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EVIDENCE SUMMARY

WHAT IS THE EVIDENCE FOR PEER SUPPORT IN YOUTH MENTAL HEALTH?

This evidence summary is for clinicians, service managers, peer workers, policymakers and anyone else interested in the current evidence for peer support in youth mental health.

It will provide an overview of what peer support is, then summarise the evidence for it and discuss some of the issues concerning the current available evidence. It will finish by providing recommendations for future research in the field.



WHAT IS PEER SUPPORT IN MENTAL HEALTH?

This evidence summary focuses on the inclusion of peer workers within the mental health system (rather than peer-led or peer-run services).

In mental health, peer support is the provision of recovery-oriented support to people with mental health challenges by peer workers. Peer workers are people who have a lived experience of mental health and life challenges and who are at a stage of recovery where they feel able to support others. Such peer workers should be provided with appropriate training and supervision, and be well integrated with clinical and other staff within mental health services.¹

Best practice peer support is underpinned by the values of human rights, dignity, lived experience and reciprocity.²⁻⁵ Guided by these values, best practice peer support can be defined and summarised by its four central tasks:⁶

Connection – a genuine connection between peer workers and the people they support is central to the concept of peer support.

Worldview – peer workers and the people they support should work to develop their understanding of why and how they think, feel and act in the ways that they do, including

a consideration of what cultural and experiential factors have led to this.

Mutuality – shifting away from a unilateral, ‘service-type’ relationship towards a bilateral, ‘community relationship’. This allows both the peer worker and the people they support to feel valuable and valued in the relationships they engage in on the road to positive growth.

Moving towards – instead of focusing on problems and solutions, peer support focuses on goals and desires. That is, it is proposed to be ‘vision and action’ oriented, rather than ‘problem and solution’ oriented.

Although the roles of peer workers can vary, peer support involves four main responsibilities:⁷

- to help people develop and capitalise on their own resilience, gifts and talents;
- to advocate for and empower people to make their own decisions, including choosing to let trusted others have a role in making treatment decisions;
- to promote and help people improve their quality of life in a manner that reflects their individual priorities and values; and
- to advocate for equity, resources, supports and quality of care in mental healthcare systems.

TABLE 1. THE VALUES, TASKS AND RESPONSIBILITIES IN BEST PRACTICE PEER SUPPORT

VALUES	TASKS	RESPONSIBILITIES
Human rights	Connection	Help people develop and capitalise on their resilience and individual strengths.
Dignity	Worldview	Advocate for and empower people to make their own decisions.
Lived experience	Mutuality	Help people improve their quality of life in line with their individual priorities and values.
Reciprocity	Moving towards	Advocate for equity, resources, supports, and quality of care.

Peer support is increasingly recognised as a component of best practice in early intervention services.⁸ As a result, countries such as Australia, New Zealand, Canada, the US and the UK are starting to acknowledge peer support as an important part of mental health programs.^{1,4,9-11}

PEER SUPPORT IN BRIEF

Peer support is a reciprocal relationship that involves someone with lived experience of mental health and life challenges supporting and advocating for someone who is in an earlier stage of recovery. Best practice peer support is delivered in a manner that is respectful, non-critical and non-judgemental. It may differ from traditional models of care in that it is recovery-oriented (vs. symptom- or deficit-oriented), reciprocal, necessarily involves shared experiences and responsibility for recovery, and emphasises promoting individual strengths, empowerment, independence and hope.





HOW HAS PEER SUPPORT BEEN STUDIED?

This evidence summary will focus on the outcome-based effectiveness of peer support interventions. While randomised controlled trials (RCTs) and controlled trials have been conducted on the effectiveness of peer support for adults, we acknowledge that these ‘gold standard’ approaches usually apply within a medical model that may not be appropriate for peer support, which seeks to operate beyond a clinical, medical or deficit model.⁴

Peer support is recovery-oriented and relationship-focused, rather than deficit-oriented and outcome-focused. Randomised controlled trials are clinical trials based on the assumptions that there is a deficit (such as low mood) that an intervention (such as psychological therapy or medication) can potentially correct.

At present, there is no single agreed-upon gold standard strategy for determining the evidence for peer support as there is for interventions within the medical model. This can make it difficult to effectively summarise the evidence and provide a big-picture overview. Despite this theoretical mismatch between peer support theory and medical model evidence standards, a handful of RCTs, systematic reviews and meta-analyses have been conducted and may be used as an indication of the state of the evidence until a gold standard approach is determined.

WHAT DO PEER SUPPORT STUDIES LOOK LIKE?

Two main types of peer support outcome studies have been conducted: ‘superiority’ studies and ‘equivalence’ studies.¹²

Superiority studies assess whether peer support is better than (i.e. superior to) ‘treatment as usual’. Treatment as usual is what a person would normally receive at a mental health service and

is typically used as a ‘control’ group in clinical trials. The question that superiority studies seek to answer might be phrased as: Is it beneficial to add peer support to usual mental health treatment?

Equivalence studies assess whether peer support results in the same outcomes as treatment as usual. The question that these studies seek to answer might be phrased as: Does peer support result in the same outcomes as treatment as usual? In the latter case, where no difference is found between peer support and treatment as usual, this is considered a success because peer support was found to be just as good as usual treatment.

Where peer support is at least equivalent to treatment as usual, this aspect additionally introduces the possibility of broader, unique benefits to the peer workers and the mental healthcare teams within which they operate due to the inclusion of a lived experience workforce (although this possibility is yet to be rigorously confirmed).^{1,13}



WHAT IS THE EVIDENCE FOR PEER SUPPORT IN MENTAL HEALTH?

There is little research on peer support in youth mental health. Because of this, we will begin by summarising the results of the few high-quality reviews and meta-analyses from the adult peer support literature. This will be followed by a section discussing the current evidence for peer support in youth mental health, and how future studies in the youth field are likely to align with the adult literature.

WHAT IS THE EVIDENCE IN ADULTS?

Many reviews report a range of benefits of peer support to adults in recovery from mental ill-health. There are also reports of direct benefits to the peer workers themselves, as well as to the healthcare providers that employ them. For example, some reports detail increased self-esteem, mental health, well-being and

hope in peer workers as a result of their work.^{1,13} Others have reported that including a peer worker in a mental healthcare team can enhance the workplace culture, as well as levels of empathy and commitment to recovery within the team.¹

It is important to note that although studies have reported no significant differences between people receiving peer support and those receiving treatment as usual on many of the measures summarised in the quick reference table below, studies rarely find worse outcomes as a result of peer support.^{14,15} This is important when considering that peer support provides a unique perspective based on lived experience, which may otherwise be overlooked by service providers. The value of this should not be understated. Even where peer support effects are small, it may still be advantageous in that it provides the same outcomes with a unique lived experience focus that frames empathetic service provision, as well as contributing to a more sustainable mental health workforce.

EVIDENCE FOR PEER SUPPORT: QUICK REFERENCE TABLE

This quick reference table summarises the evidence from high-quality reviews regarding the outcomes of peer support for its recipients.

Note that this table is a quick reference guide to the more detailed text in the following section: "What are the outcomes in adults?"

It reflects the limited available evidence to date. More high-quality evidence is needed before strong conclusions can be drawn about the outcomes of peer support.

OUTCOMES	YES The current evidence suggests that peer support is likely to lead to improvements.	MAYBE There is currently inconsistent evidence that peer support leads to improvements. Further research is required to clarify this.	NOT CURRENTLY Current evidence does not suggest that peer support leads to improvements. More high-quality evidence is needed.
Hope	●		
Recovery		●	
Crisis/emergency services use		●	
Empowerment/self-efficacy		●	
Hospital admission		●	
Quality of life		●	
Social functioning			●
Mental health symptoms			●
Service engagement			●
Service satisfaction			●

HOSPITAL ADMISSION

The findings on hospital admission are mixed. Overall, systematic reviews and meta-analyses report that peer support does not make a difference in hospital admission rates or length of stays, as they are commonly measured in the literature.^{15,16} However, less rigorous reviews and some cost-benefit analysis reports present different findings. For example, although it was not a peer-reviewed study, a high-quality report for the Centre of Mental Health in the UK that calculated the cost-benefit ratio of peer workers to psychiatric hospital bed use,¹⁸ showed that of the six quantitative outcome studies included:

- four reported a strong cost-benefit ratio in favour of peer support reducing hospital bed usage;
- one study was weakly in favour of this; and
- one found peer support to result in increased hospital bed usage.

When the results of all of these studies were averaged, there was an overall cost-benefit ratio of between nearly 4:1 in favour of peer support reducing the cost of inpatient psychiatric bed use.

Peer support may reduce hospital admission and hospital bed use, however the current evidence is inconsistent and varies according to how this outcome is measured, analysed and reported.

QUALITY OF LIFE

Most of the high-quality systematic reviews and meta-analyses of peer support have found no significant improvement on quality of life for people who received peer support for mental ill-health.¹⁵⁻¹⁷ However, when one systematic review and meta-analysis teased apart studies of differing levels of quality and modes of delivery, they found that there was an overall small increase in quality of life for people with severe mental ill-health receiving peer-delivered interventions when compared to treatment as usual. However, there was no difference between groups for the high-quality trials that compared intervention delivery by peers to intervention delivery by healthcare professionals.¹² This indicates that this type of intervention may be what is leading to reported increases in quality of life, regardless of who it is delivered by.



WHAT DOESN'T PEER SUPPORT CURRENTLY SEEM TO DO?

Despite some favourable findings in less rigorous reviews and individual studies, aggregate evidence from high-quality systematic reviews and meta-analyses has not identified any benefit to peer support over and above treatment as usual for the following outcomes:

- mental health symptoms;^{12,15,16}
- social functioning;^{12,15,17}
- client engagement in services; and^{15,17}
- client satisfaction with service.^{15,16}

This does not mean that peer support does not improve these outcomes; but rather that the current evidence indicates that it does not improve these outcomes over and above treatment as usual, or as delivered by a healthcare professional.



WHAT DO WE KNOW ABOUT PEER SUPPORT WITH YOUNG PEOPLE?

Most of what we know about peer support and its outcomes comes from studies of adults, who may have experienced more chronic or prolonged mental ill-health. There is comparatively little evidence on peer support in youth mental health.^{1,9,17,19,20} All of the previously discussed issues that limit the evidence quality and quantity in the adult research also apply to the youth mental health research.^{9,21} For example, a 2017 scoping review of any published literature on youth peer support services (published between 1983 and 2014)⁹ identified 43 documents, of which only 10 per cent had an RCT design. None reported adequate methodological information or tested specific hypotheses regarding the efficacy of peer support. Based on this, the scoping review was unable to determine the value of peer support services in youth mental health.

This is particularly disappointing given that the projected value of peer support in youth mental health is potentially stronger and more compelling than it is in adult mental health, based on the following contextual issues.

TRANSITION PERIOD FROM CHILDHOOD TO ADULthood

The challenges faced by young people in the transition from childhood to adulthood are nuanced and complex. These include things like identity exploration, increased risk-taking, complicated relationships with friends and family, and challenges associated with establishing independence.^{9,22,23} Further, since most mental illnesses emerge during this time, a young person experiencing mental ill-health is likely to be dealing with this at or near its point of onset, with the accompanying unique (new) distress and knowledge or experience deficits.^{23,24} Therefore, people with current lived experience of these issues are more likely to be considered credible by young mental healthcare consumers, theoretically making them better placed to engage young people in the mental healthcare system than adult clinicians.⁹

UNINTENDED POWER IMBALANCE

There can also be an unintended power imbalance that accompanies the age gap between a young person and clinician. This power imbalance may be complicated by issues with authority arising from the independence-establishment processes that a young person is going through.²³

By definition, peer support eliminates power dynamics and emphasises mutuality.³ Further, although this has not yet been supported by research, there are increasing reports from the community and peer support experts that peer support is particularly helpful to young people from diverse cultural backgrounds and traditionally underrepresented communities, such as Aboriginal and Torres Strait Islander, culturally and linguistically diverse, and LGBTI young people. This may again be due to the importance of specific, relatable lived experience in supporting youth mental health during this formative time. All of this is argued to uniquely place peer support in a position to benefit young people experiencing mental ill-health, and to address the issues that adult service providers typically face with youth engagement.^{3,21}

EMERGING EVIDENCE FOR YOUTH PEER SUPPORT

Promising evidence regarding youth peer support is starting to emerge. For example, a 2018 review assessed the outcomes of three studies that compared the outcomes of young people undergoing treatment by mental healthcare teams with and without peer workers.³ The review concluded that peer support led to improvements in mental health, positive social behaviour and life skills. Those receiving support from peer workers working independently of a healthcare team demonstrated improvements in substance use, delinquency, job-retention, confidence, hopefulness, empowerment, academic success, school completion, interpersonal skills and relationships.

Further, the post-intervention results of one peer support program conducted in headspace Gosford indicated that peer support as part of a shared decision-making intervention increased young peoples' perceived participation and decreased their levels of conflict in their treatment decisions.²⁵

Overall, the little evidence there is for peer support in youth mental health is promising, and warrants further high-quality research to replicate and confirm these benefits, and explore further potential benefits.



WHAT IS THE EVIDENCE AROUND IMPLEMENTATION OF YOUTH PEER SUPPORT?

Implementation is a dynamic, complex process that can be influenced by people, processes, interventions and contexts.²⁶ Current evidence for the implementation of peer support in mental health settings relates mainly to adult peer support models.²⁷ However, the available research on peer support in youth mental health highlights some common challenges and enablers to implementation. Practical tips on implementing a youth peer support model in a health setting can be found in Orygen's youth peer support [implementation toolkit](#) and you can reflect on your progress using the [implementation checklist](#).

ROLE CLARITY

Available literature on implementation of peer support in youth mental health services consistently highlights challenges around peer worker role clarity.^{9,25,28-30} This can include unclear understandings of responsibilities, purpose and benefits of youth peer support, with reports of role clarity being an issue for both peer workers and non-peer staff.^{25,28,29} Challenges around role clarity are reported across youth and adult peer support models, likely related to unclear mechanisms of the outcomes and unique non-clinical value of peer support roles.²¹

ORGANISATIONAL CULTURE

Organisational culture is known to influence the implementation of evidence-based practices in healthcare settings.³¹ Projects implementing youth peer support in mental health services have reported issues related to organisational culture, such as concerns from service staff about being able to talk freely about experiences that may be traumatic to youth peer workers, peer workers having access to client information and peer staff working with past clients.^{25,29} While such concerns may be a challenge, research has also found that support from senior leadership for peer support may be a key factor for its successful implementation within youth mental health.^{28,30,32}

TRAINING, SUPPORT AND PROCESSES

A scoping review on peer support in youth mental health highlighted the importance of training and supervision for successful implementation.⁹ Available research indicates that youth peer support training and supervision should be tailored to developmental stage and level of professional work experience, with the aim of building capacity in skills and knowledge as well as in job confidence, persistence and resilience.^{9,21,28,32} Several youth peer support projects have emphasised mentorship and the need for regular, individualised supervision.²⁸⁻³⁰

The benefits of support networks within and beyond an organisation have been reported for peer workers of all ages, and for young people these may include family and peers.²⁸

RECOMMENDATIONS FOR FURTHER RESEARCH

Although the literature on peer support is growing, strong evidence for peer support in mental health is currently limited. This makes it difficult to draw confident conclusions about its effectiveness.^{13,17,19,21,33} It has been argued that randomised controlled trials (RCTs) – the gold standard for testing interventions – would be difficult to do in the case of peer support.¹⁹ In addition to challenges conducting RCTs, variance between existing studies makes it difficult to summarise findings.

These challenges include differences in the definition of the peer support role, diverse and poorly documented contexts in which it is carried out, inconsistent comparison conditions (for example, peer support vs. treatment as usual, no treatment, a different intervention, etc.), and diversity in outcome measures.^{3,5,9,17,19} This means that results from different studies cannot be meaningfully compared, and a reliable evidence base therefore cannot be formed.

Overall, the evidence points to a number of potential benefits of peer support in youth mental health. However, due to the poor quality of the evidence, a conservative approach is warranted when drawing policy or program implications based on it.

Future research might be able to help shed light on this by investigating the following questions:

- What is peer support in youth mental health? What does it involve? (A single, agreed-upon definition of the peer support role in mental health.)
- What are the components of peer support interventions that are (most) effective?
- What are the mechanisms that underpin the positive effects of peer support? (How does peer support help?)
- What can we use as standardised, universally implemented measures of commonly investigated outcomes?
- Is peer support especially beneficial for groups of young people who are typically underrepresented (e.g. Aboriginal and Torres Strait Islander, culturally and linguistically diverse, LGBTI), as has been reported by the community?
- How can peer support be best implemented in youth mental health programs?

Further studies along these lines will provide invaluable and necessary clarity on the role and benefits of what appears to be a very promising component of intervention in youth mental health.

FURTHER INFORMATION

- [Orygen peer support team](#)
- [Orygen vocational services](#)
- [Together to Live toolkit](#)
- [Peer work hub, Australia](#)
- [Centre of Excellence in Peer Support, Mental Health](#)

RELATED RESOURCES

- [Clinical practice point, "How to peer." Introduction to youth peer work in mental health services](#)
- [Fact sheet, Youth peer support + youth mental health](#)
- [Fact sheet, Vocational peer support + youth mental health](#)
- [Fact sheet, Family peer support + youth mental health](#)
- [Implementation checklist: youth peer support](#)
- [Implementation toolkit: youth peer support](#)
- [Toolkit, Youth peer work toolkit](#)
- [Training module, Youth mental health peer support 101](#)
- [Video, Thoughts of a youth peer worker](#)
- [Video, Thoughts of a family peer worker](#)

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EVIDENCE SUMMARY WRITERS

Rebekah Anderson
Dr Isabel Zbukvic

EVIDENCE SUMMARY CONSULTANTS

Dr Magenta Simmons, Senior Research Fellow
Nicholas Fava, Policy Officer

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