



For Public Release

Research Report – Mental Health Peer Support

Department of Opportunities and Social Development
Office of Addictions and Mental Health

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Research Report

How to use this document?

This report synthesizes findings from a **literature review, jurisdictional scan, and current state** analysis conducted in the context of disability and mental health. It is intended to be used as an evidence-building resource to:

- **Build shared understanding** of peer support models, practices, and gaps.
- **Inform future discussion** and planning.
- **Support thoughtful consideration** of where and how peer support may complement existing community-based mental health supports.

Research Limitations

- This research does not provide a comprehensive overview of the **full mental health service landscape** in Nova Scotia. The scope of the work was intentionally **focused on existing peer support offerings** in the context of disability and mental health, rather than all clinical or specialized mental health services.
- Findings are limited to **publicly available information** (in English) and documented sources.
- **Definitions of disability vary across jurisdictions**, alongside differing policy, legislative, and service system contexts, which limit direct comparability.
- **Peer support models differ widely in scope, structure, and intent across jurisdictions**, reflecting local needs and system design rather than a single standardized approach.

Research Approach & Methodologies

Research Objectives

Research Goals

To build a shared, evidence-informed understanding of disability-informed mental health peer support, including how peer supports are currently delivered for people with disabilities, **where gaps and barriers exist, and what design and implementation considerations** must be addressed to inform future service design in Nova Scotia. This phase focuses on learning, synthesis, and feasibility, drawing on evidence, comparator jurisdictions, and targeted engagement to support clear next-step decisions.

Objectives

The research seeks to:

1. **Understand current peer support models:** Examine how peer support is structured, delivered, and integrated with broader service systems across jurisdictions, with a focus on disability-specific mental health supports.
2. **Identify service design and delivery features:** Explore key elements of program design, including intensity, duration, accessibility, scope of service, referral pathways, and continuity of support.
3. **Examine workforce models and peer roles:** Understand how peer supporters are defined, trained, supported, supervised, and retained, including boundaries of practice and safeguards, as well as what peer support training currently exists and whether, and how, it may need to be adapted to support a disability-focused peer support model.
4. **Assess evidence of effectiveness and outcomes:** Review the literature to identify commonly reported participant-level and system-level outcomes associated with peer support, including emerging evidence for disability-informed approaches.
5. **Identify implementation considerations and risks:** Surface lessons learned, challenges, and best practices relevant to piloting or implementing a peer support program in a new jurisdictional context.

Research Approach | Methods

This work was undertaken to gather both empirical and practice-based knowledge on peer support initiatives. Information gathered informed a literature review, jurisdictional scan, and a current state analysis.



Current State Analysis

The current state review examined existing peer support programs and models in Nova Scotia to better understand the peer support landscape, including the populations and needs these programs are designed to serve, as well as their structure and delivery.



Jurisdictional Scan

We conducted a structured scan of peer support programs in comparable jurisdictions, including program documentation, policy frameworks, evaluations, and grey literature, with a focus on disability-informed and mental health peer support.



Literature Review

We conducted a targeted review of academic and grey literature related to peer support models, with emphasis on disability-informed and mental health-related peer support.

Current State Review



Current State Overview

Objective

The current state review was designed to establish a **baseline understanding of the peer support ecosystem**, rather than to provide a comprehensive overview of clinical, community-based, or specialized mental health services.

Analytical Framework

The current state review examined **existing peer support programs in Nova Scotia** to understand how peer support is currently delivered for people who experience mental health challenges.

The review was conducted through **structured desktop research of publicly available information**, including organizational websites, program descriptions, and related documentation. Information was systematically captured in a comparative review tool to support consistent analysis across programs.

For each program identified, **information was reviewed and categorized using a consistent set of themes** aligned with the research plan, including:

- Program model and service design
- Length, intensity, and continuity of support
- Access and referral pathways
- Peer workforce, training, and supports
- Funding, delivery, and accountability considerations

This thematic approach supported **cross-program comparison**, identifying common approaches and highlighting gaps and variability across the current landscape.

Jurisdictional Scan

Jurisdictional Scan Overview

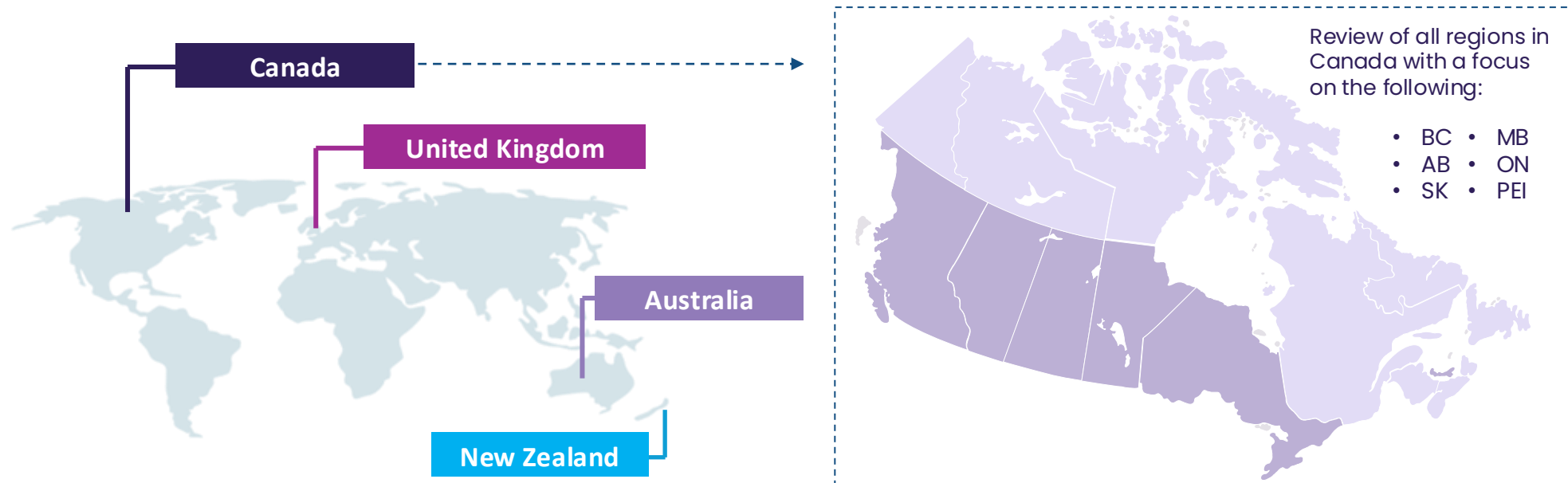


Objective

The jurisdictional scan aimed to systematically examine peer support programs across Canada and comparable international regions to identify models, practices, and design elements that can inform the development of a disability-focused mental health peer support program for Nova Scotia.

Areas of Interest

A total of 29 peer support programs for people with disabilities, people with mental illness, and those serving dual-diagnosis populations were examined. The jurisdictional scan looked at **six (6) Canadian provinces** and **three (3) additional countries**.





Jurisdictional Scan Overview | Research Themes

The themes below reflect the **areas that were prioritized for the jurisdictional scan**, based on identified current-state gaps and project priorities.

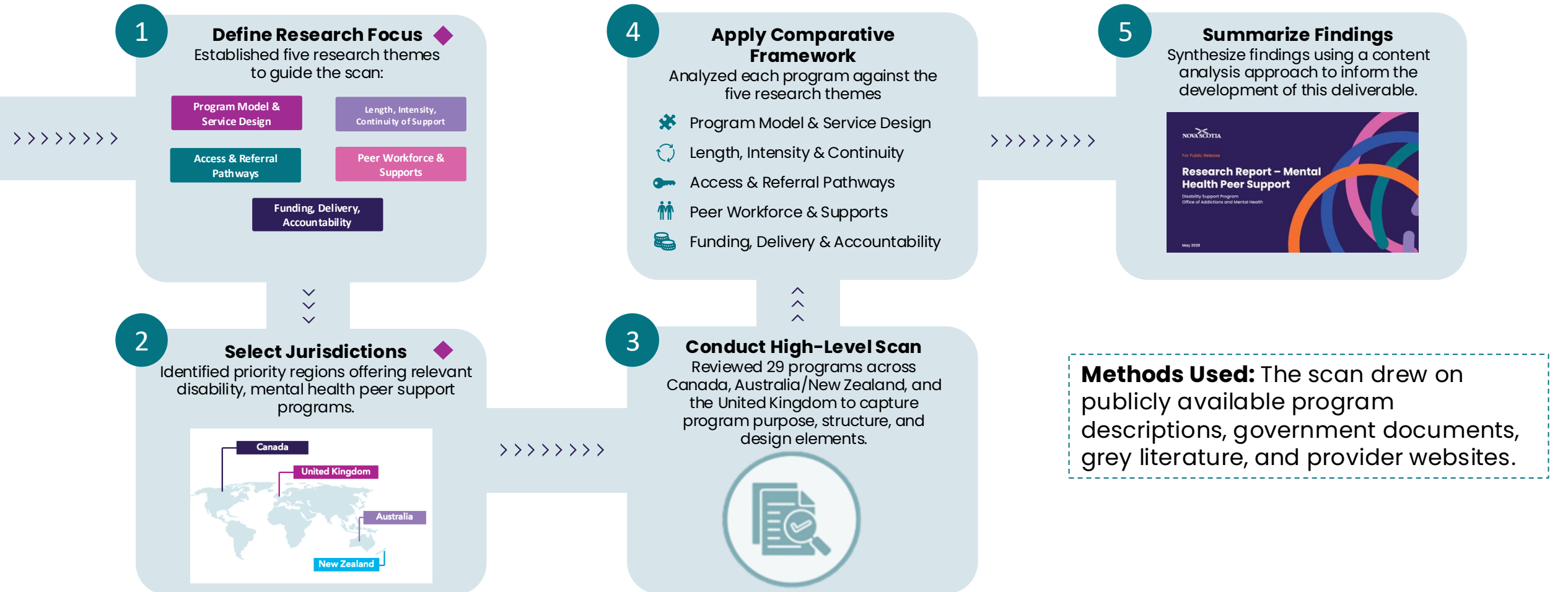
Program Model & Service Design	Length, Intensity, & Continuity of Support	Access & Referral Pathways	Peer Workforce & Supports	Funding, Delivery, & Accountability
<ul style="list-style-type: none">To understand how peer support programs are structured, including core functions, delivery formats (1-to-1, group, hybrid), and alignment with disability and mental health needs.	<ul style="list-style-type: none">To explore how long programs run, how frequently support is offered, and how programs maintain continuity over time, identifying what types of support, support duration, and intensity best meet the needs of people with disabilities and those with mental health challenges.	<ul style="list-style-type: none">To examine how participants enter programs (self-referral, provider referral, eligibility criteria), how screening or triage is conducted, and what practices improve navigation and timely access.	<ul style="list-style-type: none">To identify peer role expectations, lived-experience requirements, training standards, supervision practices, and emotional supports that enable a sustainable and well-supported workforce capable of delivering safe, high-quality peer support.	<ul style="list-style-type: none">To compare funding structures, delivery models (government-led vs community-operated), governance mechanisms, and accountability frameworks that ensure program quality, equity, and long-term sustainability.

These themes provided a **structured framework for comparing the programs and identifying elements** that could inform a disability-focused mental health peer support model in Nova Scotia.



Jurisdictional Scan Overview | Approach

The following outlines the structured approach used to conduct the jurisdictional scan, guided by the research themes and priorities identified in the previous slide.



Literature Review

Literature Review Overview (1 of 2)



Objective

The literature review aimed to gather targeted evidence-based knowledge on the model and implementation of peer support initiatives focused on disability and mental health.

Search Strategy and Reviewed Evidence

A diverse range of databases was considered, and multiple keyword combinations were applied to the literature review search strategy:

- **Academic databases** accessed were Google Scholar and EBSCO
- **Grey literature repositories** consulted included Governmental websites and WHO repositories.
- **Keyword search** included "Peer Support" OR "Peer Support Program/Service/Initiative" AND "mental health" OR "disability/disabilities."

Peer-reviewed publications included:

- **Systematic reviews** (including +100 articles analyzed): Structured, transparent, and replicable methodology to identify, appraise, and synthesize all available evidence on a focused research question
- **Scoping reviews:** Map the breadth of literature on a topic, identifying key concepts, evidence types, and gaps
- **Empirical studies** – Presenting original data collected through quantitative, qualitative, or mixed methods.

Grey literature included national and international **handbooks, best practice guidelines, reports, and implementation toolkits.**



Literature Review Overview (2 of 2)

Areas of Interest & Relevant Sources

The themes below identify the **research topics** that guided the search and analysis of both academic and grey literature within the scope of this project.

Program Model & Service Design

- To identify definitions of peer support
- To examine principles, goals, and boundaries of peer support
- To understand how peer support initiatives function in terms of service integration

Length, Intensity, & Continuity of Support

- To explore timeline structures of peer support
- To identify methods for re-engaging, as well as barriers and facilitators

Access & Referral Pathways

- To identify best practices of access and intake for peer support

Peer Workforce & Supports

- To examine best practices, methods, and tools for initial training and ongoing supervision practices
- To explore the definition of “peer supporters,” including hiring requirements, innate skills, and qualifications

Monitoring, Evaluation & Outcomes

- To investigate monitoring and evaluation methods and tools, and understand gaps in outcome evaluation
- To identify toolkits and monitor implementation practices

Systematic and Scoping Reviews – Best Practice Guidelines and Reports – Handbooks and Toolkits

What is Peer Support?

Peer Support Definitions



Main Findings

- **Relational and trust-based support:** A relationship-driven approach where trust, credibility, and shared context build the foundation of support—particularly for people with disabilities and mental health needs⁽¹⁾
- **Support rooted in lived/living experience:** Peer supporters are individuals with direct lived experience of disability or mental health challenges who use their experiential knowledge to help others navigate similar situations^(1,2)
- **Path for empowerment and autonomy:** Emphasizes individuals' right to make their own decisions, regain control, and define personal goals⁽²⁻⁵⁾
- **Distinct from clinical services:** Peer support does not diagnose, treat, or provide therapy, and is differentiated clearly from professional clinical practice⁽⁴⁻⁶⁾
- **Non-clinical, recovery-oriented support:** Support that focuses on hope, recovery, self-determination, and redefining identity beyond illness^(2,3,5)



Key Takeaways

- **Non-clinical**, non-therapeutic support grounded in **lived experience**
- **Distinct** from diagnosis, assessment, or treatment
- **Complementary** to clinical services, but never a replacement
- **Relational, mutual**, and **experiential**, not hierarchical or biomedical



Jurisdictional Highlight

Multiple Jurisdictions

Peer-led support based on shared disability experiences:

Programs define peer support as support delivered by people who themselves have disabilities, offering understanding, shared coping, and social connection.

- Sources: MB's Peer Connections; ON's CILT Toronto; Australia's CDAH; UK's Autism Central

Non-clinical, non-crisis support: Programs clearly position peer support as not clinical, not therapy, and not crisis intervention.

- Sources: Calgary's CMHA; UK's Inclusion Barnet

Types of Peer Support

Peer support provides a meaningful connection grounded in shared lived experience. While programs vary, most peer relationships blend **emotional**, **informational**, and **appraisal-based** support—helping individuals feel understood, access relevant knowledge, and make confident, self-directed decisions in their recovery and daily lives.



Support Provided

Emotional support reflects empathic and caring interactions, enabling:

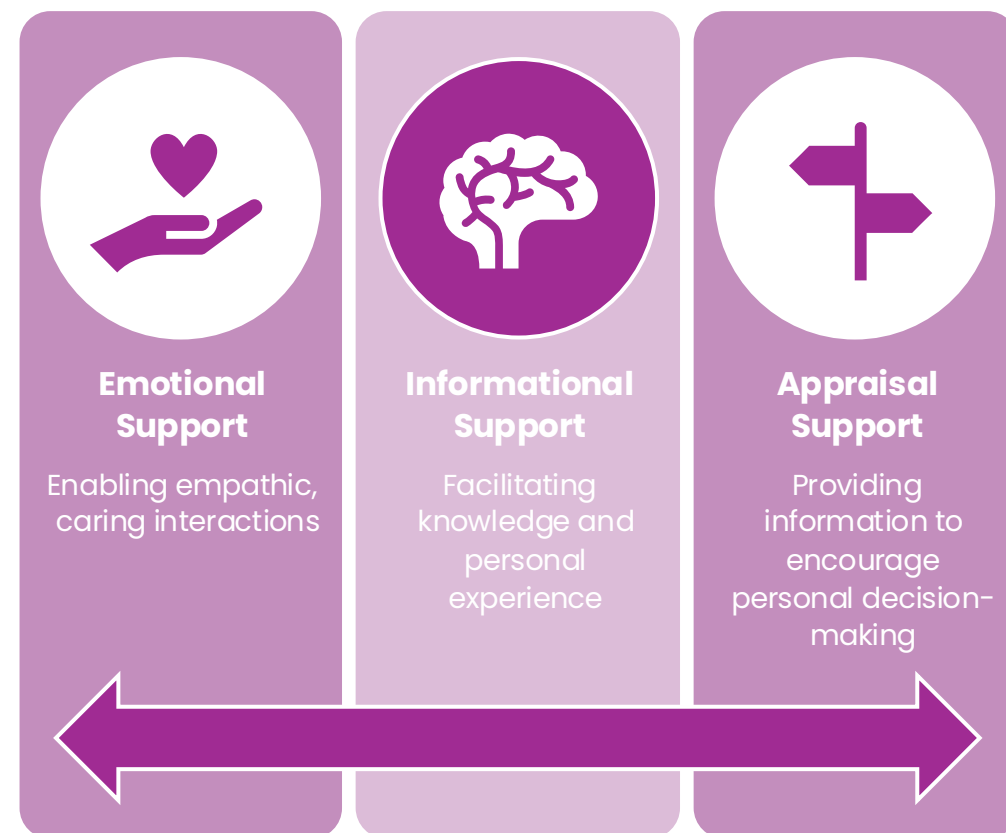
- Companionship and bi-directional relationships grounded in shared lived experience, reducing isolation and fostering hope^(3,10,17)
- Safe, welcoming spaces (either in groups, one-to-on, or hybrid models) to share challenges and celebrate wins⁽¹⁷⁾

Informational support refers to the knowledge and personal experience that peer support facilitates, including:

- Lived-experience know-how on navigating services, rights, and community resources^(10,12)
- Role-modeling and skills sharing (e.g., coping strategies, wellness planning) tailored to peers' goals^(7,9)

Appraisal support reflects the information and encouragement that peer support can provide to enable personal decision-making, enabling:

- Collaborative reflections that help people evaluate options and make self-directed choices^(3,8)
- Strength-based encouragement to set, track, and adjust recovery or life goals^(3,10)



Defining Peer Support

*“Peer support is the **practical, social, and emotional support** between people in a **community of common interest**. Peer support is **unique**, offering the kind of support and practical help that one can only get from others who **share similar experiences**.”* ⁽¹⁷⁾

*“Peer support provides a **mutual**, one-to-one relationship between **more experienced** and **less experienced** individuals for the purpose of **personal and professional development**.”* ⁽¹²⁾

*“A relationship with an **experienced** person with a **similar or even different disability** is very **helpful** in forming a **stronger**, more **positive identity**.”* ⁽¹²⁾

Core Values

Core values are foundational principles that shape *how* peer support is practiced and reflect the essence of peer work.

These values guide attitudes, behaviours, and relationships, ensuring peer support remains person-centred, rights-based, and grounded in empathy and shared humanity.



Main Findings

- 1. Empathy & Trust:** Relies on empathetic listening, emotional safety, validation, and shared understanding^(1,4,7)
- 2. Dignity & Social Inclusion:** Upholds human dignity, combats stigma, and promotes inclusion rights^(8,10,13)
- 3. Hope & Recovery-oriented:** Grounded in hope, belief in recovery, and the expectation that people can build meaningful lives^(1,7,8,10)
- 4. Accessibility & Responsiveness:** Must adapt to people's diverse needs, including disability, communication, culture, trauma history, and identity^(4,6,13)
- 5. Self-determination:** Individuals direct their own recovery, set their own goals, and make their own decisions^(1,6,8,13)
- 6. Health and Wellness:** Peer relationships' role to nurture the emotional, physical, social, and mental wellbeing, recognizing wellbeing as holistic and self-defined^(3,10,11)
- 7. Lifelong Learning and Personal Growth:** Peer supporters continually build skills through training, reflection, and ongoing supervision^(8,9,17)
- 8. Mutuality & Reciprocity:** Recognizing peer support as a two-way, non-hierarchical relationship where both parties learn and grow with each other^(7,8,9)



Core Values of Peer Support

1 Empathy & Trust	5 Autonomy & Self-determination
2 Dignity & Social Inclusion	6 Health and Wellness
3 Hope & Recovery-oriented	7 Lifelong Learning Personal Growth
4 Accessibility & Responsiveness	8 Mutuality & Reciprocity

Standards of Practice

Standards of Practice represent the formal expectations and requirements that guide how peer support deliver supports safely, ethically, and effectively. They outline what peer supporters must *know* (knowledge), *demonstrate* (competencies), and *uphold* (code of conduct) to ensure consistent and high-quality support.



Main Findings

- 1. Lived Experience:** Highlights how peer supporters must have personally experienced a wellness-related challenge (e.g., mental health, disability) and be far enough along in their own recovery to safely support others. Lived experience is what makes peer support distinct from clinical support and is used purposefully to provide empathy, credibility, and hope^(1,2,6)
- 2. Code of Conduct:** Outlines ethical responsibilities ensuring safety, respect, boundaries, integrity, and non-judgemental peer support practice^(2,17)
- 3. Knowledge and Competencies:** Refers to the theoretical knowledge base and practical skillset peer supporters must demonstrate, including the ability to use lived experience safely, work ethics, communication, critical thinking, and self-management^(1,10,12,17)
- 4. Acquired Experience:** It refers to the process of transforming lived experience into skilled and intentional peer practice, outlining the practical experience a peer supporter gains by actively providing peer support in real-world settings^(2,17)

Standards of Practice

Lived Experience

Code of Conduct

Core Values of Peer Support

Empathy & Trust

Autonomy & Self-determination

Dignity & Social Inclusion

Health and Wellness

Hope & Recovery oriented

Lifelong Learning Personal Growth

Accessibility & Responsiveness

Mutuality & Reciprocity

Knowledge & Competencies

Acquired Experience

In-Scope vs Out-of-Scope

In-Scope Functions

- ✓ **Active and empathetic listening:** To validate and normalize the living experience and feelings^(1,6-8)
- ✓ **Sharing lived experiences:** To model coping, hope, recovery, and self-advocacy, developing a trusting companionship^(1,6,7)
- ✓ **Promoting self-determination and individual learning & development:** Supporting peer-guided goal setting and self-advocacy^(1,6,7,10)
- ✓ **Facilitating communication:** Communicating in ways that meet the peer's needs and preferences, role modeling how to be a good communicator, and advocating for the peer^(6,7)
- ✓ **Promoting and facilitating self-regulation:** Supporting the identification, practice, and independent use of emotional regulation, self-monitoring, and coping strategies⁽⁶⁻⁸⁾

Emotional support: Active listening and sharing of experiences

Social support: Establish trusting & supporting companionship

Practical support: Promote self-determination & positive coping mechanisms towards self-regulation

Out-of-Scope Functions

- ✗ **Clinical support & Case management:** Clinical decisions, including assessment, diagnosis, treatment, psychotherapy, or medication guidance^(1,7,12,17)
- ✗ **Clinical replacement:** Acting as a replacement for professional disability, health, or allied services⁽¹⁾
- ✗ **Crisis-specific intervention:** Crisis and suicide-focused interventions, or emergency management beyond supportive listening and referral^(1,12)
- ✗ **Professional replacement:** Acting as a substitute for disability professionals, medical providers, or formal supports^(4,13)

Clinical or other professionalized service delivery: It does not replace nor provide professional services

Crisis-oriented intervention: It does not provide risk- or crisis-focused support

Service Integration & System Coordination

System Coordination | Clinical Mental Health Services

The literature consistently positions peer support as a **complementary** non-clinical component of mental health systems. Effective programs require **coordination**, **boundary clarity**, and **mutual respect** between peer and clinical staff.

Integration is beneficial when it preserves the peer support identity and avoids *role drift* into clinical functions.

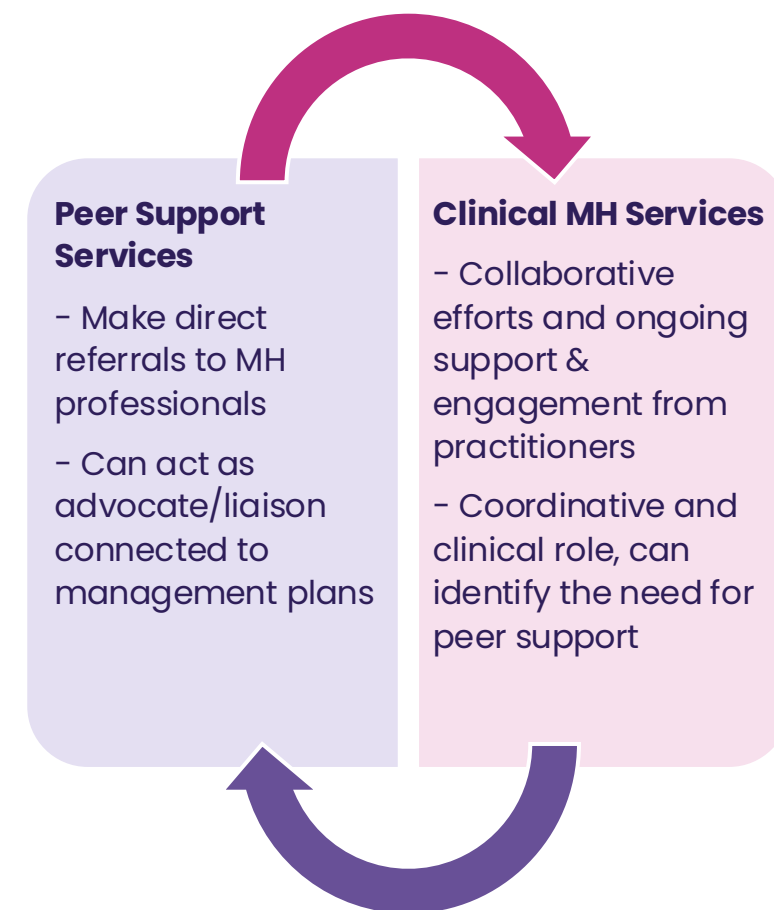


Main Findings

- **Feasible integration and strategic partnership:** Peer support can and should be integrated alongside mental health professionals, allowing direct referrals when needed, and form a strategic partnership towards improved health and wellbeing ^(1,10)
- **Care facilitation and continuity—outside the clinical scope:** Clinical services benefit from peer supporters enhancing engagement, providing relational safety, and improving continuity of care ^(7,15)
- **Potential collaboration:** Peer supporters may collaborate in shared care planning, navigation, and team-based support without performing clinical tasks ^(1,7,14)

Facilitators & Frictions of Coordination

- ✓ **Facilitators:** Integration requires explicit organizational readiness, clear role definitions, and cultural alignment ^(7,14)
- ✗ **Frictions:** Tensions arise when systems expect peers to perform clinical duties or downplay lived-experience expertise ^(7,9)



System Coordination | Disability & Community Supports

Peer support for people with disabilities is strongly tied to **rights-based**, **community-embedded**, and **participatory** models.

Peer support is seen as a **complement**—not a replacement—of disability services, community organizations, and formal supports. Coordination between these is generally **informal**, **relationship-driven**, and **grounded in empowerment** rather than case management.



Main Findings

- **Community-rooted and complementary:** Disability-informed peer support is anchored in self-determination and individuals' rights. It is described as supplementing formal disability services through navigation help, advocacy, and shared experiential knowledge^(3,13)
- **Independent functioning:** Peer support programs help people access broader health, community, and social services while maintaining independence and choice as key values for action^(11,12)
- **Organizational support as enabler:** Consistent and ongoing support from disability- and community-related organizations is stated as crucial for a healthy coordination between support systems⁽⁶⁾

Facilitators & Frictions of Coordination

- ✓ **Facilitators:** Communicating expectations, setting referral points, and integrating systems collaboration as a training topic for peer supporters^(14,16)
- ✗ **Frictions:** Low organizational support across existing entities, such as weak commitment and reluctance to promote peer-led initiatives⁽¹⁵⁾



Jurisdictional Highlight

Saskatchewan

SaskAbilities & Saskatchewan Health Authority (SHA)

Peer support is delivered in **partnership** with the SHA, creating a more structured connection.

Participants access the program via **referral** from **Mental Health and Addiction Services**.

Program intake is jointly reviewed by SaskAbilities and SHA, demonstrating a **shared responsibility** for determining fit and **coordinating supports**.

Crisis Response, Referral, Escalation Boundaries

Crisis response **boundaries are clearly delineated throughout the literature**: peer supporters do not perform crisis intervention, risk assessment, or emergency responses.

Their responsibility is to **recognize when someone may be at risk**, provide a **supportive presence**, and **activate referral pathways** to clinical and/or emergency services.



Main Findings

- **Crisis identifiers, not crisis managers:** Peer supporters may help identify individuals who may be at risk and facilitate access to clinical professionals, but they do not manage the crisis themselves; crisis intervention is explicitly out-of-scope, with individuals being required to follow clear escalation pathways^(1,4,13,16,17)
- **Well-established referral protocols:** Multiple programs emphasize the need for well-defined mechanisms for peer supporters to facilitate integrated and holistic care, including clear referral protocols, on-call access to trained supervisors, and collaboration with clinicians for safety concerns^(1,14,17)
- **Trauma-informed boundaries:** Emphasize safety, empowerment, and avoiding practices that could recreate clinical or coercive dynamics; exclusion criteria often included recent suicidality to reduce risk, reflecting trauma- and safety-informed boundaries (frequently identified as core training topics) and requiring clinical screening and safety planning^(4,8,9,16)



Literature's Case Studies

Building an Effective Peer Support Program – NCIL-National Council on Independent Living (2011)

Referrals: The Volunteer Coordinator of the Peer Support Program attends unit staff meetings periodically and maintains open communication with referring staff to ensure that staff **understand the role of peer mentors**, and that **staff mentee referrals are appropriate**⁽¹²⁾



Peer Support in Mental Health: Literature Review (2020)

Trauma-informed Care (TIC): Peer support (PS) is described as a logical environment for TIC because it supports mutuality, shared power, and respect. TIC is described as emphasizing **safety and empowerment**, positioning PS workers as **advocates/liaisons** aligned to service planning⁽⁴⁾

Peer Support Models in Practice

Common Delivery Models



Peer support delivery through group-based, 1:1, or hybrid models

- **Group-based models** support sharing experiences, community-building, and typically involve regular sessions delivered bi-weekly or monthly.
- **One-to-one models** support individualized goal setting, recovery coaching, system navigation, or emotional support.
 - **Group programs** often serve larger, mixed-identity groups (with a shared diagnosis), while **one-to-one** programs are used for more targeted individual needs.
- **Hybrid models** provide group and individualized support, offering flexibility and continuity.



One-to-One



Group



Jurisdictional Highlight Manitoba

Peer Connections MB

Provides mental health and/or substance peer support in **clinical and community-based settings**.

Offers **one-to-one peer support sessions** in-person, virtually, or through the phone, as well as weekly drop-in sessions.

Also offers **peer support groups** in-person or virtually.

The focus of the peer programs is to **empower individuals** to navigate services, pursue the right supports, and develop **self-confidence** for effective **self-advocacy**, helping individuals progress toward **stability** and **improved wellness**.

Peer supporters have **lived experience** and **professional training**.

Common Delivery Models



Standalone and Embedded Peer Support

Standalone models focus on **emotional support, connection, resource sharing, and skill-building**, and are often delivered by a community organization. These are often generally low-barrier (self-referral, no cost).

Embedded models often operate within **health authorities or clinical settings**, focusing on supporting recovery planning, skill development, navigation, or service coordination.

Informal Peer Support

Naturally occurring

Two or more peers with a similar lived experience coming together to encourage and support each other

In this context, **peer supporters** are individuals in an informal, independent role.

A combination of informal & formal peer support

Formal Peer Support

Intentional/planned

Government or non-government organizations train and recruit peers to support each other.

In this context, **peer supporters** are sometimes called peer support workers, are paid or volunteers, and connected with mental health, social services, or other organizations



Jurisdictional Highlight *Australia*

Neami National

Delivers **one-to-one** coaching and **group-based support** for people with severe and persistent mental health challenges.

Embeds peer support within a **formal service model**.

Focused on **supporting recovery** by building confidence, skills, and stability to achieve personal goals and reduce reliance on acute services.

Support workers have **lived experience** alongside **professional training**.

Common Delivery Models



The Organizations Delivering Peer Support Programs

- Most peer support programs are **third-party delivered**, usually by **not-for-profits or charities** (sometimes community organizations) and **funded by the government**.
- Government-led peer support programs are often highly structured with **standardized training, strong supervision, and predictable funding**.
 - Often embedded within broader **care systems and require referrals**.
- Funding sources often include **government grants and service contracts**, as well as donations, sponsorships, and program fees.



Jurisdictional Highlight

British Columbia

Vancouver Coastal Health

Peer workers are **embedded within regional mental health services**, providing one-to-one peer support.

The focus is on supporting **skill-building, resource navigation, and recovery**.

The program is for people with serious and persistent mental illness.

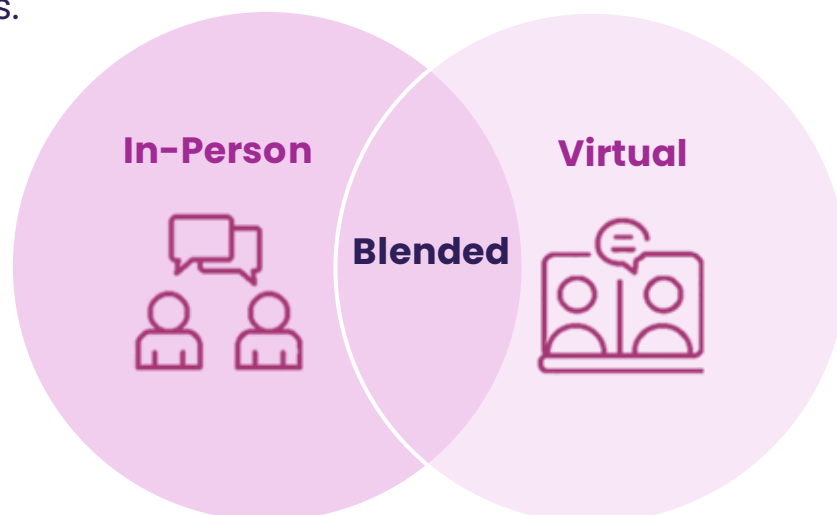
The program **requires a referral** from a Mental Health Worker.

Common Delivery Models



In-person, virtual, and blended delivery approaches

- Many disability and mental health peer programs **offer virtual delivery options**, including online groups, discussion forums, or tele-peer support.
- **In-person** supports remain common, providing space for deeper relational connection and structured engagement.
- **Blended delivery has become a common approach** across jurisdictions, offering options to participants to decide, or pairing in-person and virtual supports.
- Virtual models are often effective where geography, disability, or stigma create barriers.



Jurisdictional Highlight *Australia*

SANE

Virtual model with a structured 6-month RecoveryClub program, weekly **virtual recovery groups**, participant portal, recovery planning tools, and fortnightly online check-ins.

Delivered by a **national mental health charity** with **government funding**.

Designed to support people with complex mental health needs, including those with intellectual disabilities, autism, and acquired brain injury.

Fully virtual but structured, with clear off-ramps and ongoing connection to SANE's broader digital community.

Staffed by **trained peer workers** with lived experience and accredited under the National Safety & Quality Digital Mental Health Standards.

Workforce: Peer Roles, Training, & Support

Workforce | Who are Peer Supporters?



Who are Peer Supporters

Peer supporters are people with **lived or living experience** of disability, mental health and/or addiction challenges, or caregiving.

Identity-specific peers are used intentionally in many programs (e.g., shared mental health challenges, personal characteristics, caregiving roles, etc.).

Peer roles span a **wide range of functions** and **levels of formality**, including group facilitators, 1:1 mentors, peer navigators, recovery coaches, family support peers, peer educators, peer advocates, and peer advisors.

Lived experience is essential, but not sufficient on its own, as programs emphasize **empathy, communication, reliability, self-awareness**, and the **ability to maintain boundaries**.



Peer Supporters **bring lived or living experience and relational insight** to the role, supported by interpersonal skills, role boundaries, and program-specific expectations.



Jurisdictional Highlight

United Kingdom

Autism Central

Offers **education, coaching**, and **connection** through resources, one-to-one peer support, and community events.

Peer guides are **autistic individuals and family members**, bringing direct lived experience to those they support.

Peer guides are **trained and supervised** to deliver one-to-one peer support.

While autism-focused, materials also support related needs (e.g., ADHD, learning disabilities, deafness, blindness, and health conditions).

Workforce | Peer Supporter Training: Curriculum



Peer Supporter Training Core Curriculum

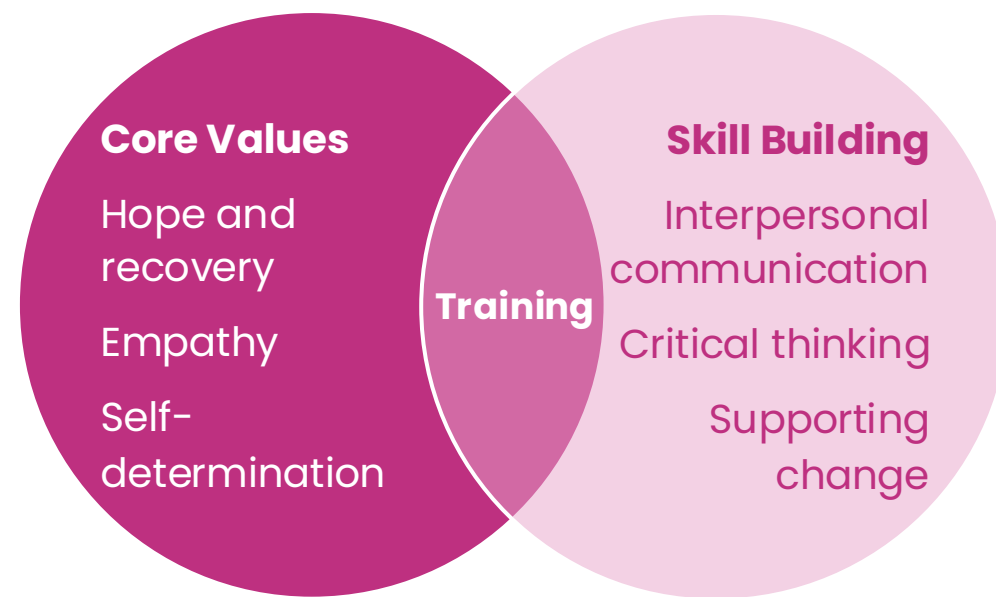
Role, scope, and ethics: Focus on the non-clinical, recovery-oriented scope of the peer supporter action, highlighting **reciprocity** and **mutuality** core values; appropriate disclosure of lived experience, **confidentiality, consent, role boundaries**, and distinction between peer support vs clinical functions are approached with **ethical standards**^(3,5,10,11,16)

Interpersonal and facilitation skills: **Empathic listening**, validation, and **collaborative problem-solving** are required competencies and abilities; group facilitation and one-to-one relation pacing, as well as **language** that supports hope and agency, are also required skills^(3,10,11,16)

Navigation and systems literacy: Mapping local and community-based **resources** and identifying **clear referral pathways** into clinical/disability services when necessary^(1,10,15,16)

Trauma- and violence-informed communication: **Safety, choice**, and **collaboration** are foundational learnings; the ability to **recognize red flags** and need for **escalation options** (without assuming clinical responsibilities) is also referred to in multiple curricula^(4,16)

Peer supporter wellbeing: Personal wellness plans, reflective practice, and burnout prevention are also curriculum topics to enable supporters with health and wellness self-management tools



Workforce | Peer Supporter Training: Methods



Peer Supporter Training Methods

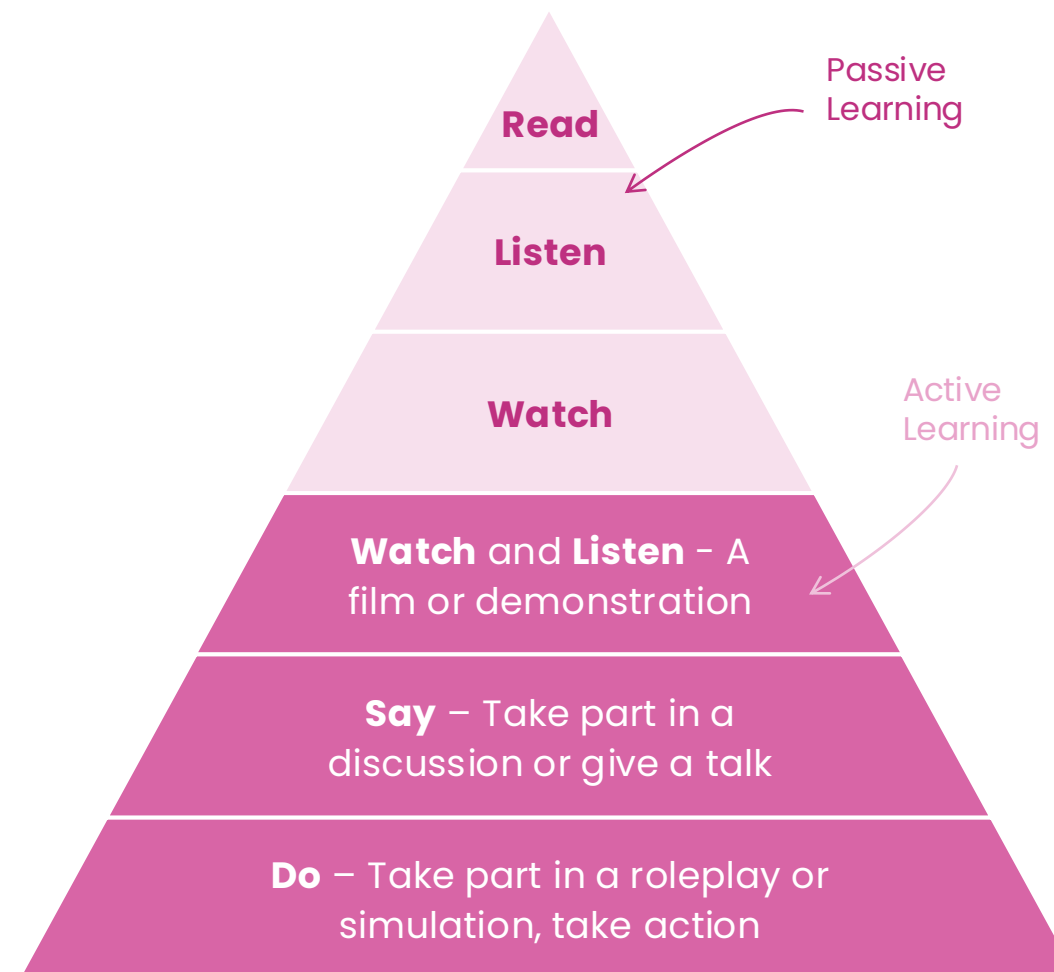
Training methodologies: Experiential and applied learning is usually prioritized and includes role-plays, simulations, co-reflection, facilitated and co-delivered sessions with peers (instead of self-study only)^(3,12,16)

Modality-specific practices include both **one-to-one** and **group sessions**, with **online** and **phone-based** options to facilitate accessibility (in addition to in-person).

Continuous support: Training often includes (1) **initial guidance**, focused on role identity, ethics and boundaries, communication, trauma- and disability-informed practice, and escalation pathways, (2) **supervised practice**, with specific feedback delivered at the start of a supporter journey, and (3) **ongoing communities of practice**, with annual refreshers on targeted topics (e.g., crisis awareness)^(3,8,11)



Accessible materials that support training efforts include handbooks, fact sheets, visual resources, mentoring logs, and competency checklists⁽¹⁴⁾



Workforce | Supervision and Safety



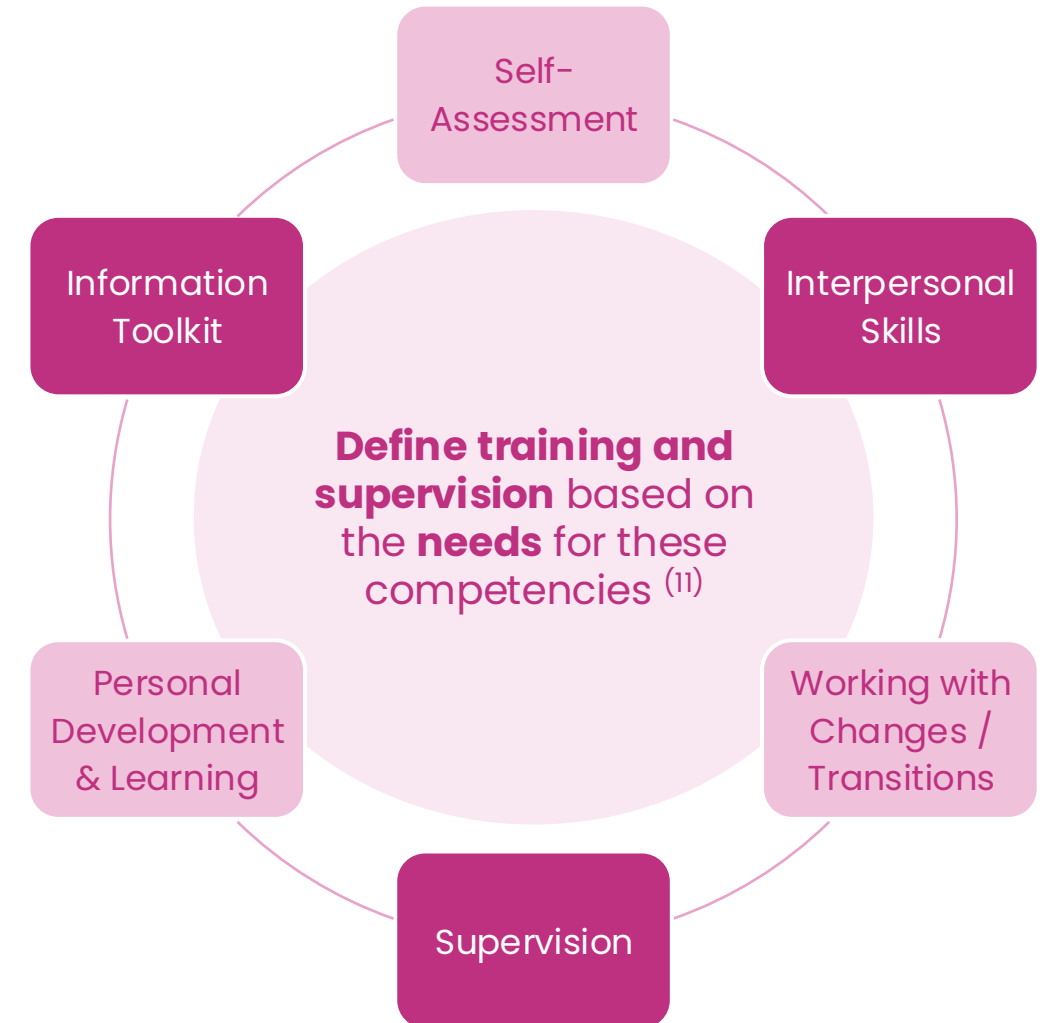
Peer Supporter Supervision, Supports, and Safety

Supervision: Performance development is **assessed** via observation/recordings, role-plays, and structured feedback to maintain standards and prevent role drift^(1,14,16)

Supervision **cadence** can be established **according to experience**, with new supporters having weekly/bi-weekly support and experienced supporters having a monthly session; both on-call support and scheduled supervision (and co-supervision) were mentioned as available supports^(1,12,17)

Safety and safeguarding: Regular and structured supervision is one of the strongest safeguarding practices identified, as it protects:

- **Participants**, by catching boundary/scope issues early
- **Peer supporters**, by addressing emotional load, burnout, and unsafe situations early^(1,3,12,14,17)



Workforce | Workforce Model



Peer Support Workforce Model

Key Findings

- Peer support program workforce models span a spectrum from **fully volunteer-based to fully paid peer roles**.
- Compensation often **aligns with the complexity and scope** of the peer role, as paid roles typically support more individualized needs (goal planning, navigation, recovery, etc.), and volunteers more often facilitate groups and/or provide connection and emotional support.
- Some organizations use **hybrid and mixed models**, utilizing both volunteers and paid employees depending on the task and responsibilities.



Peer support workforces operate along a **volunteer-to-paid employee continuum**, with role complexity, organizational context, and required competencies determining where programs fall.



Jurisdictional Highlight *Australia*

Neami National

Peer workers are **paid staff** within a large, government-funded mental health organization, supporting **recovery planning, goal setting, navigation, and self-advocacy**.

Roles require **lived experience** and **professional training/skills**, reflecting the higher complexity of support provided.

Demonstrates a **formalized workforce structure**, with paid roles aligned to service intensity, integration with other supports, and organizational expectations.

Access, Intake, & Participation

Access, Intake, and Participation



Peer Support Program Access

Direct Access / Self-Referral

Most peer programs allow people to join without a referral, often using simple channels such as:

- Email or phone call.
- Online registration forms.
- Drop-in participation.

Service-Connected Access

Some programs are accessed through clinical or service pathways, especially those embedded in mental health systems:

- Referral from Mental Health Workers.
- Referral from GPs or other health services.

Program Costs

- Almost all peer support programs were free of charge.
- All supports offered by not-for-profits or government were no cost.



Access to peer support programs is overwhelmingly low-barrier, as most programs prioritize **simple, participant-driven entry**, with only clinically embedded programs requiring formal referral.



Jurisdictional Highlight

United Kingdom

Inclusion Barnet

- People access the program through **self-referral** or **professional referral**.
- **Participation is free**, and support length is clearly defined (short-term up to 2 weeks; long-term up to 12 weeks)
- One-to-one support delivered by peer workers with lived experience.
- Eligible for individuals **who feel they have a disability** due to physical or sensory impairment, mental health issues, deafness, learning disabilities, neurodivergence, and/or long-term conditions.



Access, Intake, and Participation



Intake & Risk Identification for Peer Support

Low-Intensity Intake for Most Programs

Most programs use **simple intake processes**:

- Basic online signup.
- Email/phone contact to join a group or request peer support.
- Drop-in with no intake at all.

Structured Intake for Formal Programs

Some programs offering longer-term support or high-complexity services use screening or intake:

- **Application-based entry** for peer mentor training programs.
- **Triage and matching** processes.
- **Referral-based intake** for health-authority embedded programs.

Risk Identification

Very few programs describe risk screening procedures, so programs manage risk by clearly defining out-of-scope areas (E.g., no crisis response, no clinical advice, moderation rules, boundaries agreements).



Intake for peer support programs is **minimal**, while risk identification is **informal and embedded within role boundaries**, rarely through formal screening tools.



Jurisdictional Highlight

Australia/New Zealand

Hand-n-Hand Peer Support

- One-to-one and group peer support delivered virtually or in-person for healthcare, care, and non-clinical staff.
- Focused on preventing “mental ill health” and reducing burnout.
- Every participant is **screened through their triage team**, which assesses an individual's suitability for peer support.
- Following, the organization **identifies a person (or group)** who they think would make a great match based on the participant's needs and preferences.



Access, Intake, and Participation



Peer Support Program Eligibility

Eligibility & Inclusion Eligibility

Common peer support eligibility was:

- Anyone who identifies as having a disability.
- Families and caregivers of individuals with disabilities.
- Individuals with mental health or substance use challenges.

Identity- or Diagnosis-Specific Groups

Some models tailor participation to specific identities or diagnoses:

- Autism-specific programs.
- Specific mood disorder groups.
- Autism caregiver/family groups.

Minimal Exclusion Criteria

Most programs list out-of-scope activities rather than excluding people:

- No crisis intervention.
- No clinical treatment or therapy.



Eligibility is typically **inclusive and flexible**, designed to reduce program barriers rather than gatekeep.



Jurisdictional Highlight

Alberta

Autism Calgary

- Group-based peer support and limited one-to-one “talk support” for **families and individuals with autism**.
- Supports individuals and families living with **ASD at all stages** of their journey.
- Offers multiple support types: information sharing, peer connection, system navigation, and facilitated peer support groups, allowing entry points for individuals/families with **different capacities and comfort levels**.

Access

Intake

Eligibility

Duration, Continuity, & Transitions

Duration, Continuity, and Transitions

Time-Limited vs. Ongoing Models

- Peer support programs vary widely in duration, from very **short-term supports to extended programs**.
- Several programs use **defined time-limited models**, offering structured support within a fixed period (E.g., Inclusion Barnet).
- Many operate as **ongoing or indefinite supports**, allowing participants to attend as long as needed (E.g., CMHA Peer Groups).
- Time limited models tend to focus on **skill-building, recovery planning, or navigation**, while ongoing models emphasize **long-term community connection and belonging**.

Continuity & Transition Points

- Some programs have **clear transition or completion points**, helping participants shift from structured support into other forms of connection (E.g., SANE).
- Many programs, especially group-based and disability programs, emphasize **continuous connection with no formal endpoint**.
- Continuity is often supported through **recurring sessions, monthly meet-ups, or ongoing peer-groups**, rather than through formalized transitions.

Re-Engagement & Support During Change

- Many peer support programs allow participants to **re-enter at any time**, particularly drop-in or open group models (E.g., CMHA Peer Groups).
- Structures such as **multi-course offerings, open-access forums, and recurring groups** create natural opportunities for people to return when circumstances change.
- Digital programs (e.g., SANE), allow participants to **maintain connection after formal program completion**, supporting ongoing engagement.
- Re-engagement is often **informal, built into program design** through openness, repeatability, or community orientation, rather than through prescribed “return pathways”.

Time-Limited vs. Ongoing Models

Peer support programs **vary significantly in duration**, ranging from **short, structured interventions** to **long-term or continuous community support**.

Time-Limited Models

Many programs offer clearly defined, time-bound peer support to help participants build skills, strengthen resilience, or achieve specific goals within a set time.

Examples include:

- **Structured support programs** that run for a set number of weeks or single-session courses (E.g., Inclusion Barnet)
- **Single- or multi-session workshops** that provide targeted learning or skill-building
- **Extended, but still time-limited models**, such as SANE's 6-month RecoveryClub program

Time limited models tend to focus on recovery planning, goal setting & navigation, skills development, and/or time-bound mentorship and structured learning.

Ongoing or Indefinite Models

Most of the identified peer programs operate without a defined endpoint, allowing participants to return as needed and maintain long-term connection.

Examples include:

- **Recurring peer groups** that meet on a set cadence and have no participation limits
- **Drop-in models** where individuals can engage whenever support is needed (E.g., Peer Connections Manitoba)
- **Community-based peer environments** which operate as ongoing peer-run spaces (e.g., CMHA Manitoba)

Ongoing models tend to focus on community belonging, social connection, shared lived experience, peer-led environments driven by community needs, and flexibility to step in and out of support over time.



Time-limited models best support **structured, goal-oriented work**. Ongoing models are most effective for participants who need **stable, long-term peer connection or flexible re-engagement** as their wellbeing fluctuates.

Continuity & Transition Points

Peer support programs differ in whether they include planned transition points, where support formally ends or shifts, or whether they promote continuous connection through recurring group structures without a defined endpoint.

Key Findings

Many programs, especially disability-led and group-based models, **do not have formal transitions**. Instead, they promote engagement through recurring formats.

These formats include:

- **Recurring peer support groups** (weekly, bi-weekly, or monthly) without participation limits.
- **Peer-run community environments**, which operate continuously and do not require participants to “graduate”.
- **Ongoing peer groups and workshops** where the sessions, topics, or group types may change over time.



Some programs are intentionally designed with **structured “end points”** that guide participants toward next steps or different types of support.

- **Time-limited 1:1 and group peer programs**, which naturally create transitions where participants shift from more structured support back to independent navigation or other community/organizational resources.
- **Peer support education and training programs** include built-in transitions, with participants completing their training moving into peer mentor roles.



Continuity in peer programs is supported either through **structured transition points** that guide participants to next steps or through **ongoing, recurring formats** that sustain long-term connection without a formal endpoint.

Re-Engagement & Support During Change

Many peer support programs are **intentionally designed** to let participants return to support when their needs, wellbeing, or life circumstances change. Re-engagement is typically informal and **built into the program structure**, rather than through formal pathways.

Key Findings

Many peer support programs make re-engagement simple and barrier-free:

- **Drop-in and open group models** provide the most flexible re-entry, allowing participants to access support when they need it, without any ongoing expectation.
- **Ongoing group programs** offer predictable opportunities to return, allowing participants to step in and out of support depending on life circumstances.
- **Peer environments** with no attendance limits operate as open, community-based environments where participants can return indefinitely.



Digital programs create **always-available touchpoints** for re-engagement, even after formal program completion.

- Programs like SANE offer **ongoing access** to forums, events, and digital tools after the structured 6-month program ends.
- Online communities (e.g., Scope Online) allow participants to **access and return at any time**, at their own pace and comfort level.



Re-engagement is **intentionally flexible**. Drop-in groups, recurring cycles, continuous peer environments, and digital communities all enable participants to return to peer support whenever their needs change or their wellbeing fluctuates.

Monitoring, Evaluation, & Outcomes

Monitoring and Evaluation Practices

Effective monitoring and evaluation of peer support initiatives focus on **mixed-method, recovery-oriented**, and **values-aligned approaches**. Several guidelines recommend a **clear program logic model** as a starting point, ideally co-developed with individuals with lived experience to clarify program goals, assumptions, expected outcomes, and pathways of change.



Main Findings

- A **M&E approach** should support reflective practices and continuous improvement, obtaining the **perspectives** and **experiences** of those involved in peer support, and gathering information about **implementation processes** and **context**⁽⁸⁾
- **Mixed-methods:** Recommended **methodologies** include a blend of quantitative indicators and qualitative feedback mechanisms^(6,8,17)
- **Accessibility and value alignment:** Checklists, mood trackers, structured supervision notes, and simple outcome questionnaires are often encouraged to ensure accessibility and reflect core values^(6,13,17)
- **Data to inform continuous improvement:** M&E data enables peer support practice enhancement, including refining initial program logic to better understand how peer support works, who benefits from it, and why⁽⁸⁾



Literature's Case Studies

National Peer Supporter Certification Handbook – Standards of Practice and Certification Process (2018)

Certification requirements and assessments for peer supporters include:

- **Code of Conduct Standards** are evaluated through a Knowledge Assessment (including a Final Assessment Report) and a Verbal Competency Assessment
- **Knowledge Standards** are assessed through a Knowledge Standard Score and a Verbal Competency Assessment
- **Peer Support Competency Standards** are evaluated through an ability assessment and a Verbal Competency Assessment

Monitoring and Evaluation | Approach Considerations & Templates

Considerations for a M&E Approach

- 1. Goal definition:** Identify program goals and determine key questions and data needs about program implementation and expected outcomes.
- 2. Define collection methods:** Establish appropriate methods for collecting and analyzing the required data, including both quantitative and qualitative data, to determine the program's impact.
- 3. Specify indicators:** Identify what indicators are appropriate to use, prioritizing validated measurement tools and standardized indicators when possible.

Monitoring & Evaluation procedures for peer support initiatives are a gap in knowledge on this practice. Recommendation is not only to follow a **reliable and feasible M&E Approach** but also to involve **internal and external evaluators**⁽⁶⁾

Peer Support Quarterly Reporting Template

Completed By: _____ Year: _____ Period: _____

Overall Program Productivity/Efficiency Measures

	Measure	Comparison to Previous Period			Comparison to Same Period Last Year		Comparison to Target	
		Current Quarter	Last Quarter	% Variance	Same Period Last Year	% Variance	Target or Target Range	On Target (as expected)?
1	✓ Total One to One Peer Mentoring Referrals Received			-%		%		
2	✓ Total One to One Participants Matched			%		%		
3	✓ Total One to One Files Closed in Quarter							
4	✓ Total One to One Caseload on last day of reporting period							
5	✓ New Peer Support Group Participants Attending							
6	✓ Total Served (unduplicated individuals count) in Peer Support Group							
7	✓ Average Daily Peer Support Group Attendance							
8	✓ # of Active Peer Mentors on last day of reporting period							
9	✓ # of participant surveys completed							

Participant & Stakeholder Focus - Program Effectiveness/Impact

	Objectives	Indicator	Performance Goal	Actual Results	Met Performance Goal?
14	Participants experience improvements in their overall mental health	% of program participants reporting improved mental health	80% agree or strongly agree with item #3	# of participants Completing this Survey Item: # of participants Agree/Strongly Agree:	% Agree/Strongly Agree: %
15	Participants experience improvements in their interpersonal relationships	% of program participants that report improvement in their interpersonal relationships	80% agree or strongly agree with item #5	# of participants Completing this Survey Item: # of participants Agree/Strongly Agree:	% Agree/Strongly Agree: %
16	Participants have a stronger social network to support them	% of people that report a stronger social network	80% agree or strongly agree with item #3	# of participants Completing this Survey Item: # of participants Agree/Strongly Agree:	% of participants that Agree/Strongly Agree: %
17	Participants experience improvements in their sense of identity and self-esteem	% of program participants that report improvement in sense of identity and self-esteem	80% agree or strongly agree with item #6	# of participants Completing this Survey Item: # of participants Agree/Strongly Agree:	% of participants that Agree/Strongly Agree: %
18	Participants have improved physical health and self-care	% of program participants that report improvement in physical health and self-care	80% agree or strongly agree with item #7	# of participants Completing this Survey Item: # of participants Agree/Strongly Agree:	% of participants that Agree/Strongly Agree: %

Learning & Growth Measures

of New Staff Hired This Quarter: _____ # of Staff Departing This Quarter: _____

Areas	Indicator	Performance Goal	Actual Results	Met Performance Goal?
10	Performance Evaluations	% of Performance Evaluations Completed On Time	# of Evaluations Completed on time: # of Evaluations Required:	% Completed On Time: %
11	Documented Supervision	% of staff with at least 1 documented Supervision	# of Supervisions Completed: # of Supervisions Required:	% Completed as Required: %
12	Staff Training	% of staff with all required trainings up to date	# of Staff Completing Required Trainings-Total Staff:	% of Staff with Training Up to Date: %
13	One to One Participant File Reporting	% of participant files reviewed that quality expectations	# of Files Reviewed: # of Files Meeting Expectations:	% of Files that met quality expectations: %

Productivity & Efficiency Template

Participant-focused Program Effectiveness and Impact Template

Peer Supporter-focused Learning & Growth Measures Template

Monitoring and Evaluation | Measures, Indicators, and Outcomes

Measures and Indicators



Individual
-level

- Recurring indicators identified align with the **core values and standards of practice** of peer support
- Measures and indicators reported include self-esteem, self-efficacy, hope, social connection, functioning, daily activity participation, coping strategy use, and empowerment^(6,8,9)
- These are often assessed through **qualitative methods** (e.g., interviews, mood logs, satisfaction surveys, checklists, co-reflection practices to capture relational and experiential change)



System-
level

- Recommended indicators measure **productivity & efficiency** (e.g., caseload, #matches), **learning & growth** (i.e., staff training, documented supervision), and **effectiveness & impact** (e.g., improvement in overall mental health and interpersonal relationships, improved sense of identity and self-esteem)^(8,9)
- Often assessed through both **qualitative and quantitative methods**—including standardized measurements such as **PROMIS** (Patient-Reported Outcomes Measurement Information System)

Outcomes

In total, three outcome pathways are identified^(4,6,8):

Direct Effects: Related to psychosocial benefits, including reduced feelings of isolation, improved social functioning, and quality of life

Buffering Effects: Referring to the ability to cope, including enhanced coping strategies, increased feelings of protection against stressful events, and reduced self-blame

Mediating Effects: Related to behavioural changes in physical health and/or the use of other supporting services (clinical and non-clinical)

Cost & efficiency gains: Peer support can reduce service costs, improve system efficiency, and lower rehospitalization^(4,6,15)

Experiential knowledge integration: Embeds lived experiences into systems, supports relational, rights-based service models^(1,13)

System culture shift: Expands recovery-oriented, rights-based, and trauma-informed approaches; formalized peer networks strengthen system voice and influence in policy^(11,13)

Community inclusion: Enhances community integration, reduces stigma, and supports broader social participation⁽¹²⁾

Role clarity: Improves recognition and legitimacy of peer roles across systems, reducing drift into clinical functions^(11,16)

Monitoring and Evaluation | Overview of Outcomes

Individuals Receiving Support

- Self-esteem and self-confidence
- Empowerment and self-advocacy
- Coping strategies and self-management skills
- Community involvement, healthy relationships
- Quality of life, hope, and wellbeing
- Sense of acceptance & empathy

- Sense of stigma and self-stigma
- Isolation and loneliness
- Hospitalizations and length of admission

Peer Supporters

- Empowerment
- Confidence and self-esteem
- Sense of identity
- Skills
- Sense of value
- Quality of life

- Sense of stigma and self-stigma
- Isolation and loneliness

Organizations and Systems

- Understanding of people with mental health conditions and disabilities
- Engagement of hard-to-reach groups
- Facilitation of choice within mental health and disability systems
- Cost-effectiveness
- Focus on recovery

- Workload of mental health professionals
- Use of health care services



Increase

Decrease

Monitoring and Evaluation | Overview of Gaps and Opportunities

Identified Challenges and Gaps

Inconsistent definitions and indicators: Evaluations often mix recovery-oriented aims with clinical metrics, leading to uneven evidence and hard-to-compare outcomes; methodological challenges and inconsistent M&E definitions are frequently emphasized in the scope of peer support initiatives^(6,8)

Short timeframes for longitudinal outcomes: Brief interventions rarely move health and wellness-related variables, producing neutral findings when M&E approaches do not privilege proximal and relational change (and the required evaluation timeframes)^(6,9)

Accessibility and inclusivity gaps: Tools are not always adapted for diversity in ability and language, with evaluation practices missing to capture support experiences by participants^(4,13)

Considerations and Opportunities for Improvement

Co-design a peer-aligned logic model: Starting an M&E approach with a co-developed logic model jointly with people with lived experience; articulate change pathways (direct, buffering, and mediating) and ensure alignment between indicators and peer support values^(2,3,8)

Prioritize proximal and relational outcomes: Emphasizing quality of life, hope, empowerment, self-efficacy, coping strategy usability, connection/belonging, and self-determination, and exclusively using symptom metrics for clinically integrated models^(2,3,8)

Mixed methods with accessible tools: Combining brief quantitative trackers (e.g., participation, referrals, engagement, progress checklists) with qualitative co-reflection focus groups, narratives, and interviews, using accessible and inclusive formats^(6,8,13,17)

Summary

Summary | What does this mean for Nova Scotia (1/2)

This research does not point to a single “best” peer support model. Instead, it highlights the following **five (5) design priorities and guardrails** that shape how disability-focused peer support in Nova Scotia could be approached.



Flexibility is essential

Nova Scotia’s geography, service distribution, and population diversity mean that no single peer support model will work everywhere. Effective approaches will need flexibility in delivery (group, one-to-one, hybrid), format (virtual and in-person), and intensity to respond to different community contexts.



Low-barrier access must be protected

Peer support is most effective when participation is voluntary, simple, and easy to navigate. Introducing clinical referral requirements, complex intake, or rigid eligibility criteria risks undermining trust and excluding people who could benefit most—particularly in a system already marked by navigation challenges.



Integration should be intentional, not assumed

Peer support can enhance continuity and navigation when coordinated with clinical and disability systems. However, integration is only beneficial when the peer role remains clearly defined, non-clinical, and protected from role drift. Maintaining peer identity is critical to program credibility and safety.

Summary | What does this mean for Nova Scotia (2/2)

This research does not point to a single “best” peer support model. Instead, it highlights the following **five (5) design priorities and guardrails** that shape how disability-focused peer support in Nova Scotia could be approached.



Workforce supports are foundational infrastructure

Training, supervision, emotional support, and fair compensation are not optional add-ons. Without consistent workforce supports, peer roles face burnout, retention challenges, and uneven quality—limiting scalability and long-term sustainability across the province.



Build on existing community strengths, with clearer provincial guardrails

Nova Scotia already has trusted community organizations delivering peer support. A provincial approach should strengthen—not replace—these assets by providing clearer standards, coordination, and accountability while preserving local flexibility and community trust.



While the evidence **does not prescribe a single program model**, it clearly identifies the conditions under which peer support is most likely to succeed in Nova Scotia. Future decisions should prioritize flexibility, low-barrier access, protected peer roles, and sustainable workforce supports to ensure peer support remains true to its values and responsive to community needs.

Appendices

Appendix A.1 | British Columbia Jurisdictional Scan Examples (1 of 7)

Organization-Program Link	Jurisdiction	Program Overview	Supports Provided	Service Delivery Model & Funding	Program Access
Victoria Disability Resource Centre- Link 1 , Link 2	BC	<ul style="list-style-type: none"> Integrated set of peer-based programs including interest-based peer groups, one-to-one peer mentorship, peer mentorship training, and outreach support for people with disabilities. 	<ul style="list-style-type: none"> In Scope: Interest-based peer groups; one-to-one peer mentorship; outreach support; emotional support; shared lived experience; peer information; coping strategies; referrals to other resources; peer mentor training (peer support principles, mental wellness, grief, goal setting, etc.). Out of Scope: Not explicitly stated. 	<ul style="list-style-type: none"> Not-for-profit. Funded through government funding, donations, and private foundation support. 	<ul style="list-style-type: none"> Self-referral, no cost. Access via email, phone, or online form. Training program is application-based.
Disability Alliance BC- Link 1 , Link 2	BC	<ul style="list-style-type: none"> Peer-led group support for people with disabilities, delivered by the BC Coalition of People with Disabilities. 	<ul style="list-style-type: none"> In Scope: Daily living and coping in a changing world, relationships, navigating systems, wellness, and peer discussion. Out of Scope: Not explicitly stated. 	<ul style="list-style-type: none"> Not-for-profit. Funded through government funding and donations. 	<ul style="list-style-type: none"> Self-referral, no cost. Email or phone registration for peer groups.
Mood Disorders Association of BC- Link 1 , Link 2	BC	<ul style="list-style-type: none"> Peer-led diagnosis-specific and general mental health support groups. 	<ul style="list-style-type: none"> In Scope: Peer discussion, informal education, and mutual education. Out of Scope: Counselling or therapy. 	<ul style="list-style-type: none"> Not-for-profit. Funded through government funding and donations. 	<ul style="list-style-type: none"> Self-referral, no cost. Drop in or email registration for different peer groups.
Family Support Institute of BC- Link 1	BC	<ul style="list-style-type: none"> Peer-based family support delivered by trained volunteer parents with lived experience ("Resource Parents"). 	<ul style="list-style-type: none"> In Scope: Mentoring, coaching, advocacy, and resource navigation. Out of Scope: Not explicitly stated. 	<ul style="list-style-type: none"> Provincial Not-for-profit. Funded through government funding and donations. 	<ul style="list-style-type: none"> Self-referral, no cost.
Vancouver Coastal Health- Link 1 , Link 2	BC	<ul style="list-style-type: none"> One-to-one peer support integrated within regional mental health services. 	<ul style="list-style-type: none"> In Scope: Goal setting, skill building, navigation, and emotional support. Out of Scope: Not explicitly stated. 	<ul style="list-style-type: none"> Public Health Authority. Government Funded. 	<ul style="list-style-type: none"> Referral from the individual's Mental Health Worker. No cost.

Appendix A.2 | Alberta Jurisdictional Scan Examples (2 of 7)

Organization-Program Link	Jurisdiction	Program Overview	Supports Provided	Service Delivery Model & Funding	Program Access
Wellness Network Edmonton- Link 1 , Link 2 , Link 3	AB	<ul style="list-style-type: none"> Peer-led systems navigation and Recovery College programming that focuses on mental health and wellness. 	<ul style="list-style-type: none"> In Scope: One-to-one peer-led systems navigation, connection to resources and community services, and courses on wellness/recovery/skill-building. Out of Scope: Clinical advice, ongoing counselling/therapy. 	<ul style="list-style-type: none"> Not-for-Profit. Funded through government funding and donations. 	<ul style="list-style-type: none"> Self-referral, no cost.
CMHA- Calgary- Link 1	AB	<ul style="list-style-type: none"> One-to-one peer support for mental health and substance use concerns. 	<ul style="list-style-type: none"> In Scope: Emotional support, lived-experience sharing. Out of Scope: Not explicitly stated. 	<ul style="list-style-type: none"> Not-for-Profit. Funded through government funding and donations. 	<ul style="list-style-type: none"> Self-referral, no cost.
Autism Calgary- Link 1	AB	<ul style="list-style-type: none"> Group-based peer support and limited one-to-one 'Talk Support'. 	<ul style="list-style-type: none"> In Scope: ASD-related information sharing, peer connection system navigation, resource linkage, and facilitated peer support groups. Out of Scope: Not explicitly stated. 	<ul style="list-style-type: none"> Not-for-Profit. Funded through donations, grants, and sponsorships (government funding unclear) 	<ul style="list-style-type: none"> Self-referral or drop in (depending on the program). No cost.
Vescova- Link	AB	<ul style="list-style-type: none"> Mental health services, education, and consultation provided by regulated professionals. 	<ul style="list-style-type: none"> In Scope: Individual counselling, group counselling, behavioral and planning consultation, education, training, and caregiver support. Out of Scope: Standalone peer support (peer exchange occurs only within clinical group setting). 	<ul style="list-style-type: none"> Not-for-Profit. Funded through government referrals (PDD) and private donations. 	<ul style="list-style-type: none"> Referral required through PDD Disability Caseworker. No cost.

Appendix A.3 | Ontario Jurisdictional Scan Examples (3 of 7)

Organization-Program Link	Jurisdiction	Program Overview	Supports Provided	Service Delivery Model & Funding	Program Access
Centre for Independent Living in Toronto- Link	ON	<ul style="list-style-type: none"> Monthly Groups and periodic events delivered by peer support for people with disabilities. 	<ul style="list-style-type: none"> In Scope: Peer support groups, creative expression, workshops, events, and resource navigation. Out of Scope: Professional counselling, therapy, medical or therapeutic advice. 	<ul style="list-style-type: none"> Not-for-Profit. Funded through government funding, program fees, and donations. 	<ul style="list-style-type: none"> Self-referral via Peer Support Coordinators (email or phone). No cost.
Microboards Ontario- Link	ON	<ul style="list-style-type: none"> Informal mentorship connections facilitated by the organization through Microboards. 	<ul style="list-style-type: none"> In Scope: One-to-one peer mentorship, advice, and emotional support. Out of Scope: Not explicitly stated. 	<ul style="list-style-type: none"> Not-for-Profit. Funded through government funding and other partnerships. 	<ul style="list-style-type: none"> Self-referral. Families contact peer mentors directly.
ConnectABILITY- Link	ON	<ul style="list-style-type: none"> Virtual platform and resource hub listing family peer support groups across Ontario (Directory model- does not deliver groups directly). 	<ul style="list-style-type: none"> In Scope: Group-based peer connection, information sharing, and transition planning. Out of Scope: Crisis Support, direct service delivery. 	<ul style="list-style-type: none"> Not-for-profit. Funded through government funding, fees for service, and donations. 	<ul style="list-style-type: none"> Listed programs are self-referral and free of charge. Registration before or drop-in depending on the group.
St. Joseph's Care Group- Link	ON	<ul style="list-style-type: none"> Peer Connections program provides peer-based social, emotional, and recovery-oriented supports for people with mental health and/or substance use challenges. 	<ul style="list-style-type: none"> In Scope: Informal and formal peer support, recovery action planning and goal setting, social activities and community engagement, and support for advocacy and system navigation. Out of Scope: Not explicitly stated. 	<ul style="list-style-type: none"> Catholic healthcare organization. Funded through government funding and program revenues. 	<ul style="list-style-type: none"> Self-referral or referral is accepted. Register by calling the program.

Appendix A.4 | Manitoba Jurisdictional Scan Examples (4 of 7)

Organization-Program Link	Jurisdiction	Program Overview	Supports Provided	Service Delivery Model & Funding	Program Access
Peer Connections Manitoba- Link 1 , Link 2	MB	<ul style="list-style-type: none"> Peer support through clinical and community settings, with a focus on fostering connection, shared learning, and emotional support. 	<ul style="list-style-type: none"> In Scope: One-to-one peer support (virtual or in-person), drop-in peer support (weekly, first-come, first serve), individual and group peer support, family peer support, and workshops and support groups to build belonging and shared knowledge. Out of Scope: Crisis Support. 	<ul style="list-style-type: none"> Charitable not-for-profit funded through government service contracts and grants, as well as fundraising and donations. 	<ul style="list-style-type: none"> Self-referral and no cost. Appointments booked via phone or email; drop-in option available for certain programs.
Independent Living Resource Centre- Link	MB	<ul style="list-style-type: none"> Peer support is offered as part of broader independent living training and programs, bringing people with disabilities together individually or in groups. 	<ul style="list-style-type: none"> In Scope: Peer groups (e.g., invisible disabilities, self-advocacy, life transitions), support on topics such as program navigation, independent living, employment, housing, relationships, self-esteem, and social inclusion. Out of Scope: Not explicitly stated. 	<ul style="list-style-type: none"> Consumer-controlled not-for-profit funded through government funding and grants, program fees, and other sources. 	<ul style="list-style-type: none"> No referral required and no cost indicated. Directly contact organization to register for supports.
CMHA- Manitoba- Link	MB	<ul style="list-style-type: none"> "The Club" is a CMHA Manitoba drop-in centre operating as a mutual peer support environment where participants support one another. 	<ul style="list-style-type: none"> In Scope: Drop-in peer-supported activities that change monthly, social and recovery-oriented programming. Out of Scope: Crisis support. 	<ul style="list-style-type: none"> Not-for-profit community-based mental health organization funded through government funding and donations. 	<ul style="list-style-type: none"> Participants register as members with a one-time \$2 fee and agree to shared rights and responsibilities.
MDAM Peer Support- Link	MB	<ul style="list-style-type: none"> Offers weekly online and in-person peer support groups, including wellness, men's, family and friends, and social connections groups. 	<ul style="list-style-type: none"> In Scope: Identity- and diagnosis-specific peer groups, social connection and discussion-based support. Out of Scope: Not explicitly stated. 	<ul style="list-style-type: none"> Not-for-profit funded through government funding. 	<ul style="list-style-type: none"> Varies by group: some drop-in, some require registration; virtual and in-person options. No cost and no referral required.

Appendix A.5 | Saskatchewan/PEI Jurisdictional Scan Examples (5 of 7)

Organization-Program Link	Jurisdiction	Program Overview	Supports Provided	Service Delivery Model & Funding	Program Access
Schizophrenia Society of Saskatchewan - Link 1 , Link 2	SK	<ul style="list-style-type: none"> Monthly peer support groups (in-person and virtual) and individual peer support for individuals and families affected by mental illness. 	<ul style="list-style-type: none"> In Scope: Peer-led group support, one-to-one peer support, emotional support, and advocacy, resource navigation. Out of Scope: Not explicitly stated. 	<ul style="list-style-type: none"> Charitable not-for-profit funded through government funding & donations. Program is connected to the Saskatchewan Health Authority. 	<ul style="list-style-type: none"> Self-referral or referral through Saskatchewan Health Authority programs. No cost.
CMHA-Saskatoon- Link	SK	<ul style="list-style-type: none"> CMHA-led groups facilitated by staff and additional community-led groups hosted onsite. 	<ul style="list-style-type: none"> In Scope: Group-based emotional support, peer listening, capacity building. Out of Scope: Crisis intervention. 	<ul style="list-style-type: none"> Not-for-profit community-based mental health organization funded through government funding and donations. 	<ul style="list-style-type: none"> Self-referral and no cost. Some groups are drop in and some require registration.
SaskAbilities- Link 1 , Link 2	SK	<ul style="list-style-type: none"> Peer support program delivered in partnership between SaskAbilities and the Saskatchewan Health Authority. 	<ul style="list-style-type: none"> In Scope: One-to-one peer support focused on recovery goals and strengths. Out of Scope: Clinical/traditional care. 	<ul style="list-style-type: none"> Government-funded program delivered through a health authority partnership. SaskAbilities is a registered charity. 	<ul style="list-style-type: none"> Referral through Mental Health and Addiction Services. Referral are reviewed jointly by partners.
CMHA-Prince Edward Island- Link	PEI	<ul style="list-style-type: none"> Comprehensive peer support program, including one-to-one peer support, group sessions, crisis intervention, and a Hospital to Home Program (part of the one-to-one support). 	<ul style="list-style-type: none"> In Scope: One-to-one peer support, peer support groups, hospital-to-home transition support, and accompaniment to appointments. Out of Scope: Not explicitly stated. 	<ul style="list-style-type: none"> Not-for-profit community-based mental health organization funded through government funding and donations. 	<ul style="list-style-type: none"> One-to-one support via self, family, or clinical referral. Groups are open with no referral or ongoing commitment required.

Appendix A.6 | AUS/NZL Jurisdictional Scan Examples (6 of 7)

Organization-Program Link	Jurisdiction	Program Overview	Supports Provided	Service Delivery Model & Funding	Program Access
Hand-n-Hand Peer Support- Link	AUS & NZL	<ul style="list-style-type: none"> One-to-one and group peer support delivered virtually or in-person for health professionals, care staff, and non-clinical staff. 	<ul style="list-style-type: none"> In Scope: Emotional wellbeing support, resilience-building, and peer listening. Out of Scope: Clinical mental health treatment and crisis intervention. 	<ul style="list-style-type: none"> Registered charity funded through government grants and donations. 100% volunteer-based. 	<ul style="list-style-type: none"> Self-referral and no cost. Structured process with triage and peer matching process.
Community Disability Alliance Hunter- Link 1 , Link 2	AUS	<ul style="list-style-type: none"> Various peer-led support programs delivered for people with disabilities. 	<ul style="list-style-type: none"> In Scope: Peer groups, mentoring, workshops, training, and community action. Out of Scope: Not explicitly stated. 	<ul style="list-style-type: none"> Registered charity and Disability Peoples Organization (DPO). Not clear how they are funded- likely grants and partnerships. 	<ul style="list-style-type: none"> Self-referral and no cost. Connect via phone or email.
Neami National Psychosocial Support- Link 1 , Link 2	AUS	<ul style="list-style-type: none"> Delivers one-to-one coaching and group-based supports for people with severe and persistent mental health challenges, embedding peer support within a formal service model. 	<ul style="list-style-type: none"> In Scope: One-to-one coaching (in-home, community-based, or phone), recovery planning and goal setting, daily living support and community connection, emotional support and relationship building, service coordination and system navigation, support related to physical health, finances, justice, substance use, education, and employment. Out of Scope: Standalone peer support (it is embedded within broader service delivery) 	<ul style="list-style-type: none"> Large not-for-profit funded primarily through government funding with additional private donations. 	<ul style="list-style-type: none"> Self-referral or referral form from a GP or other health service. No cost.
SANE Support Services- Link	AUS	<ul style="list-style-type: none"> Delivers digital mental health recovery supports, including RecoveryClub groups, online tools, and moderated community spaces. 	<ul style="list-style-type: none"> In Scope: Six-month RecoveryClub program, online recovery planning tools and participant portal, weekly recovery groups and fortnightly online catch-ups, access to broader SANE supports (Telephone counselling, forums, events). Out of Scope: Acute mental health crisis support. 	<ul style="list-style-type: none"> National mental health charity funded through government funding. 	<ul style="list-style-type: none"> Referrals are optional, no cost. Online registration required.

Appendix A.7 | UK Jurisdictional Scan Examples (7 of 7)

Organization-Program Link	Jurisdiction	Program Overview	Supports Provided	Service Delivery Model & Funding	Program Access
Anna Freud Peer Support Programme- Link 1 , Link 2	UK	<ul style="list-style-type: none"> Autism Central is national, co-produced peer support and education programme delivered on behalf of NHS England. 	<ul style="list-style-type: none"> In Scope: Online learning platform and training courses, one-to-one peer expert support (telephone/online), regional peer educator programmes, and community connection through drop-ins and coffee mornings. Out of Scope: Clinical treatment and advice. 	<ul style="list-style-type: none"> Mental health charity delivering NHS England-commissioned services. 	<ul style="list-style-type: none"> One-to-one support requires form application; group sessions are either drop-in or booked ahead of time. No cost.
Scope Online Community- Link 1 , Link 2	UK	<ul style="list-style-type: none"> Operate an online peer-to-peer community forum for peoples with disabilities and their families/carers. 	<ul style="list-style-type: none"> In Scope: Online discussion forums, peer-to-peer advice and experience sharing. Out of Scope: Medical or professional advice, crisis support, and certain prohibited content (e.g., self-harm, abuse, personal details) 	<ul style="list-style-type: none"> Disability charity funded through government funding, donations, retail sales, and partnerships. 	<ul style="list-style-type: none"> Online sign-up, no cost.
Buddies for All- Link	UK	<ul style="list-style-type: none"> The Buddy Programme matches adults with disabilities with buddies for companionship and social connection. 	<ul style="list-style-type: none"> In Scope: Companionship and support for social and leisure activities. Out of Scope: Personal care or formal support worker services. 	<ul style="list-style-type: none"> Community Interest Company funded through service fees and donations. 	<ul style="list-style-type: none"> Paid service with registration via the website. Discounts available for individuals receiving disability benefits.
Inclusion Barnet- Link	UK	<ul style="list-style-type: none"> Touchpoint provides one-to-one peer support to help people with disabilities overcome barriers and access resources. 	<ul style="list-style-type: none"> In Scope: Short-term peer support (up to 2 weeks), long-term peer support (up to 12 weeks), goal setting, navigation, and barrier reduction. Out of Scope: Medical, clinical, or emergency services. 	<ul style="list-style-type: none"> Charity funded through local government and philanthropic sources. 	<ul style="list-style-type: none"> Self-referral or professional referral. No cost.

Appendix B.1 | Current State Examples (1 of 3)

Organization-Program Link	Program Overview	Supports Provided	Program Clients	Program Access
Hope for Mental Health Society- Link 1	<ul style="list-style-type: none"> Provides one-to-one peer support meetings between individuals and trained peer supporters with lived experience of mental health challenges; meetings occur in the community. 	<ul style="list-style-type: none"> In Scope: Emotional Support, shared lived experience, and goal-focused recovery support. Out of Scope: Not stated. 	<ul style="list-style-type: none"> Individuals living with mental health challenges in Nova Scotia. 	<ul style="list-style-type: none"> Self-referrals and referrals from health professionals, family members, or community organizations via website registration.
Hope for Mental Health Society- Link 1	<ul style="list-style-type: none"> Peer support program connecting families affected by mental illness or addiction with trained peers who have lived experience supporting a loved one. 	<ul style="list-style-type: none"> In Scope: Emotional support, shared lived experience, and practical guidance. Out of Scope: Therapy & clinical intervention. 	<ul style="list-style-type: none"> Families impacted by mental illness or addiction. 	<ul style="list-style-type: none"> Register for the program through the organization's website.
Nova Scotia Health- Link 1	<ul style="list-style-type: none"> Toll-free phone service staffed by peer supporters with lived experience of mental health or substance use challenges; available to Nova Scotians aged 18+. 	<ul style="list-style-type: none"> In Scope: Emotional and social support. Out of Scope: Crisis intervention and emergency response. 	<ul style="list-style-type: none"> Adults (18+) living in Nova Scotia. 	<ul style="list-style-type: none"> Access by calling the toll-free number during service hours.
CMHA Nova Scotia- Link 1	<ul style="list-style-type: none"> Province-wide peer-led supports groups facilitated by trained peers or CMHA staff, offered in virtual and in-person formats depending on location. Groups are non-clinical and focus on mutual support, connection, and shared lived experience. 	<ul style="list-style-type: none"> In Scope: Emotional support, shared living experience, facilitated group discussions, and connection to community resources. Out of Scope: Clinical counselling, diagnosis, crisis intervention, medical advice, and case management. 	<ul style="list-style-type: none"> Adults in Nova Scotia experiencing mental health challenges; populations vary by group. 	<ul style="list-style-type: none"> Open or registration-based; typically, free. Access via CMHA NS website or email contact with facilitator.
CMHA Nova Scotia- Link 1	<ul style="list-style-type: none"> A facilitated peer support group for caregivers and family members supporting someone with mental health or substance use challenges. Delivered primarily virtually. 	<ul style="list-style-type: none"> In Scope: Emotional support, shared lived experience, peer discussion, validation, and coping strategies. Out of Scope: Family therapy, counselling, clinical assessment, and crisis intervention. 	<ul style="list-style-type: none"> Family members and caregivers of people with mental health or substance use challenges. 	<ul style="list-style-type: none"> Registration required; free.

Appendix B.2 | Current State Examples (2 of 3)

Organization-Program Link	Program Overview	Supports Provided	Program Clients	Program Access
CMHA Nova Scotia- Link 1	<ul style="list-style-type: none"> A peer-led support group providing a safe space for men to discuss mental health, wellbeing, and life challenges with others who have shared lived experience. 	<ul style="list-style-type: none"> In Scope: Peer discussion, emotional support, and normalization of help-seeking. Out of Scope: Counselling, crisis response, clinical intervention. 	<ul style="list-style-type: none"> Men (19+) experiencing mental health challenges. 	<ul style="list-style-type: none"> Registration required; free.
CMHA Nova Scotia- Link 1	<ul style="list-style-type: none"> Peer group focused on the mental health impacts of chronic pain, emphasizing shared experience and coping strategies. 	<ul style="list-style-type: none"> In Scope: Peer discussion, emotional support, and normalization of help-seeking. Out of Scope: Counselling, crisis response, and clinical intervention. 	<ul style="list-style-type: none"> Adults living with chronic pain. 	<ul style="list-style-type: none"> Registration required; free.
Mental Health Foundation of Nova Scotia- Link 1	<ul style="list-style-type: none"> Provincial charitable organization focused on funding mental health and addictions initiatives and providing public information on available support. 	<ul style="list-style-type: none"> In Scope: Funding/grants; mental health information and resource listings. Out of Scope: Direct service delivery and clinical care. 	<ul style="list-style-type: none"> Community organizations and the general public. 	<ul style="list-style-type: none"> N/A
Healthy Minds Cooperative- Link 1	<ul style="list-style-type: none"> Community-based organization offering peer-led mental health and wellness programs, groups, and workshops across Nova Scotia. 	<ul style="list-style-type: none"> In scope: Peer-led groups, workshops, and community wellness activities. Out of Scope: Not stated. 	<ul style="list-style-type: none"> Open to anyone in Nova Scotia. 	<ul style="list-style-type: none"> No referral required, registration through website program listings.
7 th Step Society of Nova Scotia- Link 1	<ul style="list-style-type: none"> A peer-led support organization for individuals who have had conflict with the law; weekly street group meetings providing a confidential space for members to share struggles/successes and support one another in behavioural change. 	<ul style="list-style-type: none"> In Scope: Weekly street group meetings offering peer support, emotional support, informal problem solving, connection building, and training programs (Peer Support Training; Reintegration program; Taking Responsibility/Healthy Relationships; 7 Steps philosophy). Out of Scope: Not stated. 	<ul style="list-style-type: none"> Individuals who have had conflict with the law, incarcerated and formerly incarcerated adults; at-risk youth ages 9–17 (through the 7th Steps 4 Youth Early Intervention Crime Prevention program). 	<ul style="list-style-type: none"> Contact via email or outreach; meetings are weekly; youth programs delivered at Nova Scotia Youth Centre.

Appendix B.3 | Current State Examples (3 of 3)

Organization-Program Link	Program Overview	Supports Provided	Program Clients	Program Access
902 Man Up- Link 1	<ul style="list-style-type: none"> Community-based, peer-informed programs focused on empowerment, mentorship, leadership, and community safety, with mental health and wellbeing embedded across programming rather than delivered as a stand-alone peer support service. 	<ul style="list-style-type: none"> In Scope: Mentorship, leadership development, advocacy, education support, shelter services, community connection, and culturally responsive mental health supports. Out of Scope: Clinical counselling, diagnosis, formal therapy, and crisis intervention. 	<ul style="list-style-type: none"> Primarily Black Nova Scotian youth and adults; individuals experiencing marginalization or community violence. 	<ul style="list-style-type: none"> Self-referral, outreach, and partner referrals; low-barrier and community-based.
Posse Project- Link 1	<ul style="list-style-type: none"> Youth-driven, peer-led outreach program providing low-barrier peer support, harm reduction, crisis response, and service navigation in community settings. 	<ul style="list-style-type: none"> In Scope: Peer outreach, emotional support, crisis support, harm reduction supplies, service navigation, education, and referrals. Out of Scope: Clinical treatment, psychiatric care, formal therapy, and inpatient crisis stabilization. 	<ul style="list-style-type: none"> Youth and young adults (approx. 15-35); individuals experiencing substance use, housing instability, violence, or marginalization. 	<ul style="list-style-type: none"> Very low-barrier; outreach-based, drop-in, self-referral; no formal referral required.
Direction 180- Link 1	<ul style="list-style-type: none"> Low-threshold, community-based opioid treatment and harm reduction program integrating medical care, counselling, and peer support within a holistic service model. 	<ul style="list-style-type: none"> In Scope: Peer support, opioid agonist treatment (OAT), harm reduction supplies, counselling, health monitoring, advocacy, and referrals. Out of Scope: General mental health services unrelated to substance use; non-opioid clinical care outside mandate. 	<ul style="list-style-type: none"> Adults experiencing opioid use disorder, often with complex health and social needs. 	<ul style="list-style-type: none"> Walk-in and referral-based; low-threshold access model.
Eating Disorders Nova Scotia- Link 1	<ul style="list-style-type: none"> Provides one-to-one and group peer support focused on eating disorder recovery. Also provides peer support for family and friends of individuals with an eating disorder. 	<ul style="list-style-type: none"> In Scope: Weekly/monthly groups offering peer support, emotional support, strategies/problem solving, and individualized 1:1 support. Out of Scope: Not stated. 	<ul style="list-style-type: none"> Individuals with an eating disorder, or individuals concerned about their relationship with food, eating, and/or their body. Family & friends of individuals with an eating disorder. 	<ul style="list-style-type: none"> No diagnosis or referral is required; free. Register online once and then they can join whenever they'd like.

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