

2 | YOUNG ADULTS IN THE PEER PROVIDER ROLE

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BENEFITS AND POSITIVE OUTCOMES

“I was going to this program for a few months and I wasn’t getting anywhere. I was feeling better in a way... the medications helped... but I was just there... saw my psychiatrist and attended a few groups, but it was like I was frozen in time. Then one day, the psychologist I was seeing said that she wanted to introduce me to someone who had been there and could give me the help I didn’t think I was getting called her a peer specialist. Oh my god, this person had pretty much been where I was. She was working full time, and told me I was not alone. She brought me to groups and introduced me to other people trying to get out of this. I was so much more hopeful, and she started talking about me going back to school, and she helped me with that, and I’m there. But would not be here without the peer specialists”

Implementation of the young adult peer role can have a multi-dimensional set of benefits for society, as summarized in the table below. We have previously discussed how the unique properties of peer support can educate, inspire, and strengthen the client to take steps towards his/her recovery. In that spirit, it is clear that young adult clients benefit greatly from engaging with near age peers who are further along in their recovery. Young adult peers can share similar and recent experiences of vocational and social disruption. The sense of mutuality, closeness, and trust between peer and client directly generates hope and confidence. Young adult clients begin to see that their painful experiences have meaning, enhancing their capacity to be empathetic and help others. A YA peer’s very presence within an agency or program setting demonstrates to clients that they can re-engage in desired vocational and social pursuits in a relatively short period of time and without waiting for “full recovery.” The table below summarizes the scope of these positive impacts:

Positive Impacts of Introducing YA Peer Role	
Beneficiary	Positive Impacts
Young Adult Clients	<ul style="list-style-type: none"> ▪ Hope ▪ Empowerment ▪ Self-esteem ▪ Symptom reduction

Non-Peer Staff	<ul style="list-style-type: none"> ▪ Learn about recovery potential for clients ▪ Stigma reduction ▪ Increased insight into the lived experience
Young Adults with SMHC	<ul style="list-style-type: none"> ▪ Employment opportunities ▪ A foundation for future career pursuits
Service Systems	<ul style="list-style-type: none"> ▪ Engagement ▪ Effectiveness ▪ Cost-savings

The multidimensional impacts of peers within an agency that works with TAY diagnosed with SMHC include:

Client outcomes: Research shows that clients benefit in multiple ways from working with YA peers, from improvements in hope, self-determination, and mental health to improvements in postsecondary educational attainment when that is the focus of the work.^{xiv} These benefits are likely to be stronger when the peer is working from an established curriculum, helping the client to set and achieve specific personal goals.^{xv}

Providers: Young adult peers strengthen clinical team performance by educating team members on the recovery process and by advocating for the inclusion of client preferences in treatment planning. Just by doing their job with integrity, YA peers will likely force staff to confront some stereotypical views they have of clients. In addition, YA peers, with their recent experience of transition-age mental health problems, are important engagement resources for young adults with SMHC.^{xvi} A recent study showed that giving a young adult client access to a YA “advocate” positively correlated with service satisfaction and participation in treatment planning.^{xvii}

Young adults diagnosed with SMHC often struggle to find and hold jobs. Like their age-related peers, young adults diagnosed with SMHC perceive employment as an opportunity to become a valued and independent member of society. The expanding peer role also likely has a positive impact on the vocational and career development of YA peer providers. The peer role provides these young adults with a new and unique opportunity to obtain a professional job. By working as a peer, these young adults are learning transferable skills, building resumes, developing a social network and making progress on their career path.

Service system: Client engagement is a major barrier to service use for young adults diagnosed with SMHC. Recent evidence shows that when a YA peer is part of a treatment team, young adults will be more likely to try treatment services, and engage with staff.^{xviii} In addition, effective YA peer services can result in cost savings, particularly by reducing the use of hospitals and emergency rooms.

THE CHALLENGES OF IMPLEMENTATION ^{xix}

- **Job inexperience.** Since the peer job often is the first professional position for a young person diagnosed with a SMHC, she or he may not yet understand the responsibilities of “work” and have difficulty adapting to workplace norms, particularly with regard to inter-office communications and attire.
- **YA peers are also in recovery,** and are likely to be contending with their own mental health struggles while concurrently providing support to young people facing a similar transition to adulthood.
- **The YA peer role itself can also be challenging.** For example, in practicing mutuality, YA peers must learn to balance respect for clients’ privacy with their duty to inform the provider and necessary entities when a client displays evidence of danger to self or others – or engages in high-risk behaviors that are negatively impacting engagement and/or progress towards goals.
- **Provider workplace culture** often presents serious challenges to young adult peer job success because their very presence on treatment teams challenges existing clinical paradigms. Most providers value a clinical approach involving professional expertise, relational boundary maintenance, and risk averseness, while peer support relies on a culture of informality, disclosure, and collaborative problem-solving. Historically accepted clinical models view the sharing of practitioner personal stories with clients as taboo and harmful – driven by the belief that clients come to professionals to share their struggles not the reverse.
- **Peer job clarity and confusion.** Provider staff often lack clarity on the specific duties and expectations of the peer role. Thus they have concerns about the introduction of the peer role’s impact on their own job, both in the treatment process and in employment hierarchy. This difficulty stems in large part from the peer role being poorly defined and staff not being educated on working with people/peers, who bring a different perspective to service provision. This role confusion can lead to conflict with peers on many levels, from treatment decisions to office policies. With this lack of clarity, team leaders may expect peers to carry out tasks contrary to peer role ethics, such as distributing medications and being a representative payee (responsible for managing the client’s supplemental Social Security income). The result is tension between peer and not-peer staff.
- **New non-peer staff job responsibilities.** It is generally expected that treatment staff are to work as a team, and thus improve outcomes and productivity. Thus, while the YA peer will likely reduce the workload some staff, staff will need to take on new responsibilities, including:
 - Connecting clients to YA peers providers;
 - Coordinating services in collaboration with YA peers,
 - Supporting the inclusion of YA peer voice in team meetings.Provider organizations however do not make this explicit for their staff, adding to job confusion and conflict.

- **Stigma.** In addition, recent research shows that at least some provider employees discriminate against people diagnosed with SMHC and attribute stereotypes to diagnostic labels. Among the most common stereotypes are that people diagnosed with mental health conditions lack the necessary knowledge, skills, and abilities for employment, and that they are more costly to employ. At times, there can also be resentment towards peer providers, who non-peer staff may perceive as threats to their jobs.^{xx} It is not uncommon for YA peers to report that their workplace is unsupportive of their work and their success.

On the other hand, we do know that some providers have effectively implemented the young adult peer role in a supportive and results oriented way.^{xxii} The fact is that young adult near-age peers greatly value their job and perceive it as an opportunity to use their lived experience to motivate and assist other young adults diagnosed with SMHC.

The next chapters of the toolkit provide employers with information and tools to leverage young adult peer enthusiasm and resourcefulness toward minimizing job implementation barriers and establishing the young peer role as a key adjunct to effectively engaging and supporting young adults in reaching their goals.