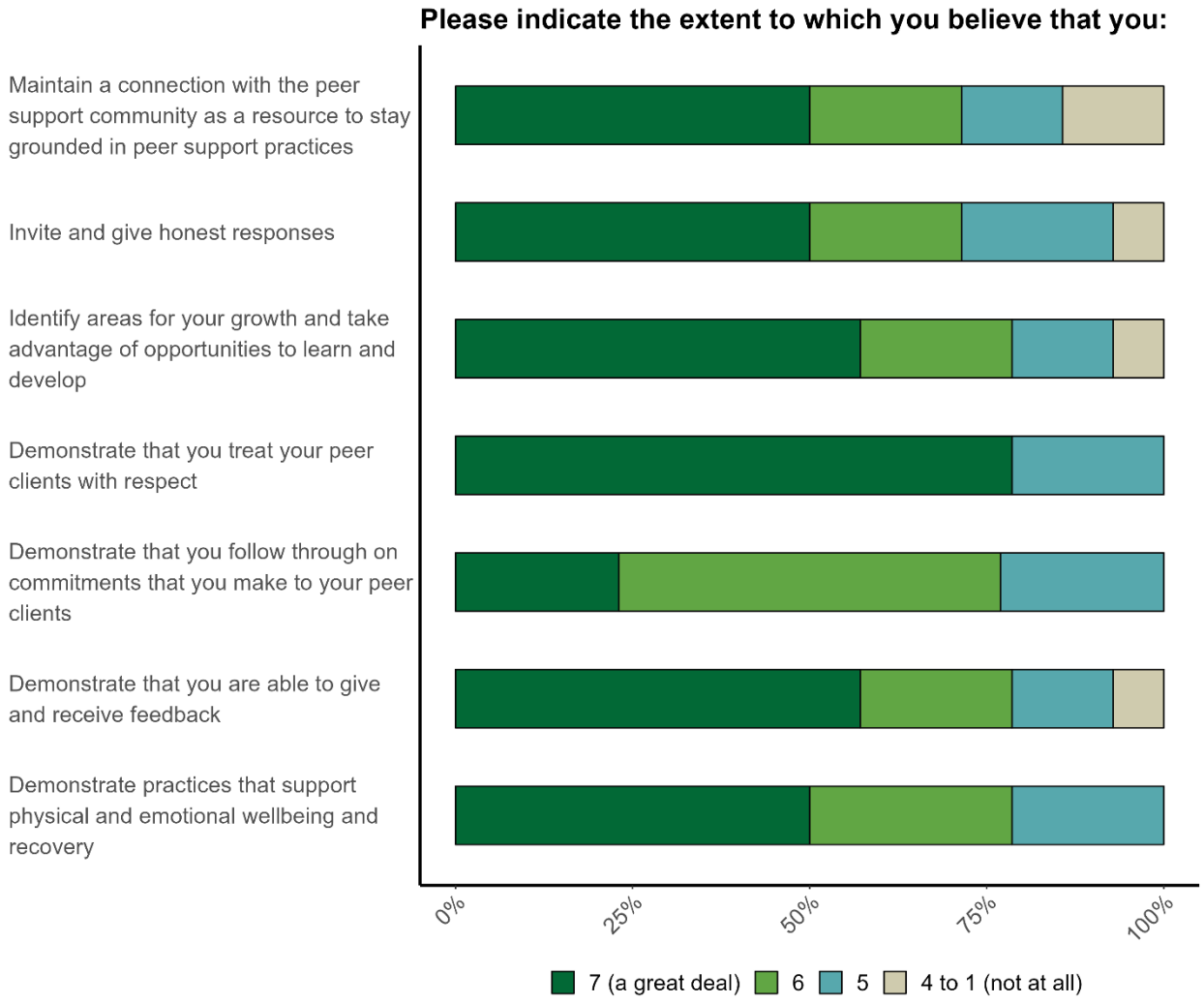
through on their commitments, and accepted them and their choices without expressing disapproval (Figure 11).

Figure 11. Peer client survey questions about recovery support benefits pertaining to the theme "client-centeredness."



Numerous questions posed to peer supporters addressed aspects of client-centered care, representing just under one-third of the questions that pertained to the perceptions of their experiences as a peer supporter. All of the peer supporters expressed that they treat their clients with respect and that they demonstrate practices that support physical and emotional well-being and recovery (Figure 12). A large majority of peer supporters indicated that they invite peer clients to give honest responses, demonstrate that they are able to both give and receive feedback, and that they identify areas for their own growth and take advantage of opportunities to learn and develop. Additionally, more than three-quarters indicated that they maintain a connection with the peer support community as a resource to stay grounded in peer support practices.

Figure 12. Peer supporter questions about recovery support benefits pertaining to the theme "client-centeredness."



Theme 3: Cost-Effectiveness

Participants believed that the peer support initiative is productive to the health care system. In other words, the integration of the initiative was said to have a significant impact on the associated indirect healthcare expenditure. As described, participants believed it reduces the potential time of client sessions with mental health professionals. This was reflected by clinicians, administrators, and peers. For example, a peer client said:

> "Well… I told my mental health worker I only need to see her once a month because I'm talking to a peer support worker once a week now." *(Participant 28)*

A peer support coordinator, while describing that the initiative may substitute for time spent in counselling also stated:

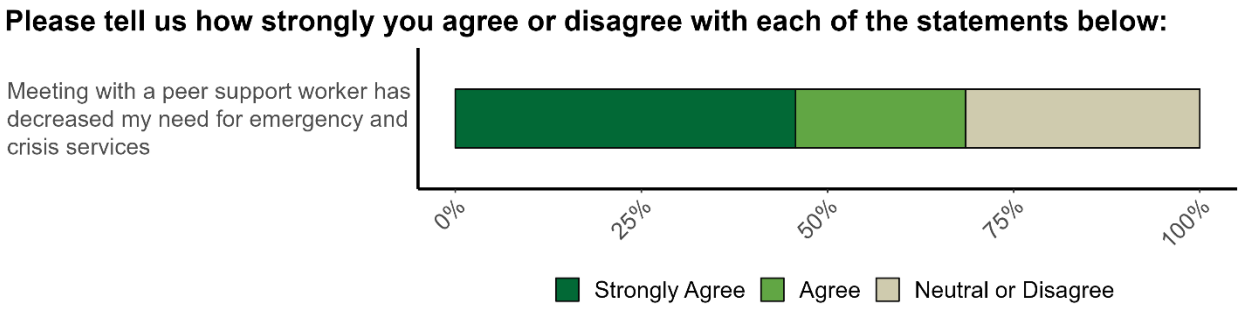
> "It's a cost saving type of support too, I mean as opposed to having more hours of counselling, hopefully the person's still having some counselling as well as peer support, but maybe they would need fewer hours of counselling because they also have the peer support. So, I think from that perspective, it's really important as well." *(Participant 13)*

Similarly, the quote below from a clinician explained cost-effectiveness with the concept of management of caseloads, and the way peer support initiative tends to create opportunities to serve more peer clients. As the care needs of peer clients are reassessed, and peer clients are deemed a fit for peer support program possibly due to the level of care needed, referrals are made accordingly, and the possibility of serving peer clients with more immediate or severe needs becomes open.

> "…and that helps because we are very, very busy, like we have a big caseload, so the people that need a little bit less care, then I can send them to the peer support group, and then, you know, I get to open the space to see more people." *(Participant 12)*

A question on the peer client survey that pertained to this theme received lower endorsement than questions addressing other topics, with fewer than three-quarters of peer clients indicating that meeting with a peer supporter decreased their need for emergency and/or crisis services (Figure 13), reinforcing the idea that peer support is an augmentation to—not a replacement for—clinician-provided mental health and addiction services. None of the questions on the peer supporter survey addressed this theme.

Figure 13. Peer client survey question about recovery support benefits pertaining to the theme "cost-effectiveness."



Challenges within the Peer Support Program

Challenges within the Peer Support program were assessed using the qualitative data gathered from program administrators, peer supporters and peer clients. The findings were presented as themes across the models of operations. None of the peer client or peer supporter survey questions addressed this topic.

From the interviews, personal challenges were not extensively discussed. Although, a few peer clients described some personality concerns and a few unmet expectations, these experiences did not emerge as themes. In fact, the most common reflections from participants was the absence of any issues with the initiative and the support they received.

> "Honestly, I can't think of any challenges right now, it's all been really fun and pretty easy lately. Well, I've only hung out with her two or three times, it's been pretty easy. *(Participant 40)*
>
> "There's really no issue with peer support, so I don't feel that anything really needs to be improved, to be honest." *(Participant 43)*

This was also supported by a clinician who stated:

> "I don't think there are too many challenges because it's quite a smooth process to refer peer clients, like the program people at the peer support, they're really great." *(Participant 12)*

Nevertheless, there were some systemic challenges that emerged as themes across the various models within the provincial initiative. The systemic concerns were explained under four themes: turnover of peer supporters, time-limited support, scheduling, and navigating professional boundaries.

Theme 1: Turnover of Peer Supporters

Program coordinators had concerns with recruiting and retaining peer supporters either in an employee or honorarium model. One of the reasons for this challenge was the well-being of the supporters who may experience relapse in their mental health recovery. Given that supporters might have developed relationship with the peer clients, their relapse tend to impact the peer clients to a great extent, particularly when there were no other peer supporters to take over the peer clients. For example, in a CBO employee model, one participant said:

> "And I understand, they're struggling with their own mental illness, people relapse, sometimes we become unstable for whatever reason but, there's been quite a turnover in the workers and gaps in services." *(Participant 20)*

Another participant stated:

> "Yeah, so we got a peer support worker, I referred four people, and then a couple months later, that person quit." *(Participant 24)*

In some cases, peer clients found themselves in a position of supporting a peer supporter due to relapse, as described below:

> "Yeah, my one client really liked the things that she was able to do with the peer support worker, but I think there was some issues with that specific peer support worker, maybe oversharing. I think my client felt as though – at points in times she felt more like supporting the peer support worker." *(Participant 24)*

Additionally, there were challenges with recruitment:

"…we've posted the job posting many times and we just haven't been successful in finding somebody. We're just in the process of going through the hiring process again."*(Participant 1)*

Overall, the turnover rate was said to impact referrals and service continuity and ability to provide care and support to the peer clients in need.

Theme 2: Time-Limited Support

The idea that the peer support program is time-bound with every client expected to completed their goals and graduate from the program was deemed concerning particularly for the peer clients. From an administrator's perspective, the coordinators observed that there has been challenges with the development of friendship that has to end.

"Termination is a hard one. Because it is a time limited thing." *(Participant 5)*

For peer supporters, ending a relationship that has been developed based on trust and sharing of intimate experiences was challenging.

"I was just starting out and she was my first peer. And it was nice to see her doing so well. But because she was doing so well, it was like, okay, you're doing well, so it's time to go. And to see her walking around by herself all the time, it's a little bit tough sometimes." *(Participant 6)*

For the peer clients, most of them found the program beneficial to the extent that graduating from the program was concerning for them.

"And most of my experiences have been beneficial. The only drawback to peer support is that it's time limited…If they could work on giving peer support a longer timespan that would be beneficial." *(Participant 32)*

In addition, peer clients were concerned that a premature graduation may be devastating given that recovery from mental health issues may be complex and could vary across individuals.

"In that way, that's been a challenge for me because I very much feel pressure that at some point, this is not going to be available to me and will I understand that? The thought of, "Then what happens?" is really scary for me; that actually terrifies me." *(Participant 38)*

Time-limited concerns from peer clients could be attributed to a lack of proper understanding of the program mandate and expectations during the client-supporter introduction and could also be associated with peer clients heavily reliant on the support they were receiving.

Theme 3: Scheduling

The qualitative data showed that scheduling conflicts between the peer supporters and the peer clients was a challenge. For example, there were scheduling concerns with providing services over the weekend when the peer clients were unavailable during the working hours for peer support team. There were also scheduling concerns in the aspect of client no show for scheduled appointments. As demonstrated below, this resulted in the peer supporters spending time that could otherwise be used in supporting other peer clients.

"Sometimes they're just a no show, no phone call, we had one fellow that doesn't have a phone, so they would arrange to meet at a coffee shop at a certain time and the peer leader go and wait for an hour, and the fellow didn't show, so there's been challenges like that." *(Participant 21)*

Scheduling concerns also arose was due to client anxiety about meeting a supporter in-person for their first appointment, and without an appropriate communication of this concern, the scheduled in-person meeting failed to transpire until the mental health team realized the reason for failed appointments. The excerpt below explicates the issue of failed appointments from a peer supporter's perspective.

"And you have meetings set up. And they don't show up at certain times. We still get paid for it, so that's good. But sometimes just because it's just kind of hit and miss with the scheduling, it can be tough." *(Participant 6)*

Besides the concerns with failed appointments, program coordinators also described the challenge they face when creating a schedule that is suitable for the peer supporters and peer clients. Balancing meeting hours with unforeseen disruptions or delayed notice was problematic particularly when schedules have been created before gaining further understanding about peer clients' availability and having to accommodate. They further described that communication is one of the approaches being taken to create a balance in scheduling.

"I always just say give me a little bit of a heads up to let me know when your next meetings are going to happen, or if you know that you're going to have a standing day, just let me know. That's a struggle or a challenge is just creating that schedule. *(Participant 1)*

Theme 4: Navigating Professional Boundaries

At times, peer supporters had challenges with balancing the relationship boundaries with peer clients, such as maintaining fidelity to the principles of peer support, even when their empathy may lead them to want to extend support beyond the parameters of this model Given that the peer support initiative is characterized by the development of trusting relationship for sharing of experiences, it was somewhat difficult for supporters to balance the extent to which they could express their feelings towards peer clients. In particular, it was difficult for them to refrain from checking in with a client who had shared their current life struggles with them, despite having the feelings to do so. One of the functions of the Peer Support Practice Lead is to ensure ongoing program fidelity by providing a consistent source of information and coaching.

"I guess sometimes I struggle with the reaching out, where if I don't hear from someone or it seems like they're struggling… Because if I'm the one reaching out, then they'll never learn how to do that themselves. And that's the whole thing with peer support, is letting them be the person so they can come up with things that they can do for themselves." *(Participant 8)*

Some peer supporters explained that switching to phone-mediated services due to COVID-19 drifted relationships into more of a friendship, which is a difficult boundary to navigate, particularly when policies guiding the program around phone contact have been inadvertently breached. Friendship boundaries were also threatened when living in a small community with the client and having to relate outside professional settings. This also becomes more problematic for supporters at the time of peer clients' graduation due to some degree of uncertainty on the type of relationship that the peer supporters would need to maintain at that time.

Whereas some programs have policies about waiting at least a year after services end before having a friendship with any peers, and other programs do not.

Another area of professional boundaries that was difficult to navigate was the balance between engaging peer clients in a free flowing conversation versus a goal-oriented conversation. In some relationships, the peer clients explained that they look forward to a simple natural discussion with their supporters, particularly to check on them and how they were coping generally.

> "I don't think there's any start up kind of a conversation, other than 'How are you and how is your week?' The rest of the conversation just kind of falls into place because we both contribute to the conversation." *(Participant 29).*
>
> "A lot of the relationship is conversing. If I'm having a specific challenge and I'm conversing with my support worker, she's able to draw from her own experiences and their own treatment." *(Participant 32).*

Meanwhile, in other circumstances, some peer clients explained that having discussions that were solely focused on the goals they had set for their involvement in the program was troubling for them, particularly when that was the basis for initiating a conversation. The excerpt below demonstrates how a peer client was expressing this concern.

> "…but sometimes I want to talk about something else other than just straight talking about goals. I like them to ask me how my day is going and how I'm doing too, you know? ... and what I've been up to and stuff, just kind of talking to a friend, you know? Not just brainstorming constantly on what goal I want to work on for the day." *(Participant 28)*

Implementation of the Peer Support Program in Saskatchewan

Facilitators

This was assessed using qualitative data gathered from program administrators, peer supporters and peer clients. The findings were presented under each model of operations, with the exception of the SHA Honorarium Model, as the decision had already been made to discontinue this approach.

Facilitators for the SHA Employee Model

In this model, implementation was majorly influenced by the **connection of peer supporters to the mental health team**. From the interview data, the peer supporters described working closely with the team as well as having both formal and informal meetings to discuss service delivery and review issues. The mental health team members including the peer supporters reported back within the team through regular meetings. Peer supporters have an open dialogue and communication channels that prepared them for sessions with their peer clients. Besides the peer supporters, the peer clients also provided feedback to this effect as demonstrated below. The client described a sense of satisfaction with the support they received and got some positive feedback from a clinician. The feedback below was inspired by the clinician's prior interaction with a peer supporter:

"When I have an appointment with my social worker, we talk about what have I done, what do I want to do, what am I going to do, what have I done with peer supporter during our time together… I get told that's good. It's good that I'm getting out, that I'm doing things. It's good that I have peer support counsellor." *(Participant 45)*

Another facilitator that influenced implementation in this model was the **flexibility of peer supporters in working with the peer clients**. The interview participants demonstrated that this could include flexibility in scheduling appointments, discussing the modification of program goals, and adaptability of service during COVID-19 to maintain connections. The peer clients also reported that issues did not arise with their supporters, particularly when they had to cancel or reschedule appointments. In this model, other facilitators that were discussed but did not emerge as themes include peer clients keeping to appointments, communication within the team, and having a satisfactory timing and duration of meetings.

Facilitators for the CBO Employee Model

In this model, **connection to the mental health team** was also a facilitator for implementation; however, the connection was mainly to the support staff and not necessarily to the clinicians. Similar to the SHA employee model, they opened up the channels of communication for the peer supporter to discuss concerns which were mainly related to work hours and employer expectations. Meanwhile, unlike the SHA employee model, when the supporters had concerns related to the nature of support they were providing and regarding their interaction with peer clients, they were redirected to the Project Lead. In addition, the lack of regular meetings with the clinicians beyond the referral meet and greet was a key difference between this model and the SHA employee model. The clinician also described that even though the initial referral meet and greet was not a mandatory process, it was valuable to establish a good connection with the client at the start of the relationship, as described below.

"So then, we do a meet and greet, we identify some goals and how often, exchange numbers, et cetera. Because I feel like it's necessary as well for some peer support workers to truly understand my client's baseline and what they need to be supported and the referral form doesn't really capture that a whole bunch." *(Participant 20)*

There were some other influencing factors for this model. These include having a **good relationship with the Saskatchewan Health Authority**, despite being a community based organization. The administrators described that supporters can spend time in both service provisions (i.e., SaskAbilities and SHA). They discussed that having one peer supporter helped with scheduling, provided stability in supervision by administrators, and ensured ability to meet the needs of the employer. Other identified facilitators for this model include the **support from the peer support provincial lead** and the **community of practice**.

Facilitators for the CBO Honorarium Model

In this model, **connection of supporters to the administrators** was a facilitator; however, with little interaction with the health support team. In this context, periodic meeting with the administrators was described as a facilitator for implementation. However, unlike the two other models, the peer supporters had no major

interactions with the mental health support staff. Despite this difference, their connection to the administrators aided in the review of their service documents and inspired them to perform their peer support responsibilities. They also had open channels to reach out to the administrators as needed. As described in other models, the **provincial training**, **supervisor training**, and the **community of practice** were facilitators that empowered the volunteers to function in their roles. As one interviewee summed it up:

> "I think the Health Authority has done a really good job with their training model." *(Participant 17).*

Barriers

This was assessed using the qualitative data gathered from program administrators, peer supporters and peer clients. The findings were presented under each model of operations.

Barriers for the SHA Employee Model

Drawing from the reflections from peer clients, supporters, and staff, there were three main challenges for this model. These include, **pay grade for peer supporters**, **misleading job description for peer support position**, and **peer clients' understanding of peer support mandate**. First, the participants described that the peer supporters get paid lower relative to their education, dedication and work obligations. They believed that reclassification and compensation should be considered for the long-term to address potential issues with turnover. Second, they described that the description on the job posting for peer supporter was misleading, which was considered a downfall at the commencement. Finally, a number of peer clients shared that there was some level of discrepancy between expectations they had prior to referral and actual experience with the supporter, particularly with respect to the type of acceptable relationship with their supporter. This was earlier discussed within the *"Navigating Professional Boundaries*" theme pertaining to challenges within the Peer Support program.

Barriers for the CBO Employee Model

The main challenges that emerged from this model were **turnover of peer supporters** and **reliability of peer supporters**. It would appear that the service delivery in this region had faced challenges with recruiting and retaining supporters. Among the concerns raised by administrators were the following:

> "We've been without a peer support. We just hired someone into the position so, they're training throughout the month of June. But we've been, for months and months, without a peer support." *(Participant 22)*.
>
> "Well, we have been without a peer support worker since about February…We've posted the job many times and we just haven't been successful in finding somebody. We're just in the process of going through the hiring process again." *(Participant 1)*.

Another challenge which was highlighted by the participants was the reliability of the support worker in and the difficulty of monitoring their overall health. As described by a clinician:

> "So, my client keeps asking me "Well, do you know how so and so is doing? I'm worried about her and I want to make sure she's okay." *(Participant 20)*.

From this previous quote, concerns were extended to peer clients when their associated peer supporter was facing some recovery challenges. This was also earlier discussed in the first objective as the theme "*Turnover of Peer Supporters*" within the description of the challenges within the Peer Support program.

Barriers for the CBO Honorarium Model

The main challenges observed with this model were **turnover among peer supporters** and **client dissatisfaction**. Similar to the descriptions above, recruiting and retaining were challenges within this model. Although, several volunteers were brought onboard, they were not all retained, and this led to dissatisfaction among a few peer clients. For example, one client said:

> "Yes, I guess. I'm supposed to talk to people and get out more, so, I feel like I'm achieving that partially with him." (Participant 36).

It can be observed from the quote above that the client believed there is only a partial impact from the support being received. As another client stated:

> "…so I'm asking if I can get this new guy that's filling in for my regular one…I just felt a little shy around the first one, but the second one I felt comfortable right away. *(Participant 28).*

Although, client dissatisfaction that was expressed in the previous quote might be due to the nature of the match with the peer supporter or the peer clients' personality, the statement showed the type of challenge faced in operating with several volunteers, who may not feel adequately prepared for their roles. In addition, this concern may be attributed to the screening criteria for the volunteers. One clinician speaking about the hiring of peer supporters, stated:

> "I don't know if that is practical to have a certain program where they also include people that maybe are needing less direction." *(Participant 12).*

This clinician was emphasizing the need for the volunteers to show competence in the delivery of support.

Lessons Learned

This was assessed using qualitative data gathered from program administrators, peer supporters and peer clients. Given the nature of data in which most participants felt the initiative was working well, the findings in this section were presented as themes across all the models. The themes that emerged as recommendations across all models of operation include improvement in training, improvement in supporter-team interaction especially with clinicians, increased capacity for peer supporters, and more awareness and expansion.

Theme 1: Improvements in Training

Participants reflected that the peer support training including the mentorship and guidance through the community of practice has been helpful. However, there were recommendations for improvement in training, by various participant groups which are further described. The training recommendations include more training for peer supporters and training for clinicians.

First, it was suggested that there is need to **invest in more training for peer supporters**. From a program coordinator's perspective, it was suggested that training on the guiding principles for peer supporters should be improved to better equip them beyond the use of lived experiences in addressing circumstances. Administrators also suggested basic IT training for peer supporters, particularly to ensure consistency of service and virtual delivery of support during unforeseen circumstances like the COVID-19 pandemic. From a clinician perspective, it was suggested that peer supporters should receive education in cognitive behavioural therapy and motivational interviewing to better support their peer clients. In addition to recommending starting their training earlier, peer supporters suggested the integration of training in the area of addictions and suicide prevention; however, such recommendations were not always in line with overarching values of a peer support system (e.g., self-determination; Peer Support Canada, 2019). For example, one peer supporter stated:

> "You really can't help them try to get better if they're still putting substances in their body that don't really help them." *(Participant 4)*

Second, **training for clinicians** was recommended for better understanding of the complementary nature of the initiative. Participants reflected that a training of this manner has a better chance of success when delivered by the clinical managers or the health authority. It was not discussed that clinicians lacked an understanding of the initiative but rather for a more structured plan to educate clinicians particularly to further explore opportunities to improve team-based approach to client care.

> "We found, in the beginning, the peer leaders were trained and the peer supervisors were trained, but the referring clinicians with the CRT team hadn't been trained or hadn't learned about peer support yet, so they were slow to give referrals in the beginning, so maybe having them all trained within the same block of time or time period within the same month so that everyone's on the same page and things can get rolling more smoothly." *(Participant 21)*

Theme 2: Improvements in Peer Supporter–Team Interactions

The data showed that there is **a need for peer supporters to have a better connection to the support staff, including the clinicians and the mental health team**, as appropriate in each model. There were suggestions for a more structured interaction between peer supporters and the clinicians, as described by a clinician below.

> "For this program to be successful, I feel like we also need a clinician community to support the peer support workers too, so they fully understand the individual they're going to be working with. So, that's what I do is I arrange to sit down and put that time aside to meet with them. I don't know what other clinicians do." *(Participant 20)*

The quote above suggests that this type of structure may be better implemented in individual models given the uniqueness of the initiative across respective sub-provincial regions. Meanwhile, a provincial commitment

towards this type of interaction as part of peer support implementation plan would ensure commitment and provide a better team-based and client-based care. Furthermore, some participants suggested that improving connections between peer supporters and the mental health team can facilitate discussions around ethical matters such as confidentiality and boundaries may help to provide peer supporters with another frame of reference for professional interactions with peer clients in matters such as ethics, confidentiality, and boundaries.

> "You want boundaries, but you don't want too many boundaries, so there's that kind of walking the fine line between genuine relationships, so then sometimes they're like, 'Should I –' a lot of questions are brought up about boundaries, so just a little education on boundary setting. Once she gets that, she'll probably figure it out a lot better, but yeah." *(Participant 14)*

It was believed that the insights gathered from the team were invaluable to the peer supporters. This was not only observed among the teams with peer supporters as staff in an employee model but also in CBO honorarium models where interaction with the support staff was also recommended. For example, it was suggested by an administrator that retaining volunteers and lowering turnover is dependent on the extent to which peer supporters themselves feel supported to carry out their roles, as described below.

> "And so, I find myself very blessed that I am in charge of a person who's a part of the team and if she has a problem she can come forward and ask, and be able to clarify if there's any problems and work through it. Because that's only fair. Because if not, the peer support people would get frustrated and they'll leave. *(Participant 11)*

Theme 3: Increase in Peer Supporters

This theme emerged across all the models including those who had little issues with turnover of peer supporters. It was established earlier that some models were without a peer supporter for months and others had several volunteers that discontinued possibly due to loss of interests or relapse. In spite of the varying rates of challenges, it was collectively believed that **more regional peer supporters were needed to increase reach of peer clients being served**. As one administrator stated:

> "Just have room or have more peer supporters so that if more people want peer support without overloading one person, and that everyone would have the opportunity." *(Participant 21).*

This was also recommended to ensure consistency of service, as mental health recovery can be complex even for peer supporters. In some regions, it was difficult getting volunteers to fill the roles; however, the integration of part-time opportunity was suggested.

The qualitative data provided an equivocal perspective that some support staff had concerns with hiring individuals going through mental health recovery. Therefore, it was suggested by one administrator that these types of preconceived notions should be addressed to foster equity in care and service.

> "You have to have trust in all your staff, but may you staff slip up? Yes. There's no more of a slip-up within a peer support worker than there is with any general staff." *(Participant 11).*

Meanwhile, this viewpoint was not described as a factor that diminishes the outcome they were seeing from the initiative but rather that the integration of peer supporters serves as a complimentary approach that should be encouraged within the mental health and addictions continuum of care. Further, there were recommendations for diversification of experiential knowledge from peer supporters. This would mean having peer supporters from diverse background, culture, and mental health experience, as described below.

> "Yes, we need people to support, but we also need the peer supporters, and we need a huge diversity of peer supporters, so yes, cultural diversity and everything, but also class diversity and lived experience diversity and just all walks of life diversity so that all humans in our community can be supported by other humans in our community, you know what I mean?" *(Participant 19)*

The recommendation from the quote above also provides relevance to the expansion of the initiative. The initiative has continued to grow within the province and it was sensed from the participants' reflections that having plans that expands the reach of the initiative was a recommendation. This has been further discussed under the next theme below.

Theme 4: Greater Awareness and Expansion

Participants believed that more provincial awareness of the initiative is required. It was also demonstrated that within regions where the peer support initiative was operating, more awareness is required. Going back to the previous quote, which was from a peer supporter, she further demonstrated the extent of unmet needs along with the potential value of the initiative as described.

> "I don't think the program is well-known enough by average people in the community, and I think it could be valuable to the entire cross section of the human population, like from high powered, you know, overworked professionals to transient people at the homeless shelter, I do see how peer support can be applicable to all of those people." *(Participant 19)*

Further, participants suggested that the initiative could extend to addictions support as well as child and youth support within the province. Further, the role of the healthcare system in an expansion was demonstrated by participants, as they believe the provincial business plans for mental health sector should transcend clinical treatments and harm reduction strategies to more investment in recovery support strategies.

Discussion

In order to relate the findings of this evaluation back to the original program evaluation plan, the results of this study are summarized according to the three objectives that were presented: implementation of models across sites (including successes, challenges, and lessons learned), experience of peer clients and peer supporters (including benefits and challenges), and consideration of recovery outcomes according to the different models implemented across sites.

Objective 1: Evaluating Peer Support Program Implementation

The first objective within the Peer Support Evaluation Plan was to assess the implementation across sites, with particular attention to differences between peer support models. The interview analyses focused on

facilitators, barriers, and lessons learned. Although a number of specific process questions (e.g., how peer supporters were recruited and trained, effectiveness of initial and ongoing training, how peer supporters were matched to peer clients) and questions about tailoring and adaptation of the program within different local contexts were posed in the initial evaluation plan, these were not ultimately explored in the evaluation.

A strong connection between peer supporters and the mental health team was a facilitator within both employee models, with CBO employees being referred to the Project Lead to address concerns regarding support provision and interactions with peer clients. Unlike the SHA Employee Model, the CBO employee model did not include ongoing contact between clinicians and peer supporters, which was identified as a valuable aspect of the SHA employee model. For both CBO models, having a strong connection with SHA, support from the Peer Support Provincial Lead and/or other administrators, and having a community of practice were additional facilitators. Provincial and supervisor training were additional facilitators identified for the CBO Honorarium Model in particular. Additionally, peer supporters working within the SHA Employee Model noted the flexibility in working with peer clients (e.g., scheduling, service adaptation during the COVID-19 pandemic) and open and ongoing dialogue were additional benefits under that model.

The main barriers within the SHA Employee Model that were identified via interviews pertained to pay and a mismatch between the job description and actual duties. It was also expressed that peer clients were not always clear about the scope of the peer supporter role. CBO peer supporters within both the employee and honorarium models reported peer supporter turnover as a major issue, with those reflection on the CBO Employee Model identifying issues with the reliability of peer supporters as an additional challenge and overall client dissatisfaction as a challenge specific to the CBO Honorarium Model.

Suggestions were made for how all models could be strengthened, including increasing investment in the training of peer supporters as well as clinicians, strengthening connections between peer supporters and mental health team and clinician staff, increasing the overall number of peer supporters available, and increasing awareness of the Peer Support Program with an eye toward expansion throughout the province.

Objective 2: Experiences of Peer clients and Peer Supporters

In surveys and interviews, peer supporters and peer clients expressed numerous benefits for peer clients, centering around four themes: emotional self-regulation (including increasing independence, building self-confidence, and fostering a positive outlook on life), social connectedness (including improving interpersonal skills, addressing social concerns, building authentic connections, and developing a sense of belonging), and moving forward (including feeling of fulfillment and exploring new opportunities). Peer supporters reported some similar benefits, including improvements in their own emotional self-regulation, having a positive outlook on life, and feeling a sense of accomplishment.

Challenges within the program were identified via interviews with peer clients, peer supporters, clinicians, and staff/administrators. The main challenges pertained to turnover of peer supporters, time-limited support (due to expectations that peer clients should expect to meet their goals and subsequently “graduate” from the program), scheduling issues, and successfully navigating professional boundaries between peer clients and peer supporters.

Objective 3: Recovery Outcomes by Peer Support Model

Objective 3 could not be effectively assessed with the available data. There was insufficient data to compare quantitative findings across sites and/or programs. Comparisons of models using interview data are addressed within the facilitators and barriers described within Objective 1.

Conclusions

Overall, interviewees within a variety of roles (peer clients, peer supporters, clinicians, and administrators) found value in the CRT peer support program. The bulk of the evidence was qualitative, arising from in-depth analysis of one-on-one interview data. The results of surveys conducted with peer supporters and peer clients reinforced these themes.

Limitations

A few limitations within this evaluation must be noted. First, it must be noted that although low numbers of participants generally suffice for in-depth analysis of detailed qualitative data such as that collected via semi-structured interviews, for in-depth statistical analyses, a larger sample is required. Although there was a large number of interviewees (*n* = 41) spanning numerous roles and peer support models, the sample size for the survey was quite small, particularly for peer supporters (*n* = 14). Even among peer clients (*n* = 37), the sample size was not large enough to explore differences between communities or models of peer support. This is likely due at least in part to the limited number of peer clients and, in particular, peer supporters filling these positions. Nevertheless, the small number of participants precluded in-depth statistical analyses and the community or model levels; thus, only descriptive statistics were reported.

This limitation, in turn, impacted the ability to fully address the evaluation questions as they were initially posed, particularly with respect to recovery-oriented outcomes by peer support model (Objective 3). Objectives 1 and 2 could be more fulsomely addressed by relying primarily upon the qualitative data.

Implementation questions (Objective 1) asked of participants in the interviews primarily focused on Questions 2 and 4 (facilitators and barriers, as well as overall lessons learned). This drift in focus may be attributable, at least in part, to continuity issues arising from evaluator staff turnover after development of the program logic model and again after surveys were deployed and the interviews had been conducted and analyzed.

Recommendations

The findings of this evaluation provide insights into facilitators of success in the provision of peer support across the province, as well as challenges experienced. Drawing upon feedback received from peer clients, peer supporters, clinicians, and the administrators, coordinators, and supervisors interviewed and the themes that emerged in the analysis of the interview data, the following recommendations are offered as suggestions for strengthening the CRT Peer Support Provincial Program going forward.

Ongoing Data Collection and Monitoring

It is recommended that consistent program delivery data be collected and analyzed from all eight programs affiliated with the CRT Peer Support program. Program delivery metrics should be determined, and may include indicators such as: number of sessions provided to each peer during service, number of weeks of service, median length of time from client inquiry/application to being matched with a peer supporter, median length of time from being matched to initial meeting, and methods of communicating with clients. Initial data collection could be used to set baseline goals for service provision and ongoing data collection and reporting (e.g., quarterly) would help to ensure that services are being provided in a manner that is both timely and in keeping with the principles of peer support.

Additional details about program delivery, the compensation model used, and community may provide insight into potential patterns if there are disparities in other metrics (e.g., community size, geographic location). Client exit surveys, including some of the questions included in this evaluation, may be helpful to provide additional information about peer client satisfaction, which would be of relevance and interest to program stakeholders. Data could be collected before involvement in the program, after the peer support sessions have concluded, and after a follow-up period (e.g., 3 months, 6 months) in order to examine immediate and longer-term implications of the program. Such research should be guided by the outcomes listed in the program logic model (see Appendix).

Initiatives to Support Recruitment and Retention of Peer Supporters

Retention and turnover of peer supporters was recognized as a challenge and several respondents indicated that the nature of the role, in practice, did not always align with the position as advertised. It was suggested that this may, in turn, impact peer supporter satisfaction and retention rates. It is recommended that a new "Peer Supporter" job description be created for SHA employees in this role, in light of concerns that the "Community Program Builder" Job Description does not, on paper, sufficiently reflect the realities of the role.

With few peer support roles in the province, there are not many opportunities for advancement for Saskatchewan peer supporters, and turnover of staff emerged as a challenge on many teams. Further attention is needed on how to recruit and retain skillful peer support employees to allow expertise in the field to grow and skilled staff to stay with programs. This could be a topic for further discussion at Community of Practice meetings for peer supporters as well as regular meetings of supervisors and directors.

Update Training to Address Identified Areas of Need

There are several enhancements that could be made to build upon existing training, based on the feedback received in the course of conducting this evaluation. Suggestions include:

- Increasing training on building independence and supporting a strength-based recovery approach to help address confusion among peer supporters and peer clients about why peer support is not provided as a long-term or "forever" service.
- Sharing the logic model for peer support widely, including as a part of training for peer supporters, clinicians, and supervisors to increase understanding of what peer support fully entails and its potential applications.

- Revamping the Ethics & Boundaries training module in order to further clarify differences between peer support and friendship, risks involved with boundary or ethics violations, and using scenario-based learning to practice how to respond when boundaries are challenged.
- Ongoing clinician training to increase understanding of peer support.

Increase Awareness of Peer Support

The findings of this evaluation suggest that there are opportunities to increase the profile of peer support within Saskatchewan. Key demographics for focusing these efforts include referring care providers, SHA staff and leadership, and the general public. Sharing the results of the evaluation more widely via brief reports and/or lay summaries may help to increase awareness of the program. Such efforts could be supported by developing an overall communications plan for peer support, including internal and external communications. This could include:

- A website for CRT/MHAS & CBO Partner Peer Support programs, to serve as a central resource where people can get information about peer support in general, as well as how to access it within the right communities it is currently offered (possibly with links to peer support services in other departments/organizations).
- Increased media and social media presence for peer support programs.
- Using existing channels of communication targeting clinicians and leadership within SHA (e.g., newsletters, listservs).
- Creating an Introduction to Peer Support video, infographic, or other visual tool to help increase not only awareness of peer support but also understanding of peer support values and its mandate, with special attention to areas of need identified in this evaluation, such as areas of confusion about the peer support mandate among peer clients.

Identify Ways to Optimize Scheduling and Client Follow-Through

As part of ongoing data collection and monitoring, it is recommended that the frequency of challenges such as no-shows, cancellations, and scheduling issues be tracked, along with data that may provide some insight into patterns or root causes. This would help the program to make informed decisions about how to best meet the needs of clients and encourage follow-through; for example, there may be indicators to suggest that offering after hours appointments or warmline services (i.e., a peer support service similar to a mental health hotline, but not intended for emergency needs) may warrant exploration.

Strengthen Relationships between SHA and CBO Programs

It is recommended that initiatives intended to strengthen relationships within and between programs be continued and further built upon, where possible, such a Communities of Practice, supervisor training, meetings among multiple stakeholder groups, and co-reflection about challenges and potential opportunities for development. Related to the earlier recommendation regarding increasing awareness of peer support, increasing awareness about the partnerships between SHA and CBO programs among SHA clinicians may encourage new referrals.

Conclusion

The Community Recovery Team Peer Support Program is an innovative approach to supporting mental health and well-being for Saskatchewan residents. Peer support has gained popularity over the last two decades as a

means of providing support to individuals experiencing mental health and/or addiction challenges by people with similar lived experience. Introduced within SHA in 2018, this evaluation of the Peer Support Program marks an opportunity to reflect on the successes and challenges of this program and review the lessons learned, five years post-implementation. The findings of this evaluation may have implications for consideration of program continuance and potential expansion, increasing awareness and reach, and decisions regarding which model(s) of peer support may be supported going forward.

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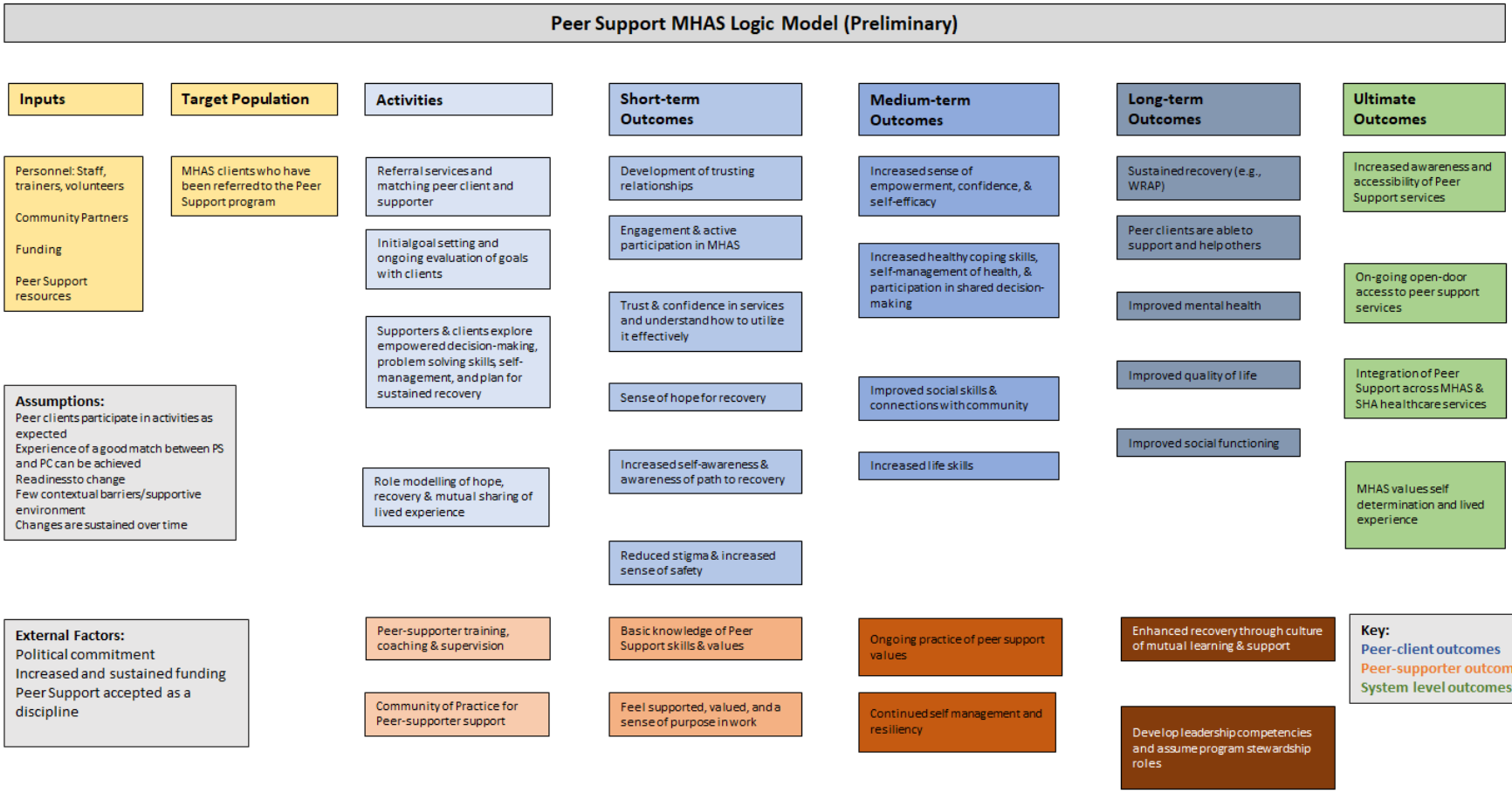
Appendix: Program Logic Model



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