

Mental health peer support



About this report

This report forms part of Wellcome's 2020 Workplace Mental Health Commission. The aim of the commission was to understand the existing evidence behind a sample of approaches for supporting anxiety and depression in the workplace, with a focus on younger workers.

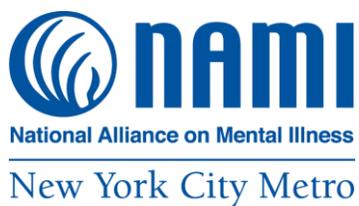
You can read a summary of all the findings from Wellcome's 2020 Workplace Mental Health Commission on our website: <https://wellcome.org/reports/understanding-what-works-workplace-mental-health>

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Mental Health Peer Support for Young Adults in the Workplace

Report Prepared for the Wellcome Trust



EXECUTIVE SUMMARY

In this collaborative project, New York University, the National Alliance on Mental Illness of New York City (NAMI-NYC), and Mental Health Innovations (a Canadian workplace mental health social enterprise) reviewed evidence concerning mental health peer support, with a particular emphasis on support for young adults in the workplace who have experience with depression and/or anxiety. Mental health peer support is defined as mutual support involving the sharing of experiential knowledge, skills, and social learning to support recovery. Our review involved the following three components: (a) a *science-informed review* of 21 articles (out of a total of 61 identified articles) from the academic literature on workplace mental health peer support models, with an emphasis on those that are relevant to young adults; (b) a *youth-informed review* consisting of focus groups with 17 young adults who have experienced anxiety and/or depression, especially in the workplace; and (c) a *practice-informed review* consisting of a review of mental health peer support initiatives in workplaces, with particular attention paid to expert knowledge, best practices, and existing models used by peer supporters in workplace settings (obtained from four program authorities, 26 peer supporters, and seven practice documents).

Key themes that emerged from our review were that mental health peer support programs can increase mental wellness, self-efficacy and confidence among workers while reducing mental health stigma in the workplace. We also found that young adults with lived experience of depression and anxiety reported being more open to the idea of a peer support program if their workplace has a climate of trust between employers and employees. Based on our overall findings, we recommend that organizations planning to implement a peer support program for employees who are young adults should provide adequate training for the peer supporters, as well as safeguards to ensure privacy and confidentiality for those receiving support. Organizations should also create a network of internal and external resources that can provide ongoing guidance for peer supporters. Additionally, it is imperative that employers create a safe environment so that young adults can freely use the peer support program as a peer or peer supporter without fear of negative impact on their career advancement.

It is also important to note that organizations with peer support programs typically have a variety of services available to employees such as mental health education opportunities, mentoring, and dedicated mental health counsellors; having a host of mental health initiatives further reinforces the message of genuine organizational support for employee well-being. More broadly, a peer support program can allow employers to empower young workers to be proactive in supporting their mental health needs by reaching out to peers with lived experience who are willing to guide them and assist them in remaining active members of the workforce.

INTRODUCTION AND BACKGROUND

This project was an international collaboration between an academic institution (New York University (NYU)), a peer-based mental health non-profit organization (National Alliance on Mental Illness of New York City (NAMI-NYC)), and a workplace mental health social enterprise in Canada (Mental Health Innovations (MHI)) to review the evidence on mental health peer support, particularly as it relates to depression and anxiety among young adults in the workplace. For the purposes of this review, mental health peer support was defined in accordance with the United States Substance Abuse and Mental Health Services Administration (SAMHSA)'s 2015 definition of mental health peer support as mutual support involving the sharing of experiential knowledge, skills, and social learning to support recovery. Such programs typically have the following characteristics (see *Appendix A* for a more detailed description):

- Peer supporters have personal lived experience with mental health problem(s)
- Peer support programs are volunteer-based
- Peer support programs provide an employee-to-employee support system
- Employee well-being is enhanced through social and/or emotional support.

For our definitions of depression and anxiety, we used the Mental Health Commission of Canada's mental health continuum model, which was specifically developed for the workplace and states that mental health conditions are not binary but rather shift along a spectrum from "healthy" to "ill". As shown in *Appendix B*, this model reflects a range of feelings, including sadness, nervousness, and panic. Because our project team is based in Canada and the U.S., we considered evidence on workplace mental health peer support initiatives in general but with a particular focus on these two countries. All age groups were included in our review of the existing evidence; however, special attention was given to evidence documenting the benefits and the challenges of mental health peer support approaches with young adults under age 25.

Figure 1 shows an overview of our project. The project benefited from the diversity of our team which represents expertise in research, mental health, and workplace/community peer support. As such, our project methodology was grounded in the acknowledgement that diverse forms of knowledge are valuable and was therefore designed to draw inferences from both scientific and experiential knowledge communities. Specifically, the project comprised the following reviews: (a) a *science-informed review* of the academic literature on workplace mental health peer support models, with an emphasis on those that are relevant to young adults; (b) a *youth-informed review* consisting of focus groups with young adults who have experienced anxiety and/or depression, both in life and in the workplace; and (c) a *practice-informed review* consisting of a review of mental health peer support initiatives in workplaces, with particular attention paid to best practices and existing models used by peer supporters in workplace settings.

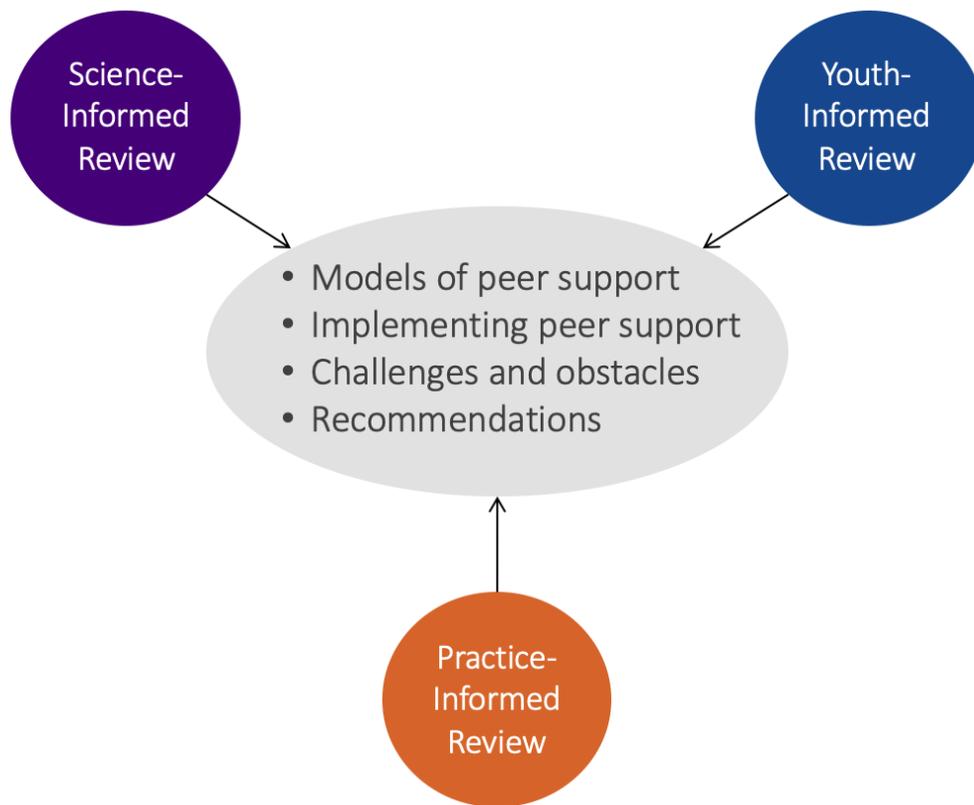


Figure 1. Overview of Project

METHODOLOGY

Overview of Project Methodology

The overarching goals of our project were to gather information on mental health peer support in the workplace for young adults experiencing anxiety and/or depression from three key sources and to integrate that information to understand the prevalent themes and challenges and develop corresponding recommendations. The methods used for the three reviews are described below. The science-informed review was led by the NYU team, the youth-informed review was led by the NAMI-NYC team, and the practice-informed review was led by the MHI team. However, all team members collaborated on developing the surveys and focus group questions and on developing strategies for recruiting survey respondents and focus group members.

Science-Informed Review Methodology

A science-informed review of the academic literature was conducted. This review included published research articles, books, chapters, and conference proceedings on workplace mental health peer support, with an emphasis on peer support that is young adult-specific or young adult-relevant. The search was conducted using Medline, PsycINFO and Google Scholar

databases. The search terms used were combinations of the following: ‘peer’, ‘peer support’, ‘peer provider’, ‘consumer-provider’, ‘mental health’, ‘depression’/‘depress’, ‘anxiety’ ‘distress’, ‘mental wellbeing’, ‘workplace support’, ‘occupational health’, ‘employee interaction’. Additionally, the references lists for all relevant sources were examined to find additional publications related to mental health peer support for young adults and workplace peer support. As indicated in the flowchart diagram in Appendix C, the overall search of the literature and perusal of reference lists yielded 5811 possible articles. From those, 61 were found to be eligible because they discussed relevant programs. Twenty-one of the articles were included in the final review because they reported on evaluations of relevant programs and they dealt with peer support related to mental health or young adults or workplaces.

Youth-Informed Review Methodology

Two focus groups were conducted with a total of 17 participants, each between the ages of 21 and 30 who self-identified as having lived experience with depression and/or anxiety. Although none of the participants had any direct involvement with a workplace peer support program, the aim of these focus groups was to determine if young adults were amenable to taking part in such a program and to assess what the perceived barriers might be. Twelve participants identified as female, 4 as male, and 1 as non-binary. Eleven participants identified as heterosexual, two as bisexual, and one each as gay, lesbian, queer and N/A. Participants self-identified as Caucasian (11), Asian (3), Black (2), and Latin/Hispanic (1), and as living with anxiety (7), depression (1), and both anxiety and depression (9). The work industries represented included healthcare/nonprofit, arts/film, education, advertising/marketing, and technology. Recruitment of the focus group participants was conducted through the network of agencies and organizations with which NAMI-NYC has collaborated over the years, including Lime Connect, One Mind, and The Stability Network. Each focus group conversation was recorded, transcribed, and reviewed by two team members to identify themes. The questions that were asked in the focus groups can be found in *Appendix D*.

Practice-Informed Review Methodology

A practice-informed review of workplace peer support was conducted through an online search of publicly available policy documents and manuals using combinations of the key words “workplace”, “peer support”, “employee support”, “social support”, and “peer program”. Only documents that addressed peer support in the workplace were included in analyses. We identified seven practice documents that addressed peer support in the workplace. In addition, through the project team’s collective knowledge of organizations with peer support programs, surveys were sent to the following: (a) peer supporters with direct expertise in conducting peer support in the workplace, and (b) program leads working within companies that have existing peer support programs. These surveys yielded responses from 4 program leads and 26 peer supporters. These data were synthesized to develop a set of common themes, guidelines, and best practices for the design and implementation of workplace peer support programs. The questions for the survey

sent to peer supporters can be found in *Appendix E*. The questions for the survey sent to program leads can be found in *Appendix F*.

RESULTS

Results of Science-Informed Review

Our review of the scientific literature revealed a lack of a consistent definition of what constitutes peer support across different contexts. We also found that there is a dearth of scholarly work specifically in the area of workplace mental health peer support for young adults related to depression and anxiety. Therefore, our review focused on the academic literature in these three overlapping areas: mental health outcomes of peer support; peer support in the workplace; and peer support for young adults under age 25. The following is our summary of each of those respective literatures:

Mental Health Outcomes of Peer Support. The existing literature on the mental health outcomes of peer support interventions demonstrates significant enhancements in well-being in addition to reductions in depression and anxiety symptoms (Bryan & Arkowitz, 2015; Burke et al., 2018; Cook et al., 2012; Davidson et al., 2012; Repper & Carter, 2011). Multiple meta-analyses of randomized controlled trials (RCTs) examining a wide range of peer support interventions, however, found inconsistencies in the standardization of methodologies used to measure mental health across studies (Cook et al., 2012; Pfeiffer et al., 2011; Repper & Carter, 2011). Furthermore, these meta-analyses identified specific challenges that must be considered in the implementation of peer support interventions in work and community environments (Repper & Carter, 2011).

Several RCTs demonstrate the efficacy of peer support across different contexts. Repper and Carter reviewed seven RCTs on peer support in the workplace and found that the use of peer support workers (PSWs) led to improvements in recovery outcomes such as hope, empowerment, self-efficacy, self-esteem and stability in employment and education (2011). Furthermore, a meta-analysis of 23 peer-run programs for the treatment of depression demonstrated substantial reductions in depressive symptoms and found that peer support was as effective as professional interventions and superior to no-treatment conditions (Bryan & Arkowitz, 2015). In addition, Pfeiffer et al. (2011) found PSW-led support groups were more beneficial in reducing symptoms of depression than professionally-led group therapy sessions. Moreover, a RCT measuring the effectiveness of an eight-week, peer-led wellness-recovery action planning program (WRAP) reported that individuals experienced significant decreases in both depression and anxiety symptoms in conjunction with increases in hope, quality of life and self-advocacy as compared to the control group (Cook et al., 2012). Lastly, a RCT examining self-management for chronic medical conditions and comorbid serious mental illness found that peer-led interventions ameliorated physical and mental health-related quality of life in comparison to a control group (Druss et al., 2018).

Despite aforementioned benefits, the literature raises several challenges to consider in development and implementation of effective peer support interventions. An integrative examination of a community-based peer support intervention identified core themes of both positive and negative outcomes (Hardy et al., 2019). Among the obstacles contributing to negative outcomes were concerns regarding the maintenance of healthy boundaries and the lack of training, supervision and compensation for internal peer support facilitators (Hardy et al., 2019). Furthermore, the findings of a cross-sectional study measuring the personal costs and benefits of internal peer support echoed the above concerns regarding boundaries but found that proper training and support minimized the costs that internal peer supporters incurred (Burke et al., 2018; Davidson et al., 2012). More specifically, training programs that maintain egalitarian relationships, prioritize support based on experience rather than professional expertise and avoid the formation of hierarchical power dynamics between PSWs and group members led to more efficacious outcomes for peer-led interventions (Repper & Carter, 2011). Lastly, training programs that emphasized social and emotional skill-building and supervision from mental health professionals increased PSW's effectiveness (Repper & Carter, 2011). Nonetheless, more research needs to be conducted to discern the level and type of training that is most efficacious and to maintain the delicate balance between colleague and peer supporter in work environments (Hardy et al., 2019; Repper & Carter, 2011).

Peer Support in the Workplace. The existing literature on workplace peer support, while limited, demonstrates a range of promising outcomes relevant to employment (McEnhill et al., 2016). Peer support has been shown to promote both employee and organizational resilience (Agarwal et al., 2020). On an individual level, it can improve employees' mental well-being, increase their confidence, and improve their ability to cope with everyday workplace stressors. Organizational culture is also positively impacted by peer support as it facilitates trust and supportive relationships between colleagues and contributes to positive cultural change by decreasing stigma towards mental illness (Agarwal et al., 2020).

In a set of longitudinal studies evaluating peer-led mental health services, Ochocka et al. (2006) found that consistent engagement with peer support, as both a provider and recipient, increased participants' stability in employment and decreased their perception of stigma as an obstacle to retaining work. This contributed to increased feelings of empowerment and independence. Further, over 18-month and 3-year follow-up, participants continuously active in peer support programs scored significantly higher on measures of community integration, perception of social support, and quality of life and were significantly more likely to be employed or engaged in education or training than those in comparison groups who were not involved in peer support (Nelson et al., 2006; Nelson et al., 2007).

Research has also explored the impact of peer support groups on employment retention (Peterson et al., 2008; Cameron et al., 2012). Peterson et al., (2008) examined the impact of peer support on healthcare workers' experiences of stress and burnout by conducting an RCT of 131 participants reporting high levels of stress and exhaustion with peer support as the intervention. Results showed significant positive impacts on measures of depression, anxiety and exhaustion.

These results persisted at 12-month follow-up along with significant positive effects on the employees' perceptions of workload and available support, participation at work, and engagement with professional development opportunities. Further exploration of what participants felt contributed to these positive outcomes highlighted the process of developing a sense of belonging and workplace community, the value of talking to others who understood their experience, the structure provided by the program, the decrease in symptoms associated with stress and burnout such as anxiety, anger and sleep difficulties, and increased levels of self-confidence. The authors reported that peer support could be a 'useful and comparatively inexpensive tool for alleviating work-related stress and burnout' and enabling employees to remain in work.

Cameron et al. (2012) looked at the role of group peer support for people with mental health conditions, as part of a multi-faceted UK-based job retention intervention aimed at targeting person-environment-occupation domains. They found that the peer support aspect of the intervention provided an effective environment for workers to share their experiences and engage in supported problem-solving. This reduced feelings of guilt, isolation and self-blame, which were posited as barriers to remaining in work. Peer support has also been found to positively impact absenteeism and lower sick leave rates. Odeen et al. (2013) found that a workplace-based peer support program for employees with lower back pain, in which a 'peer advisor' was present at work to provide advice and social support, resulted in lowered sick leave rates. Whybrow et al. (2015) found that peer support, within trauma-exposed hierarchical organizations such as the military, can prevent absenteeism and disengagement and improve overall well-being.

Peer Support for Young Adults. Our review also examined the literature on the effects of peer support that is specifically for young adults. Although there are only a small number of such studies, the literature indicates that there are potential benefits to young people when they are provided with peer support. For instance, Kirsch et al. (2014) described peer support on college campuses as providing an important way to "capitalize on students' natural inclination to assist their peers". Research has also investigated the experiences of young adults who provide mental health peer support to other young adults. For instance, Simmons et al. (2020) collected data from young adult mental health peer workers and found three main results in their study. The first is that the peer supporters moved from fear to hope over the data collection period of six months. Second, the peer supporters reported an increasing understanding of the importance of their role over time. And lastly, the peer workers came to see the knowledge of shared experiences as a key asset for young people.

Similarly, a recent study by Johnson and Riley (2019) found in their sample of undergraduate students providing mental health peer support evidence that there are improvements in the peer supporters' well-being over time. More generally, those authors describe a compelling rationale for the use of peer support for students in responding to the college mental health crisis because peer support workers can provide a "low barrier-to-access and cost-effective method by which universities can supplement their traditional resources".

Similar arguments have been made in support of mental health peer support for young workers who can also face changes to their well-being as they transition from college to the work world: A 2018 article by McBeath et al. argues that, for young people, peer support and a sense of belonging are critical for improved mental health, better coping skills and the ability to handle stress, all of which are important during transition into the labor market.

Results of Youth-Informed Review

The following are the results of the review of findings from the two focus groups conducted to learn more about young adults' lived experience with anxiety and depression in relation to their work environment:

1. Effects of work on anxiety/depression

Participants felt an increase in anxiety and depression in the workplace when boundaries were unclear, and they perceived a lack of support/oversight by their supervisor:

"I get anxiety when the work that's designated for me to do wasn't properly explained... It becomes really overwhelming."

"If I'm able to text my supervisor... or if they're understanding that alleviates my anxiety and later my depression."

2. Effects of anxiety/depression on work

Respondents felt their anxiety often interfered with sleep, causing punctuality issues. Depression often led to a lack of motivation and energy:

"Sometimes I would... have trouble sleeping, wake up through the nights, so waking up in the morning was just a bear. I would drag my feet every time I had to get to work."

"It does affect how I do my work. It's not that I miss deadlines or anything like that, but it's just that sometimes I can't really be all there."

"Trying to muster up the energy and the motivation and also dealing with thoughts and other things that happen because of my depression."

3. Corporate Culture

Participants felt their companies needed to do significantly more work around the internal attitude toward mental health in the company before they would consider taking part in a PSP:

"If the organization is really, really healthy and you can see that they care about you, then [PSP] could be...totally fine... But if it's a toxic workplace and this is the band aid ... you should be skeptical."

"I think it would be hard to implement peer-to-peer mental health support at a company where mental health has never been a priority before."

4. Trust

Participants expressed concerns around confidentiality, boundaries, anonymity and qualifications of the peer supporter. In particular, there was a strong distrust for Human Resources (HR), with many expressing skepticism concerning HR departments and where their allegiances lie:

“Because even with all the assurance from the world...that this is not going to get back to HR, I’d be like, ‘but what if it does?’”

“There’s a trust issue there because what is really changing? Is this surface level? Or is this an actual way that you care about your employee?”

“I think that the key is that there’s training involved because I think that a lot of people want to listen and they want to provide support, but they don’t know how, and they don’t know what the boundaries are.”

5. Leadership Support

It was clear that, unless leadership on all levels were on board, these participants would be suspicious of the underlying motives of putting a PSP in place:

“The same boss had given me the “you can talk to me about anything” spiel and I had told him that I had anxiety and he goes, well maybe you should just find a different job. I was like, ‘Great, that’s reassuring.’”

“As long as leadership is recognizing the importance and even leading by example, that was ideal. And it made me so much more willing to work harder.”

6. Stigma

Participants expressed concern around existing stigma and the lack of understanding surrounding mental health problems in the workplace. They worried about the risk of taking part in a program that might expose them to stigmatizing responses from their colleagues:

“I wasn’t sure if it would be treated with the same legitimacy as if I were to have some sort of physical problem.”

“Physical therapy is acceptable, mental therapy or cognitive therapy not very much.”

“People are very superficial in that regard. If I can’t see it, it must not exist. And people that don’t have anxiety, depression, OCD, what have you, can’t even fathom what that is.”

“I’m very careful about this because there is such a pejorative viewpoint towards mental health, not only in society, but particularly in the workplace with regards to productivity.”

Results of Practice-Informed Review

Our practice review comprised seven practice documents and survey responses from four workplace peer support program authorities and 26 peer supporters. These PSPs were located

within organizations ranging in size from 400 to 7000 employees within industry, government, and emergency services. The number of peer supporters ranged from 20 to 37 and the PSPs were open to all employees. The following criteria were present in all the programs:

- Recruitment and selection through competency-based selection process
- Training of peer supporters
- Policies that govern the program and supports peer supporters
- Governance structure that oversees the program
- Community of practice to support ongoing professional development of peer supporters
- Systematic collection of program usage data
- Program evaluation

Program authorities did not provide details on what was measured in the evaluation of their PSPs. However, when asked about the impact on domains relevant to their organizations, including stigma, disability rates/usage, EAP usage, return on investment, staff morale, and trust in leadership, most replied that there was a reduction in stigma and that their programs were too new to detect the aforementioned benefits to the organization. Peers and peer supporters in these organizations connected through a variety of channels including face-to-face, phone (text and voice), email, and video platforms. The organizations also reported a number of mental health initiatives alongside the PSP, including Employee and Family Assistance Programs, educational programs, coaching, mentoring, addiction support, and dedicated mental health nurses and counsellors.

Based on our surveys and on our review of policy documents detailing what makes a PSP successful, the following themes emerged:

- **Clear Leadership Support:** Support for the program must be demonstrated by all levels of the organization from the leadership to management to the employees who will be served by the PSP. The implementation of a PSP, in and of itself, is a clear demonstration to employees that an organization's commitment to mental health goes beyond lip service.
- **Trust in Organization and Leadership:** Employers need to create a safe environment so that employees can freely use the PSP as a peer or peer supporter without fear of stigma or negative impacts on career advancement.
- **Stigma Reduction:** Prior to taking on a PSP, organizations should engage in stigma reduction work to ensure that there is a culture of safety and openness.
- **Comprehensive Mental Health Strategy:** Organizations with PSPs typically have a variety of services available to employees such as mental health education opportunities, mentoring, and dedicated mental health counsellors.

- **Purpose, Goal, Scope:** Organizations should identify the goals of the PSP, who is served by it and how it will benefit the organization. This helps to ensure that all levels of the organization understand the purpose and value of the PSP.
- **Fit Within Organizational Structure:** It is important to clarify how the PSP is related to existing supports for staff and under what department or group it will be housed (e.g. employee assistance programs, human resources, wellness programs, occupational health and safety).
- **Dedicated Resources:** Elements such as ongoing training and psychological oversight of peer supporters to gauge their health and resiliency, salaries for staff running the program, promotional materials, and private and safe meeting spaces should be in place.
- **Processes and Responsibilities:** It is recommended that the PSP be open to anyone who is an employee and that policies openly state that. The peer supporters selected should be compassionate, responsible, and empathic.
- **Confidentiality and Documentation:** The organization needs to provide details on how confidentiality will be maintained. One of the key recommendations about confidentiality is that PSPs should maintain only minimal documentation about those seeking support.

DISCUSSION

Young adults are far more aware of mental health issues than previous generations, and they are more demanding of the workplace to be inclusive and sensitive to those living with mental illness. In our review, we found many factors favored the existence of peer support programs in workplaces. However, much work around corporate culture and stigma must be done before an organization can implement a program. For instance, we found that focus group participants seemed eager to work for an organization that takes their mental health into consideration; however, they were wary that disclosures regarding mental health problems may be held against them. The company culture needs to be seen as supportive of mental health in a meaningful way before employees will feel enough trust to engage in the services of a PSP. Organizations should also consider having supervisors evaluate the effectiveness of the program and gather feedback from peer supporters and those receiving support on the ways that the program can be improved. It can sometimes take two or more years for a PSP to gain momentum, and ongoing feedback from those directly involved in the program is crucial to a program's success. It is also important that those responsible for the program connect with leadership and management to ensure they are meeting the goals they set for themselves, and are on course with the vision and mission of the program.

RECOMMENDATIONS

In developing our recommendations for the implementation of peer support programs for young adults in the workplace, we have integrated what we learned from our review with our team's own experience in supporting the delivery of PSPs. As such, the first three recommendations below emerged from a combination of our team's experience and findings from our review, while the remaining recommendations emerged mostly from the findings from our review. Overall, we encourage workplaces to adopt PSPs as a means of reducing mental health stigma and improving the productivity, quality of life, and wellness of young adult workers. Specifically, our recommendations are as follows:

Organizational Readiness and Cultural Alignment

Prior to developing and implementing a peer support program, it is critical to conduct an assessment of organizational readiness for such an initiative. An overall level of trust within the organization is key to ensuring success of the program, as is a commitment to reducing stigma related to mental illness.

Developing Policies and Structures

One of the most important steps in establishing a PSP is to institute a policy that outlines exactly what the program is, how it is structured, and how it will be implemented. Having a strong policy and governance structure can help to decrease organizational concerns regarding risk and liability of PSPs.

Promoting the Peer Support Program

It is recommended that a communications strategy be developed to regularly remind and re-engage employees on the availability and benefits of the PSP. The PSP should be integrated into the overall strategy of the organization to give it the attention it needs.

Recruitment

It is important to ensure the PSP has the right people on board and the right cohort of peer supporters in order to be successful. Practice documents and peer supporters in our practice-informed review suggested that peer supporters should have good listening skills, the ability to be non-judgmental and patient, and have clear boundaries.

Training and Education

Peer supporters should be provided with training that will prepare them to support their peers who are experiencing psychological distress, including training on mental illness; communication and support skills; boundaries and confidentiality, crisis management and suicide intervention.

Supporting the Supporters

Because of the emotional nature of peer support, peer supporters can be prone to burnout or a mental health challenge. Therefore, ongoing supervision and/or mentoring of peer supporters is essential.

Remuneration

The role of peer supporters is usually a voluntary one. However, they should be given time away from their regular work duties to provide the support or to attend PSP meetings. They should also receive funded training and retraining and coverage of necessary travel expenses.

CONCLUSION

The overarching conclusion from our review is for employers to empower young workers to be proactive in supporting their mental health needs by reaching out to peers with lived experience who are willing to guide them and assist them in remaining active members of the workforce. Given the lack of systematic research on mental health peer support programs, we recommend not only that scholars conduct data collection in this area, but also that workplaces with peer support programs collect their own data on their programs. For instance, organizations can determine such elements as utilization rates, return on investment, and human resource costs. From our review of the existing academic literature, the views of young adults with depression and/or anxiety, and the experiences of peer support leaders, it seems clear that implementing a mental health peer support program in a workplace can decrease stigma around mental illness and increase worker engagement. These are important issues for both employers and policy makers to keep in mind.

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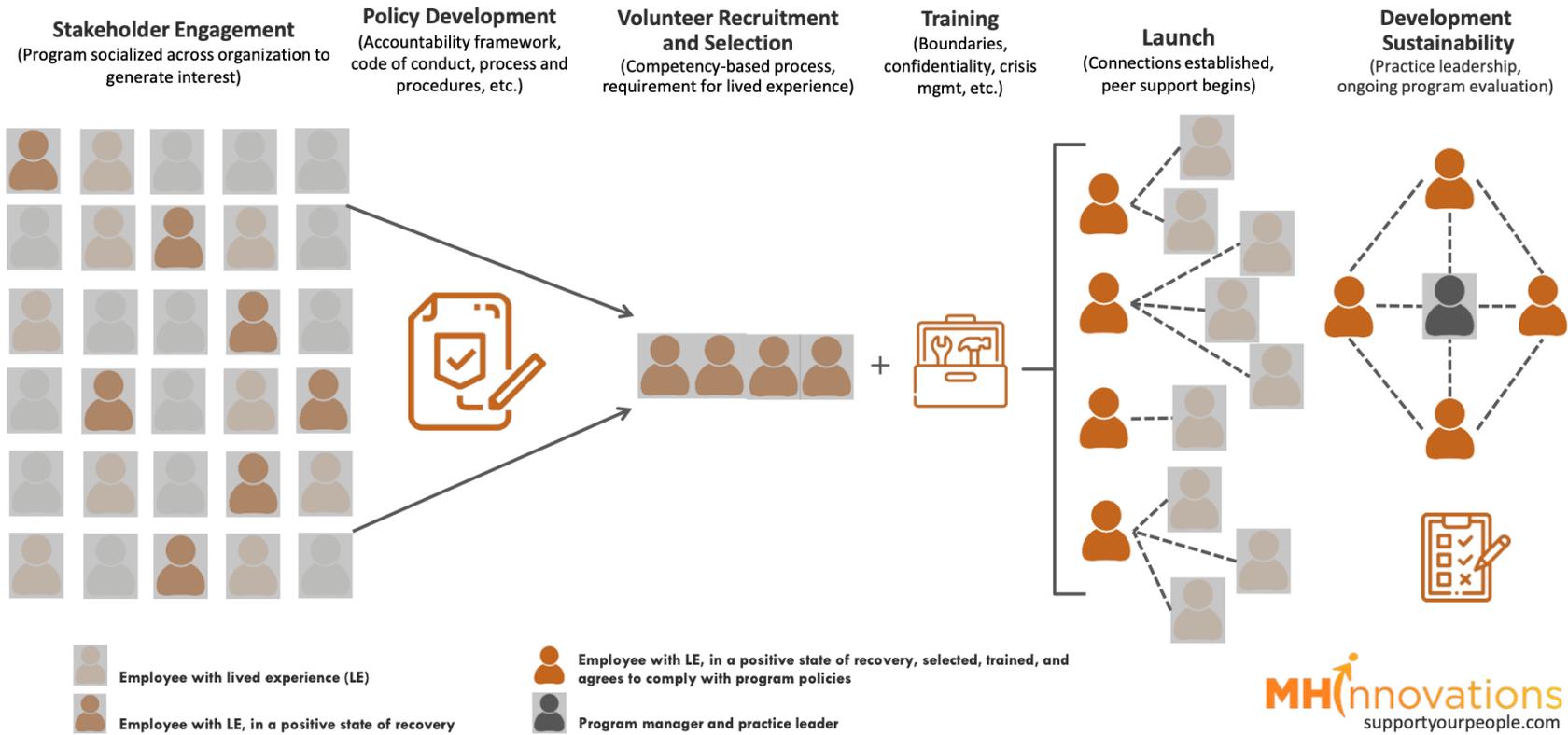
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APPENDIX A

BLUEPRINT FOR MENTAL HEALTH PEER SUPPORT IN THE WORKPLACE

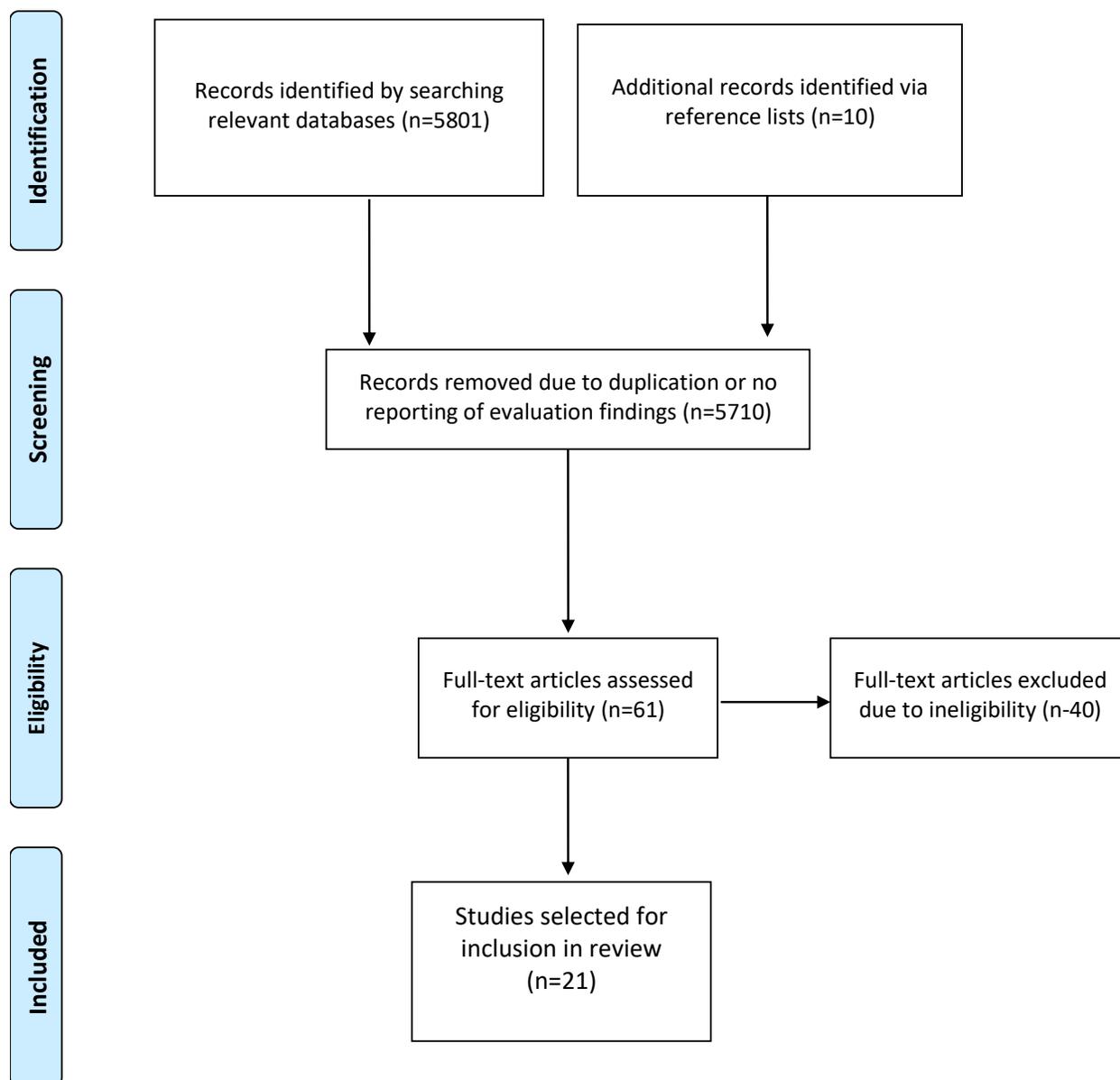


APPENDIX B: MENTAL HEALTH CONTINUUM

Click or tap on the indicators you see in yourself to help guide a self-check using the Mental Health Continuum.

This is not a diagnostic tool. Refresh the page to clear.

Mental Health Continuum Self-Check				
	Healthy	Reacting	Injured	Ill
Changes in Mood	Normal mood fluctuations	Irritable	Angry	Easily enraged
	Calm	Impatient	Anxious	Excessive anxiety/panic
	Confident	Nervous	Pervasive sadness	Depressed mood, numb
		Sadness		
Changes in Thinking and Attitude	Good sense of humor	Displaced sarcasm	Negative attitude	Noncompliant
	Takes things in stride	Intrusive thoughts	Recurrent intrusive thoughts	Suicidal thoughts/intent
	Ability to concentrate and focus on tasks	Sometimes distracted or loss of focus on tasks	Constantly distracted or cannot focus on tasks	Inability to concentrate, loss of memory or cognitive abilities
Changes in Behaviour and Performance	Physically and socially active	Decreased activity/socializing	Avoidance	Withdrawal
	Present	Present but distracted	Tardiness	Absenteeism
	Performing well	Procrastination	Decreased performance	Can't perform duties/tasks
Physical Changes	Normal sleep patterns	Trouble sleeping	Restless sleep	Cannot fall/stay asleep
	Good appetite	Changes in eating patterns	Loss of appetite	No appetite
	Feeling energetic	Some lack of energy	Some tiredness or fatigue	Constant and prolonged fatigue or exhaustion
	Maintaining a stable weight	Some weight gain or loss	Fluctuations or changes in weight	Extreme weight gain or loss
Changes in Addictive Behaviours	Limited alcohol consumption, no binge drinking	Regular to frequent alcohol consumption, limited binge drinking	Frequent alcohol consumption, binge drinking	Regular to frequent binge drinking
	Limited/no addictive behaviours	Some to regular addictive behaviours	Struggle to control addictive behaviours	Addiction
	No trouble/impact due to substance use	Limited to some trouble/impact due to substance use	Increasing trouble/impact due to substance use	Significant trouble/impact due to substance use

Appendix C: Flowchart of Article Selection for Science-Informed Review

Based on flowchart model from: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

APPENDIX D: FOCUS GROUP QUESTIONS

Poll questions:

1. How supported do you feel at work as it relates to your mental health? (scale 1- 5)
2. Which, if any, of the following have been negatively affected by your anxiety and/or depression? (select all that apply)
 - punctuality (i.e. struggling to get out of bed, arriving late)
 - attendance (i.e. missing work, leaving early)
 - performance (i.e. meeting deadline, quality of your work)
 - collegial relationships
 - supervisor/management relationships

NOTE: After the poll results were shared with participants, the discussion was opened for individuals to say more about their personal experiences, including sharing other ways their mental health issues may have affected their work.

Focus group discussion questions:

1. How does work affect your anxiety/depression?
2. What's it like for you to deal with anxiety and depression at work?
3. Have you disclosed your anxiety and depression?
 - If yes, why? If no, why not?
 - To whom? Under what circumstances? (colleague, direct report, supervisor, HR, leadership?)
4. How does your anxiety and depression affect your work?
5. If a peer support program similar to the one we described* was offered at your place of employment, how likely or willing might you be to participate?
 - If not, why not?
6. What elements would be critical to include or consider for you to feel psychologically safe participating?

** The peer support program that was used here as an example was described as volunteer-based, employee to employee, where peer supporters received training in order to provide social and emotional support, as opposed to clinical support.*

APPENDIX E: PEER SUPPORTER SURVEY

We are interested in learning from you, as a current peer supporter, about the most important elements in order for a workplace mental health peer support program to be successful. We are particularly interested in your thoughts about how to make it effective for younger workers. There are no right or wrong answers to these questions. It is your opinion and experience that we are interested in.

1. Age
2. Gender identity
3. Race/ethnicity
4. How long have you been a peer supporter?
5. Describe the training you received from your organization to be a peer supporter.
6. What is the most common issue/topic that you encounter in your role as a peer supporter?
7. What sets your work apart (as a peer supporter) from other mental health initiatives within your organization?
8. What are the most important skills someone needs to be an effective peer supporter?
9. What barriers hinder or prevent someone from accessing peer support in the workplace?
10. What are some important considerations in order for a workplace peer support program to be successful?
11. How can a workplace peer support program be effective for young workers (aged 30 and under)?
12. If you would like to receive the Wellcome Trust Report generated from our research please provide your name and email below:

Thank you for your time!

APPENDIX F: PROGRAM LEAD SURVEY

We are interested in connecting with organizations that have a Peer Support Program and learning about the types of programs that are currently available. These programs typically have the following characteristics:

- Peer supporters have personal lived experience with a mental health/substance use challenge or lived experience through supporting a family member
- Volunteer-based
- Employee to employee support system
- Intention to support employee well-being through social or emotional support

1. The following questions will take approximately 15 minutes to answer. As the program lead, could you tell us a little bit about the program?

- a) Do you have such a program in your company?
- b) What is the name of the program?
- c) What are some key characteristics of your program?

2. Which sector does your organization fall into?

- Accommodation and Food Services
- Administration, Business Support & Waste Management Services
- Agriculture, Forestry, Fishing and Hunting
- Arts, Entertainment and Recreation
- Construction
- Educational Services
- Finance and Insurance
- Healthcare and Social Assistance
- Information
- Manufacturing
- Mining
- Other Services (except Public Administration)
- Professional, Scientific and Technical Services
- Real Estate and Rental and Leasing
- Retail Trade
- Transportation and Warehousing
- Utilities
- Wholesale Trade

3. How many employees does your organization have?
4. How many employees does your Peer Support program serve?
5. How many volunteer Peer Supporters does your Peer Support program have?
6. By percentage how many employees in your organization are in the 18-30 range?
7. Does your Peer Support program have any of the following:

Check all that apply:

- Recruitment and selection through competency-based selection process
- Training of peer supporters
- Policies that govern the program and supports Peer Supporters
- Governance structure that oversees program
- Community of practice to support ongoing professional development of Peer Supporters
- Systematic collection of program usage
- Program evaluation
- Other _____

8. How do Peer Supporters connect with employees?
9. Can you tell us a little about the impact of the program on the domains that are most relevant to your organization including:
 - Mental health stigma within your workplace
 - Long term disability rates / usage
 - Short term disability rates / usage
 - Employee Assistance Program usage
 - Return on Investment
 - Staff morale
 - Trust in leadership
10. What other mental health initiatives are available to employees within your organization?
11. If you would like to receive the Wellcome Trust Report generated from our research, please provide your name and email below:

Thank you for your time!