Guidelines for Peer Support Programs: An International Consensus Project

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The Issue:

- Peer support programs have emerged as standard practice in high-risk organisations
- Rationale: meeting legal and moral duty to care for employees, as well as addressing barriers to standard care
- The literature: mostly descriptive studies, often with small samples and cross-sectional designs, or longitudinal designs without comparison groups
- Little consensus in how peer support is defined, its goals, how programs are implemented & their effectiveness across a range of outcomes – identifying parameters of consensus is important for assisting the field to move forward
The Purpose of the Project:

• To collaborate and develop expert consensus guidelines on peer support programs using the Delphi methodology across:
  (a) the goals of peer support;
  (b) selection of peer supporters;
  (c) training and accreditation;
  (d) the role of mental health professionals;
  (e) the role of peer supporters;
  (f) access to peer supporters;
  (g) looking after peer supporters;
  (h) program evaluation.
What was the Process?

• The Delphi method of enquiry recognises the value of experts’ opinions, experience and intuition when full scientific knowledge is lacking

• Following a search of peer reviewed literature, 73 statements were developed
What was the Process?

• Experts raters answered online surveys in three rounds. Upon consideration of other participant’s responses, raters had the opportunity to reassess their original scores.

• Raters provided feedback on items, and items were modified to clarify their intent as rounds progressed.

• Raters indicated the level to which they agreed or disagreed with each statement using a 9-pt scale (1=completely disagree, 9=completely agree).

• Ratings between 1 & 3 = ‘disagreement’, 4 & 6 = ‘neutrality’ and 7 & 9 = ‘agreement’.
What was the Process?

• Consensus was reached when 70% or more of raters scored the statement in the same direction
• In Rounds 2 & 3, statements that failed to reach consensus in the previous round were re-rated
• For each statement, summary statistics indicating the percentage of raters who agreed, disagreed or were neutral in the previous round were provided
• By the end of the process, 81% of statements reached consensus
Who were the Expert Raters?

• 123 potential raters were invited to take part in this study, and 92 (75%) expert raters from 17 countries responded.

• The final group included peer supporters, peer support co-ordinators, academics/researchers, trainers/educators, managers/administrators, policy-makers and clinicians.
Who were the Expert Raters?

Raters represented:

a) High risk organisations such as emergency services, military, humanitarian aid organisations, health and mental health services

b) Peer support programs external to organisations, targeting a more generic population such as journalists or veterans

c) The research community
What did we Find?

• On the basis of the consensus statements, **eight guideline recommendations** were developed covering:
  
  (a) the goals of peer support;
  (b) selection of peer supporters;
  (c) training and accreditation;
  (d) the role of mental health professionals;
  (e) the role of peer supporters;
  (f) access to peer supporters;
  (g) looking after peer supporters;
  (h) program evaluation.
Key Areas of Consensus - Goals of Peer Support

• Consensus was reached that the main goals are to:
  (i) provide an empathetic, listening ear;
  (ii) provide low level psychological intervention;
  (iii) identify peers who may be at risk to themselves or others; and
  (iv) facilitate pathways to professional help.

• The goals do not relate solely to recovery from a traumatic or stressful incident, but to psychological and physical health and well-being more broadly.
Key Areas of Consensus - Goals of Peer Support

• Peer support is not intended as a treatment for psychiatric disorder

• Peer support should not be used for advocating in disputes with management, nor is it primarily designed to improve job performance or organisational efficiency
Key Area of Consensus- Selection of Peer Supporters

• To become a peer supporter, the individual:
  a) must be a member of the target population,
  b) should have considerable experience within the field of work of the target population
  c) should be respected by his/her peers

• Potential peer supporters should undergo a formal application and selection process
Key Areas of Consensus- Training and Accreditation

• Peers should receive training in the basic skills (i.e. listening skills, psychological first aid, & information about referral options)

• They should not receive training in higher level interventions such as prolonged exposure or cognitive restructuring

• Potential peers should meet specific standards in their training before commencing their role and participate in on-going training, supervision, review, and accreditation
Key Areas of Consensus- Training and Accreditation

- Mental health professionals should occupy the position of clinical director and should be involved in supervision and training

- Specialist support should be available when required, but that there is no expectation that the mental health professional should be consulted on every case
Key Areas of Consensus- “Client” Contacts: Access and Role

- Peer supporters should not limit their activities to high risk incidents but, rather, should be part of routine employee health and welfare – informal peer support as a routine part of a day’s work was seen as integral to a successful program.

- Peer supporters should not generally see “clients” on an ongoing basis but should seek specialist advice and offer referral pathways for more complex cases.
Key Areas of Consensus- “Client”

Contacts: Access and Role

• In some cases, support will be required for extended periods (especially, for example, in programs for specific populations such as veterans).

• Peer supporters should maintain confidentiality (except when seeking advice from a mental health professional or in cases of risk of harm to self or others)
Key Areas of Consensus- “Client”
Contacts: Access and Role

• Peer supporters should be offered as the initial point of contact after exposure to a high risk incident unless the employee requests otherwise.

• In other situations, employees should be able to self-select their peer supporter from a pool of accredited supporters.
Key Areas of Consensus- Looking After Peer Supporters

• Recognising the importance of looking after peer supporters if the program is to be sustainable

• Peer supporters should be easily able to access care for themselves from a mental health practitioner if required

• In terms of fulfilling their role, peers should be able to access expert advice from a clinician and should engage in regular peer supervision within the program
Key Areas of Consensus - Evaluation

- Programs should establish clear goals, linked to specific outcomes prior to commencement.

- They should be evaluated, by an external independent evaluator on a regular basis.

- Evaluations should include quantitative & qualitative feedback.
In Summary

• This is the first study to generate a consensus from a group of international experts working in the field of peer support

• Given the lack of a consistent approach to implementing peer support, such a consensus is vital to provide the foundation upon which effectiveness research can be built.

• These guidelines may be used as a starting point for the design and implementation of future peer support programs in high risk organisations.
Citation:


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