

EXPERIENCE IS EXPERTISE:

Improving Peer Employment in BC's
Mental Health and Substance Use Sector

EXECUTIVE SUMMARY

Canadian Mental Health Association, BC Division

OCTOBER 2023



Canadian Mental
Health Association
British Columbia
Mental health for all



years of
community

Acknowledgments

This report is dedicated to the peer workers who made invaluable contributions to our research. We are profoundly grateful for your willingness to share your experiences, which have been instrumental in our efforts to instigate positive change.

Furthermore, CMHA BC wishes to express gratitude to those who served on the Peer Advisory Committee and to those who dedicated their time to offer feedback as external reviewers of this report. Your input and commitment are greatly appreciated.

Finally, we also extend our heartfelt appreciation to the myriad peer workers who contribute their expertise to our communities.

Thank you!

*We respectfully acknowledge
xʷməθkʷəyəm (Musqueam),
Skwxwú7mesh (Squamish), sə́lilwətaʔ
(Tsleil-Waututh), Lkwungen (Songhees)
and Wyomilth (Esquimalt) peoples on
whose traditional, unceded lands the
CMHA BC offices are located.*

**We would like to acknowledge the
Vancouver Foundation for funding this project**

vancouver
foundation



EXECUTIVE SUMMARY

Peers are persons who apply their lived or living experience of mental illness and/or substance use to the performance of their job duties within the health and social service sectors. Since the release of *A Pathway to Hope*, the Province of BC's mental health and addictions strategy, peer work has been encouraged by government through various initiatives and recognized as a valuable part of BC's mental health and substance use (MHSU) sector. The sector employs peer workers to perform a range of jobs, from support and outreach workers to educators and researchers. The most common position is support worker, where peer roles are restricted to direct service delivery. There are limited peer roles that provide opportunities to contribute to the design, development, delivery, and evaluation of supports, services, and policies in the sector.

The Canadian Mental Health Association, BC Division (CMHA BC) undertook a community-based research project to assess the readiness of BC's MHSU sector for "co-production" or equitable partnerships between peer and non-peer colleagues where they share power and undertake their work together. From April 2020 to fall 2021, the project team sought to learn the current state of peer employment and understand the experiences of peer workers in BC. The mixed methods study combined an environmental scan of peer positions, surveys to peer employers, and interviews with peer workers. This report aims to fill gaps in the literature, which has been largely focused on what can be done at the workplace level, by focusing on systemic challenges and opportunities for co-production.

Despite peer work initiatives stemming from *A Pathway to Hope*, the study found that the BC MHSU sector is far from achieving co-production. Peers are inadequately paid, barred from participation at their work sites, forced to tolerate prejudicial beliefs about their lives and abilities, and stuck within service provision roles that marginalize their voices and viewpoints. Social inequity, exploitation, stigma, and discrimination are significant barriers to the realization of meaningful participation and peer partnership. **This report focuses on three ways to enhance peer work and empower peers in BC: 1) removing barriers to peer employment, 2) creating equitable workplaces, and 3) building towards systems-wide co-production.**

A necessary first step is to remove existing barriers to peer employment. A greater amount and range of peer positions must be made available, and peers must be provided adequate compensation for their work equivalent to their non-peer colleagues. This can be achieved through adequate funding to peer-employing organizations, which will allow them to expand and sustain the peer workforce at liveable wages (with benefits where appropriate), and including peers in provincial strategies to recruit, train, and retain health workers in BC. In addition to liveable wages and to reinforce the value of peer work, peer workers on income or disability assistance should be able to keep their peer employment earnings without experiencing clawbacks.

While important, removing these barriers alone is not sufficient. Workplaces must become more welcoming to peer workers and treat them more equitably. Employers can foster environments that value peer work by dispelling the pervasive discriminatory idea that peer work is an act of charity and by giving the same value to lived and living experience as educational achievement

and work experience. Employers need to clearly define the roles and responsibilities of peer workers and communicate the benefits of the distinct contributions of peer roles to all employees. Employers can offer training to non-peer staff to unpack personal biases and promote greater inclusion. Workplaces can eliminate structural exclusion by providing equitable access to benefits and accommodations. Better yet, workplaces that continue to become more adaptive and flexible can create accessible physical and social environments that eliminate the need for most accommodations. These steps will lead to greater retention, tenure, and respect for peer workers whose numbers must be increased to progress towards equitable partnership for longer-term systemic reform.

Our long-term vision is to build toward system-wide co-production in the MHSU sector, ensuring peers have influence at every level of the system from planning, development, and implementation to evaluation of services, policies, and programs. Professional hierarchies that structure the MHSU sector must be dismantled, and principles of mutual support and experiential knowledge must be held in equal esteem to clinical protocols and professional credentials. While peer workers are well embedded in service provision in BC, they are often still missing from planning and decision-making tables. Until peers are given equal power in these spaces, we cannot achieve co-production in BC.

Based on these findings, this report lays out five systemic recommendations to the Province of BC, across three Ministries and one Independent Office of the Legislature, to remove barriers, create equitable workplaces, and strive towards co-production. We are grateful to the peer workers who shared their experiences with us. We look forward to working with the Province of BC to see these recommendations become a reality so that peers working in the MHSU sector can thrive and the sector itself can benefit from the incredible expertise of peers across BC.

Summary of Recommendations

Removing Barriers to Employment

Enhance access to the peer support work income exemption for all peer workers in BC.

We recommend the **Ministry of Social Development and Poverty Reduction**, in partnership with the **Ministry of Health**, consider enhancing access to the peer support work income exemption for all peer workers in BC by:

- a.** Expanding eligibility for the income exemption from only peer support work to include all types of MHSU peer work where lived and living experience is a qualification for the position and necessary for the performance of job duties;
- b.** Developing a clear way of accessing and systemic way of processing the peer work income exemption, including eliminating the need for peer-employing organizations in the MHSU sector to be “designated agencies” through a health authority;
- c.** Developing educational resources for employers on how to facilitate the exemption for peer workers who are on income or disability assistance; and
- d.** Working with community partners to co-develop and distribute resource materials to peer workers to understand their eligibility and process for applying for the exemption.

Increase opportunities for peers and improve peer work conditions within the MHSU sector.

We recommend the **Ministry of Health**, in partnership with the **Ministry of Mental Health and Addictions**, consider continuing the work that began in *A Pathway to Hope* to increase opportunities for peers and improve peer work conditions within the MHSU sector by:

- a. Recognizing peer support workers in the Health Human Resources (HHR) Strategy, which includes MHSU services as a priority area;
 - i. For example, the Ministry of Health could include peer workers in the new employer-sponsored 'Earn and Learn' programs (Action #53 of the HHR Strategy), to reduce financial and other barriers to training and offer viable career growth opportunities for peers who want and are in a place to grow their careers;
- b. Mandating that any paid peer positions in the MHSU sector funded by the Ministry of Health or the Ministry of Mental Health and Addictions, either directly or contracted through partners (e.g., health authority, community-based organization), are provided a livable wage and benefits on par with similar non-peer positions, and;
- c. Creating a funding stream exclusively for peer employment that is accessible to health authorities, non-profits, and peer-run organizations that are part of the MHSU sector. Employment conditions such as a livable wage, benefits, and providing the income exemption should be mandatory eligibility criteria to apply for and receive the funding, which should be reviewed annually and be provided on a recurring, annual basis to organizations that continue to meet the conditions.

Creating Equitable Workplaces

Fund a peer-employing organization to develop and deliver training for MHSU organizations on the role and value of peers in the workplace.

We recommend the **Ministry of Mental Health and Addictions** consider dedicating funds for a peer-based or peer-employing organization to develop and deliver training to MHSU organizations on the role and value of peers in the workplace, the risks associated with re-traumatization in the workplace, and strategies to foster a trauma-informed and stigma-free workplace.

The training could include components by and for Indigenous organizations that address the ongoing harms of colonialism, culturally safe practices, Indigenous concepts of holistic wellness, and principles of self-determination.

Expand current guidelines on employment equity to increase inclusion of persons who have mental health and/or substance use-related disabilities.

We recommend the **BC Office of the Human Rights Commissioner** consider expanding their current guidelines on employment equity to include examples of accessible workplace practices and intersectional accommodations that employers can enact and offer employees to increase inclusion of diverse persons who have mental health and/or substance use-related disabilities.

The guidelines should specifically address peer workers, where the nature of their role may require them to disclose at least the existence of a health issue or disability or an aspect of their identity that is often subject to discrimination, and provide guidance to employers on the fulfillment of human rights obligations.

Building Toward Co-Production in BC

Establish a new Independent Office of the Legislature called the BC Office of the Mental Health Advocate.

We recommend the **Government of British Columbia** consider establishing a new Independent Office of the Legislature called the BC Office of the Mental Health Advocate. The Office should be composed of a committee of members who possess lived and living experience of mental illness, substance use, and public service access.

The Office's role will be to receive and resolve complaints from service users, conduct systemic investigations, produce public reports, and provide recommendations for reform directly to the Legislative Assembly of BC to support all Members of the Legislative Assembly to monitor and assess government programs, procedures, and performance.

CMHA BC is part of one of Canada's most enduring and recognized charitable organizations, working towards a vision of Canada where everyone can realize their human right to their best possible mental health.

OCTOBER 2023



**Canadian Mental
Health Association**
British Columbia
Mental health for all



*years of
community*