CENTRE FOR INNOVATION IN PEER SUPPORT

Peer Support &
Ontario Program Standards

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Centre for Innovation in Peer Support (Centre) is embedded in Support House. The Centre promotes & facilitates the meaningful engagement, empowerment and enhanced capacities of people with lived experience and families, as well as effective peer support services regionally, provincially, nationally and internationally.

How to Use This Resource

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Legal

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About the Centre

The Centre for Innovation in Peer Support provides both direct service and system focused supports across Ontario. The Centre for Innovation in Peer Support team has a robust expertise in the application of the *Guiding Standards of Peer Support.*

The Centre has been recognized as a "benchmark of excellence" in peer support, and meaningful co-design and engagement of people with lived/living experience and family & caregivers.

The Centre's Focus: Professional Peer Support

The Centre focuses on providing, and supporting the practice of *professional peer support*.

The practice of professional peer support is emotional, social and/or practical support delivered by mutual agreement by persons who self-identify as having lived/living with similar circumstances and/or challenges. Professional peer support workers have engaged in training and skill development to enhance their ability to support empowering and empathetic relationships with others in their pursuit of self-determined wellness and/or change (Hopkins & Gremmen, 2022).

Professional peer support is when those with personal lived/living experiences work or volunteer in designated roles in mainstream/traditional services while ensuring that the critical aspects of hopefulness, recovery-orientation, empowerment, non-judgmental acceptance, and trust are promoted within the peer support relationship. Professional peer support is an intentional service provided where there is an identifiable 'giver' and 'receiver' of care. Professional peer support workers uphold the fidelity of peer support, while also honouring the responsibilities of their workplace (Hopkins & Gremmen, 2022).

For more information on professional peer support, we invite you to read *Understanding Peer Support: A Proposed Core Service in Ontario* on our Resource Hub

Supporting Provincial Systems & Partners

The **Centre's Provincial, Systems & Partner** stream works within the mental health and substance use/addictions system to support peer staff, supervisors, and organizations from the approach of the *Guiding Standards of Peer Support* with a focus on professional peer support. The Centre also supports organisations to empower people with lived experience and/or family/caregiver experience through meaningful engagement and co-design.

Our full programing is offered through our **Virtual Learning Centre & Resource Hub** which supports the most current, best practices in Peer Support. Through our **Virtual Learning Centre**, we offer trainings, consultation, our peer professional development webinars, and provincial communities of practice. Our **Resource Hub** is home to our toolkits, models, and resources. All of these offerings support the implementation and practice of peer support within Ontario.

We continue to evolve, listening to input from our stakeholders across the province to identify gaps and needs within the system, and using quality improvement processes to pivot, pilot, evaluate and then scale and spread new innovations in peer support.

Supporting People Engaging in Services

The **Centre's Peer Programming** stream began as a consumer survivor initiative under the name TEACH (Teach, Empower, Advocate for Community Health) in 1999. TEACH later came to be housed at Support & Housing Halton (now Support House) and continued to evolve in order to meet the needs of our community, eventually amalgamating with Support House's peer support provincial systems & partner support program, the Centre for Innovation in Peer Support.

Today, the Centre's Peer Programming utilizes its expertise from having provided peer support services for over 23 years in the Halton-Mississauga region to offer quality programs that are designed, developed, implemented, and evaluated by people with lived experience. This stream is focused on peer-led psychosocial and rehabilitative programming. Together, we build community and connection through creating safe spaces to heal and grow for people navigating mental health and substance use/addiction challenges, as well as supporters/families.

Our History

In 2014, the Mississauga Halton LHIN Mental Health & Addictions Leadership Table began discussing future funding priorities. Peer support was identified as the main priority. After consultations and research, the Mississauga Halton LHIN created the Enhancing and Sustaining Peer Support Initiative in 2015. This initiative created peer support positions, supported service coordination, and supported the training and development of these positions across the region.

Support & Housing Halton (now Support House) became the lead agency that hired and housed the Peer Support Systems Lead and the Substance Use & Provincial Systems Lead in a program that would become the Centre for Innovation in Peer Support (Centre). This team worked to sustain the new peer support positions that had been funded, build infrastructure, and bridge the many stakeholders impacted by this initiative.

In January of 2020, the Centre amalgamated with Support House's direct-service-facing peer support program, TEACH. The Centre now has a direct service stream of peer support programming as well as a system and partners stream, which has grown beyond the Mississauga/Halton area to include the entire province of Ontario.

About Support House:

Support House is directed by our core values. They guide our agency's decisions and actions, unite our staff, define our brand, and inspire our culture. We put people first – our supports are **person directed**. We **connect and engage** and start conversations to build and maintain relationships. We focus on **health and wellness** practices to inspire our culture. All employees are required to adhere to our values-based Oath of conduct.

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Introduction

Over the years there has been an effort to establish standards for common healthcare roles. These standards identify best practices, informed by evidence and field expertise to create a framework for roles to be implemented and sustained across providers.

Intent

Peer Support is a profession that supports a number of contexts. When the profession of peer support occurs in these different contexts, they assume a variety of different roles. While peer supporters' roles may have different tasks specific to their working contexts, their approach to their role will still be guided by the profession of peer support; that is, the ***Values of Peer Support***, demonstrated through the use of values-based actions. This resource highlights the intersection of Peer Support and Ontario Program Standards and the expectations of Peer Supporters while in these roles.

Mental Health Commission of Canada's Values of Peer Support

Source: (Sunderland et al., 2013)

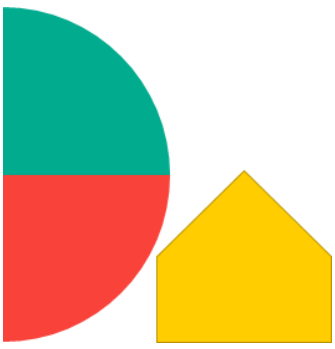
- Hope and Recovery
- Self-Determination
- Health & Wellness
- Empathetic & Equal Relationships
- Dignity, Respect & Social Inclusion
- Integrity, Authenticity, & Trust
- Lifelong Learning & Personal Growth

Recognition & Resource Integrity

The Centre for Innovation in Peer Support would like to recognize all of the authors, committees and teams involved in the creation of the various standards addressed throughout this resource. Healthcare advocacy, innovation and quality improvement is a mission we pursue together. As a multidisciplinary system dedicated to meeting the needs of those who engage with our supports, we have the privilege of supporting and empowering people to achieve their wellness goals.

Throughout this resource there are several direct quotes from standards as the Centre felt it imperative to represent these program standards accurately, please see the reference page for our sources. It is important to note that as the system engages in critical dialogue and quality improvement processes that standards may be revised and updated. This resource is consistent with the messaging and standards as of the citation date, written above.

PROGRAM STANDARDS WITH PEER SUPPORT EMBEDDED



Assertive Community Treatment (ACT) Teams

Ministry of Health and Long-Term Care

[View the Ontario Program Standards for ACT Teams, Second Edition]

Introduction

"Assertive Community Treatment (ACT) is a **client-centered, recovery-oriented mental health service** delivery model that has received substantial empirical support for facilitating community living, psychosocial rehabilitation, and recovery for persons who have the most serious mental illnesses, have severe symptoms and impairments, and have not benefited from traditional out-patient programs" (Ministry of Health and Long-Term Care, 2005 -a).

"ACT teams are required to adhere to these Standards" (Ministry of Health and Long-Term Care, 2005 -a).

ACT Philosophy

"Compassion and respect for persons with severe mental illness and their experiences understanding and belief in recovery concepts and clients determining their own goals; and client and family involvement in all activities that shape the quality of ACT services" (Ministry of Health and Long-Term Care, 2005 -a).

Required Staff

The ACT Team standards outline minimum staffing requirements for ACT Teams to operate. Peer Support Workers are one of the necessary professions required on an ACT Team. ***"A minimum of 1 [full time] peer specialist on either an urban/full size team or a rural/ smaller size team is required***" (Ministry of Health and Long-Term Care, 2005 -a).

Peer Support Workers' Role on ACT Teams

"A person with relevant skills and experience who is, or has been, a recipient of mental health services for serious mental illness holds this position. **Because of life experience with mental illness and mental health services, the peer specialist provides expertise that professional training cannot replicate.** Peer specialists are fully integrated team members functioning in the team's generalist role, who also provide highly individualized services and **promote client self-determination and decision-making**. **Peer specialists also provide essential expertise and consultation to the entire team to promote a culture in which each client's point of view and preferences are recognized, understood, respected and integrated into treatment, rehabilitation, and community self-help activities"** (Ministry of Health and Long-Term Care, 2005 -a).

"ACT team staff shall meet at regularly scheduled times for **treatment/ service planning meetings**. At each treatment/service planning meeting the following staff should attend: the team coordinator, the psychiatrist, the service coordinator, individual treatment/service team members**, the peer specialist** and all other ACT team members involved in regular tasks with the client" (Ministry of Health and Long-Term Care, 2005 -a).

Compensation

"The peer specialist **must be paid a salary commensurate with other staff members**. In addition, consumers who have the credentials can be employed in any of the other required positions and should be paid at the professional rate" (Ministry of Health and Long-Term Care, 2005 -a).

Supervision

"Clinical Supervision is a systematic process to review each client's clinical status and to ensure that the individualized services and interventions that team members (**including the peer specialist**) provide are effective and planned with, purposeful for, and satisfactory to the client. The team coordinator and the psychiatrist have the responsibility to provide clinical supervision that occurs during daily organizational staff meetings, treatment/service planning meetings, and in individual meetings with team members. Clinical supervision also includes review of written documentation (e.g., assessments, treatment/service plans, progress notes, correspondence)" (Ministry of Health and Long-Term Care, 2005 -a).

Required Services

Peer Support Services Within ACT Teams

"ACT teams are expected to promote client-centred practices by the deployment of a peer specialist, the active participation of clients in service planning and development, and the creation of opportunities for clients to be able to bring forth complaints and suggestions to a third party without fear of adverse impact on the services rendered. **Peer support services serve to validate clients' experiences and to guide and encourage clients to take responsibility for and actively participate in their own recovery. In addition, services help clients identify, understand, and combat stigma and discrimination against mental illness and develop strategies to reduce self-imposed stigma.**

Services include:

1. Judicious utilization of self-disclosure and sharing of life experience to serve as mentor and role model;
2. Assisting clients to recognize and develop coping mechanisms to deal with symptoms and social stigma;
3. Educating staff within the team regarding the consumer perspective on the mental health system and assisting the team to maintain a client-centred approach that maximizes client participation and empowerment;
4. Advocating for development of consumer initiatives within the community and identifying opportunities for client empowerment; and
5. Introducing and referring clients to consumer self-help programs and advocacy organizations that promote recovery" (Ministry of Health and Long-Term Care, 2005 -a).

In the ACT Standards' initial listing of service "peer counselling and consultation" is also mentioned as a support. It is important to observe the authors' definition of peer counselling, as Peer Support Workers are not psychotherapists (Ministry of Health and Long-Term Care, 2005 -a).

Peer Counselling Definition: "Peer Counselling is counselling and support provided by team members who have experience as recipients of mental health services for serious mental illness. Drawing on common experiences as well as using and sharing his/her own practical experiences and knowledge gained as a recipient, peer counselling is supportive

counselling that validates clients' experiences and provides guidance and encouragement to clients to take responsibility and actively participate in their own recovery" (Ministry of Health and Long-Term Care, 2005 -a).

Peer Support Practice - Potential Conflicts & Considerations

Medication Administration & Supervision

Administering, and supervising medication is one of the tasks that may be done by an ACT team. Administering substances by injection or inhalation, including medication is a controlled act under the *Regulated Health Professions Act, 1991.*

A controlled act may be delegated when a regulated health professional who is legally allowed to perform an act decides to delegate the ability to someone else to perform that act, who would otherwise be unable to perform it legally.

Each regulated profession has specific procedures and stipulations about whether acts can be delegated, who they can be delegated to and how they are to be delegated. The colleges of registered healthcare professionals specify that their members ensure the delegatee (the person they are delegating the act to) is able to accept the delegation, that the delegatee possesses the knowledge, skill and judgment to perform the controlled act safely and ethically, and that the delegation is appropriate for the service recipient. It is also important to note that other individuals are not obligated to accept and carry out an act delegated to them, they may reject the delegation.

The Centre for Innovation in Peer Support encourages peer support workers to decline the delegation of controlled acts as they are outside the scope of the role, expertise and training, creating risk of harm in performing this task; and these acts do not align with the *Values of Peer Support.*

Administering oral medication is not a controlled act, however it is important to note that while peer support workers may be legally allowed to administer oral medication, this action still remains outside the scope of their role.

Administering and/or supervising medication has significant potential to disrupt **Empathetic & Equal Relationships**. These actions are taken from a place of expertise "above" the person engaging with services, rather than an equal relationship that mitigates power imbalances. There is also significant potential to disrupt **Self-Determination**. People engaged in services may not want to take the medication prescribed to them.

Organizations should assess which team members are best suited to administer and supervise any type of medication. Even small, rural ACT Teams require a minimum of two registered nurses, a psychiatrist and one other clinical staff member. This means that even in smaller teams there at a minimum of four staff belonging to professions with medical expertise, capable of completing this task.

Professional/Clinical Judgements

In peer support practice, assessments and documentation should reflect the self-identified needs of the peer, not the "professional judgements" of the Peer Support Worker. In any assessment where there are professional or clinical judgements, or the supporter re-assesses the person's scores, the values of **self-determination** and **empathetic and equal relationships** are not honoured, therefore these assessments would not align with peer support. Peer support workers may utilize assessments that allow for the peer to self-identify areas of need or wellness goals such as the OCAN self-

assessment or the Canadian Personal Recovery Outcome Measure. Documentation should reflect the practice of peer support and objective observations, verbal or behavioural without subjective interpretation.

*While peer supporters do not exercise professional/clinical judgements regarding a person's needs, plan of support or areas for growth, peer supporters are able to assess safety concerns.

Compliance

Compliance may arise as a part of community treatment orders, organization instructions, or by direct instruction from officials in the justice system. **Peer support workers do not seek to ensure compliance, as their practice is aligned with the value of self-determination and participation in a peer support relationship is ideally voluntary.** While the person engaged in services may still be obligated to comply, peer support workers do not steer people towards compliance, including medication adherence and program participation. Peer support workers should share any legal responsibilities regarding reporting with the person engaging with services and may explore outcomes of actions to ensure informed decisions are made.

Identification of a Peer Support Worker as a Counsellor

Peer support workers are not counsellors. While counselling is an unregulated term in Ontario, it is often associated with psychotherapy techniques, and professional assertions of what a person may be thinking, feeling, or need in order to feel well. Counselling also often comes with follow-up actions the person is directed to explore and report back on. Once again, these actions do not support **empathetic and equal relationships or self-determination.**

The ACTT Standards have clarified that when they identify that peer support workers may offer "peer counselling and consultation" that means, "Drawing on common experiences as well as using and sharing his/her own practical experiences and knowledge gained as a recipient, peer counselling is supportive counselling that validates clients' experiences and provides guidance and encouragement to clients to take responsibility and actively participate in their own recovery" (Ministry of Health and Long-Term Care, 2005 -a). This definition is in alignment with the Mental Health Commission of Canada's *Values of Peer Support* and the Centre for Innovation in Peer Support's *Peer Support Values in Action.*

PROFESSION NON-SPECIFIC PROGRAM STANDARDS

Intensive Case Management

Ministry of Health and Long-Term Care

View the Intensive Case Management Service Standards for Mental Health Services and Supports

Introduction

"Intensive case management services are a key part of the continuum of mental health services and supports for people with serious mental illness. Intensive case management promotes independence and quality of life through the coordination of appropriate services and the provision of constant and on-going support as needed by the consumer. The **direct involvement of the consumer** and the development of a **caring, supportive relationship** between the case manager and the consumer are integral components of the intensive case management process. Intensive case management is responsive to consumers' multiple and changing needs, and plays a pivotal role in coordinating required services from across the mental health system as well as other service systems (i.e., criminal justice, developmental services, addictions). Case managers fulfil a vital function for consumers by **working with them to realize personal recovery goals**. Case managers work to build a trusting and productive relationship with the consumer and to provide the support and resources that the consumer needs to achieve goals, stabilize his/her life and improve his/her quality of life" (Ministry of Health and Long-Term Care, 2005 -b).

Features of Intensive Case Management

"Intensive case management is more than a brokerage function. It is an intensive service that involves **building a trusting relationship with the consumer and providing on-going support to help the consumer function in the least restrictive, most natural environment and achieve an improved quality of life**. The case manager maintains involvement, as consumer needs change and cross service settings" (Ministry of Health and Long-Term Care, 2005 -b).

Intensive Case Management Functions

- Outreach and Consumer Identification
- Assessment and Planning
- Direct Service Provision/Intervention
- Monitoring, Evaluation and Follow-up
- Information, Liaison, Advocacy, Consultation and Collaboration
  (Ministry of Health and Long-Term Care, 2005 -b).

Peer Support Practice - Potential Conflicts & Considerations

Case Management is a role carried out by a number of professions which often include social workers, social service workers, and child & youth care practitioners. The Centre reviewed the Intensive Case Management Standards to explore if there were any potential conflicts with peer support workers working in this role. In reviewing the standards, there is a way of approaching case management in which peer support workers could work in this role. However, **the Centre does not promote the designation of peer support workers as case managers** as the practice of peer support is distinctly different from the other professions mentioned and traditionally, in Ontario, this role has

not accounted for how the unique elements of peer support would be integrated into a case management role, creating severe risk of peer support workers drifting from the fidelity of peer support while practicing.

If an organization were to explore the utilization of peer support workers in case management roles, they would need to carefully consider their program structure, implementation and promotion, ensuring that the *Guiding Standards of Peer Support* are at the role's core.

Professional/Clinical Judgements

In peer support practice, assessments and documentation should reflect the self-identified needs of the peer, not the "professional judgements" of the Peer Support Worker. In any assessment where there are professional or clinical judgements, or the supporter re-assesses the person's scores, the values of **self-determination** and **empathetic and equal relationships** are not honoured, therefore these assessments would not align with peer support. Peer support workers may utilize assessments that allow for the peer to self-identify areas of need or wellness goals such as the OCAN self-assessment or the Canadian Person Recovery Outcome Measure. Documentation should reflect the practice of peer support and objective observations, verbal or behavioural without subjective interpretation.

*While peer supporters do not exercise professional/clinical judgements regarding a person's needs, plan of support or areas for growth, peer supporters are able to assess safety concerns.

Compliance

Compliance may arise as a part of community treatment orders, organization instructions, or by direct instruction from officials in the justice system. **Peer support workers do not seek to ensure compliance, as their practice is aligned with the value of self-determination and participation in a peer support relationship is ideally voluntary.** While the person engaged in services may still be obligated to comply, peer support workers do not steer people towards compliance, including medication adherence and program participation. Peer support workers should share any legal responsibilities regarding reporting with the person engaging with services and may explore outcomes of actions to ensure informed decisions are made.

Use of Lived Experience

While the standards do not inhibit the sharing of lived experiences, there is also no mention of it being understood and valued as a supportive technique. With this, there is room for individual service providers to make the case that it is not a part of the role. **While sharing of similar lived experiences may not be a part of case management, it is a pivotal component of the profession of peer support.**

Crisis Response Services

Ministry of Health and Long-Term Care

[View the Crisis Response Service Standards for Mental Health Services and Supports]

Introduction

“Crisis response services are a key part of the continuum of mental health services and supports for people with serious mental illness. Crisis response services offer treatment and support to individuals experiencing a crisis. They provide immediate relief from symptoms, prevent the condition from worsening and resolve the crisis as soon as possible. Because mental health crises differ in their origins and symptoms, crisis response services must be able to respond to individual need by providing a range of appropriate services in a variety of settings. Services must be integrated and coordinated within the broader mental health system to meet differing needs, including those of individuals currently accessing other mental health services as well as those accessing the mental health system for the first time through crisis response services.

Crisis response services provide individuals with timely access to a variety of crisis service options such as telephone crisis response, walk-in services, mobile crisis outreach, crisis residential services, and psychiatric emergency/medical crisis services. These services reduce unnecessary hospitalization and improve quality of life for individuals experiencing a mental health crisis through symptom relief and access to on-going support to prevent future crises.” (Ministry of Health and Long-Term Care, 2005 -c).

Features of Crisis Response Services

“A crisis is defined as the onset of an emotional disturbance or situation distress (which may be cumulative) involving a sudden breakdown of an individual’s ability to cope.

Crisis response services are part of an integrated system of mental health services and should provide timely access to a wide range of crisis options on a 24 hour basis. Active treatment and support is offered in a variety of environments as soon as possible after an individual is identified as in acute distress. Services should provide immediate relief of symptoms and rapid stabilization so the condition does not worsen. Crisis response services also offer the opportunity to develop longer-term treatment and rehabilitation plans and have the potential to mobilize community resources and avert the need for short and/or long-term hospitalization.” (Ministry of Health and Long-Term Care, 2005 -c).

Crisis Response Service Functions

- Assessment and Planning
- Crisis Support/Counseling
- Medical Intervention
- Environmental Interventions and Crisis Stabilization
- Review/Follow-up/Referral
- Monitoring and Evaluation
- Information, Liaison, Advocacy, Consultation and Collaboration
  (Ministry of Health and Long-Term Care, 2005 -c).

Peer Support Practice - Potential Conflicts & Considerations

Peer support fits within the Crisis Response Service Standards. Peer support workers can support crisis with the appropriate training, just as other professions do. Their ability to empathize with a person experiencing crisis, supports the building of a trusting relationship, where safety can be supported and needs can be shared. Peer support workers also acknowledge the importance of confidentiality, while also sharing its limits (duty to report, duty to protect). "The role of a peer support worker includes understanding the situation, appreciating the perception of the peer, recognizing the severity of the problem and responding in an appropriate manner" (Sunderland et al., 2013).

Peer Support Workers should be trained to:

- "[Understand] the specifics of the crisis and the perception of the peer, as fully as possible
- [Recognize] the severity of the crisis and [follow] life-saving protocols when necessary
- [Support] a peer through the crisis in a manner that ensures safety while helping them develop a plan and a more hopeful outlook
- [Explore] options such as community resources" (Sunderland et al., 2013).

Professional/Clinical Judgements

In peer support practice, assessments and documentation should reflect the self-identified needs of the peer, not the "professional judgements" of the Peer Support Worker. In any assessment where there are professional or clinical judgements, or the supporter re-assesses the person's scores, the values of **self-determination** and **empathetic and equal relationships** are not honoured, therefore these assessments would not align with peer support. Peer support workers may utilize assessments that allow for the peer to self-identify areas of need or wellness goals such as the OCAN self-assessment or the Canadian Person Recovery Outcome Measure. Documentation should reflect the practice of peer support and objective observations, verbal or behavioural without subjective interpretation.

Safety Exception: While peer supporters do not exercise professional/clinical judgements regarding a person's needs, plan of support or areas for growth, peer supporters are able to assess safety concerns. In alignment with other professionals, peer support workers seek to ensure that a person is safe from severe harm to themselves, that they are not at severe risk of causing serious harm to others, and that children under the age of sixteen are not at risk of harm. Whenever possible, peer support workers involve the person engaged with services in the assessment and assurance of safety. Peer support workers should be presented with the same supervision and training opportunities as other professionals to further develop their ability to support safety.

Restraints

When people are experiencing crisis, they may exhibit behaviours that initiate program policies and procedures that require the person be restrained. When a person is restrained the values of **self-determination** and **empathetic and equal relationships** are not honoured and may impact a peer support worker's ability to uphold **dignity, respect, and social inclusion**, therefore this action conflicts with the *Values of Peer Support*. Peer support workers can be of support to those who have been restrained through supportive debriefing.

Safety Exception: The initiation of restraints does not support the values of **self-determination** and **empathetic and equal relationships.** However, when restraints are absolutely required to ensure the safety of the person, the peer support worker, or others in the space; **and there are not other staff available to take these actions**, a peer support worker may initiate a physical restraint until safety can be assured, in alignment with their organization policies and procedures. Restraints should only be used after all other de-escalation techniques have been unsuccessful and when there is an imminent safety concern. Peer support workers should be presented with the same supervision and training opportunities as other professionals to further develop their ability to support safety. Serious injury can occur when untrained professionals attempt to restrain others.

Use of Lived Experience

While the standards do not inhibit the sharing of lived experiences, there is also no mention of it being understood and valued as a supportive technique. With this, there is room for individual service providers to make the case that it is not a part of the role. **While sharing of similar lived experiences may not be a part of crisis response services, it is a pivotal component of the profession of peer support.**

STANDARDS WITH LINKAGES TO PEER SUPPORT

Mental Health Diversion/ Court Support Services

Ministry of Health and Long-Term Care

View the Program Framework for: Mental Health Diversion/ Court Support Services

Introduction

"In Ontario and other jurisdictions, mental health diversion and court support programs have been developed to provide mental health services and supports to adults with mental health needs who are in contact with the criminal justice system. These programs help to divert people who have a mental illness from entering the justice system, and/or provide mental health services to those in the criminal justice system.

Diversion/court support programs encompass a variety of services and supports, including crisis response/emergency services, safe beds, housing, case management, **peer support**, and links to social, education and employment supports, etc" (Ministry of Health and Long-Term Care, 2006).

Goal

"To re-direct people from the criminal justice and corrections systems to appropriate mental health services and supports where possible, while considering the safety and security of the person and the public" (Ministry of Health and Long-Term Care, 2006).

Core Functions for Mental Health Diversion/Court Support Services

"Diversion/court support services are part of the comprehensive continuum of mental health supports and services. In order to meet client needs and facilitate access to the range of supports and services required to provide the core functions, services and supports will be linked across and within the mental health, criminal justice, and social service systems" (Ministry of Health and Long-Term Care, 2006).

Linkages to Peer Support

Peer Support is identified as a support that there should be linkages with for pre-charge diversion, court support and post-conviction.

The Program Framework for: Mental Health Diversion/ Court Support Services further emphasizes the efficacy of peer support, "Peer support workers have direct experience with mental illness and provide unique non-clinical services and supports as part of the mental health team including: **information and referral, skills training, emotional support, goal setting and attainment, advocacy, role modeling, interpersonal skills**" (Ministry of Health and Long-Term Care, 2006).

Peer Support Practice - Potential Conflicts & Considerations

Compliance

Compliance may arise as a part of community treatment orders, organization instructions, or by direct instruction from officials in the justice system. **Peer support workers do not seek to ensure compliance, as their practice is aligned with the value of self-determination and participation in a peer support relationship is ideally voluntary.** While the person engaged in services may still be obligated to comply, peer support workers do not steer people towards compliance, including medication adherence and program participation. Peer support workers should share any legal responsibilities regarding reporting with the person engaging with services and may explore outcomes of actions to ensure informed decisions are made.

Early Intervention Psychosis

Ministry of Health and Long-Term Care

View the Program Policy Framework for Early Intervention in Psychosis

Introduction

"[Early Intervention Psychosis] programs are designed to serve people with psychosis related to serious mental illness, such as schizophrenia, schizoaffective disorder, mood disorder, delusional disorder and bi-polar disorder" (Ministry of Health and Long-Term Care, 2011).

"Early psychosis intervention programs are intended to serve people between the ages of 14 and 35 who meet the following criteria:

- are experiencing symptoms of a psychotic disorder, and
- have received either no treatment for psychosis or 6 months or less of treatment for psychosis"
  (Ministry of Health and Long-Term Care, 2011).

Psychosocial Support for Clients

"**Programs encourage healthy peer support.** They link clients to peer support services in the community. If no such service exists, programs create opportunities for clients to connect with same-age peers" (Ministry of Health and Long-Term Care, 2011).

Family Education & Support

"The team identifies or develops appropriate opportunities for families to connect with support groups, network with other families, **and train to be peer facilitators**" (Ministry of Health and Long-Term Care, 2011).

"Education and support services for families may be provided by professionals and/or by **other families who have experienced similar challenges**" (Ministry of Health and Long-Term Care, 2011).

ADDITIONAL RESOURCES TO EXPLORE

Centre for Innovation in Peer Support's

Provincial Systems Virtual Learning Centre & Resource Hub

for Peer Supporters & Organizations

Support House's Centre for Innovation in Peer Support's full programming is offered through our Virtual Learning Centre & Resource Hub which supports the most current, best practices in Peer Support.

Through our Virtual Learning Centre, we offer trainings, consultation, our Peer Professional Development Webinar Series, and provincial communities of practice. Our Resource Hub is home to our educational toolkits, documents and videos. These offerings support the practice and implementation of Peer Support within Ontario.

Products on our Resource Hub:

- ***Guiding Standards of Peer Support*** (from Mental Health Commission of Canada, Peer Support Canada & Centre for Innovation in Peer Support)
- ***An Overview of Mental Health & Addictions Care Professionals in Ontario***
- ***Understanding Peer Support: A Proposed Core Service in Ontario***

CLICK HERE TO VISIT OUR VIRTUAL LEARNING CENTRE & RESOURCE HUB

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References

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