

**YOUTH PEER SUPPORT
LISTENING TO WHAT YOUTH HAVE TO SAY -- DRAFT**

Summary of Conversations with Youth Spring 2015

Background: Champlain Pathways to Better Care, the regional capacity building project for mental health and addictions supported a small project team over the last eight months to explore the possibilities of youth focused peer support within Champlain. The project team had representation from Youth Services Bureau, Youth Net, CHEO, The Royal, Recovery Connections, CMHA-East, Le Réseau and Renfrew Addiction Services.

This project focused on youth (ages 12 to 25) who have had a recent admission to the hospital and/or have been isolated in a home setting (absence from school).

Early on in the project, it was realized that for the project to be successful, conversations with youth who have experiences with mental health and/or addictions were essential. This document is a summary of the conversations and input that have occurred thus far.

Methodology: A facilitation guide was developed through the input of eight youth with lived experience. The project team reached out to various organizations involved with youth and requested cooperation in coordinating facilitated conversations with youth. The majority of the focus groups were either lead or co-facilitated with youth. The focus groups took place between April and June 2015.



**Pathways to Better Care
Improvement through Collaboration**

Who provided input:

GROUP/ Conversation Location	< 15 years	> 15 years	Location	Francophone	New Arrival	Hospital Experience	School Absence	Addictions
CMHA East		4	Cornwall					
Youth at PSO		12						
YSB: Art Messengers		6				6	3	4
YSB: Concurrent Disorders		8			1	4	4	4
YSB: Young Men’s Shelter		6		1		3	3	3
YSB: Spectrum		9		3		4	2	5
YSB: Young Women’s Shelter		8				X	X	X
CHEO/ Montfort/Recovery Connections Group		3		~3				
Renfrew Youth Summit		2	Pembroke					
Recovery Connections: Queensway Carleton		5		X		X	X	X
Youth Net: YAC		~12						
Royal Youth: Inpatient		7		1	1	7	X	X
Royal Youth: Outpatient		6				X	X	
Royal Youth: Brookfield		7					X	
On Line Survey		22				1	4	1
Total		~115		~10	2	~30	~20	~20

Voices We Are Missing (or would like to hear more from):

- Under 12
 - Rural
- Francophone
- New Canadian
- Aboriginal



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Highlights from the Conversations:

Activities for Different Ages: (Jonathan Case Study – See Appendix – A)

Jonathan 12

- **Identified need to have peers supported by key adults**
- Recommend older peers with lived experience who should be within five years older. Service should be available in hospital and community, activity based programming is important
- *Having a group of same aged peers to talk to in the hospital*
- *Someone who is older whose received help and is better is important at this age*
- *12 ans : trop jeune pour un pair aidant*

Jonathan 15

- Peer support should be available through a number of face to face and electronic mediums
- Many like the idea of having a younger person to talk to and connect with.
- Should be available and linked to schools as well
- *Having someone understand that life is in a tough spot*
- *Someone who is older, been through and done well*
- *Knowing the person helping you may not always be having a perfect day, they have lived experience, so they may waver as well.*

Jonathan 18

- **Peer supporters need support and training**
- **Lots of comments about supporting transitional aged youth**
- Mix of 1:1 and groups
- Peers should be less formal relationship but aware of how to deal with crisis as they come up.
- *Don't make peer support mandatory at the hospital*
- *Someone who is patient and available like a friend*

Age Recommendations:

- In general youth would see the peer supporter being an older peer up to five years older
- Same age as me and maximum of seven years older
- *Ai de la misère de parler à une personne plus âgé; mieux si le pair à le même âge, mêmes problèmes*



Where Peer Support Might Fit Into Your Recovery:

- **Some individuals seemed unsure about the commitment and felt that an ideal situation might be more informal/drop in style.**
- **Desire to involve life skills development within the program**
- **Desire for the program to be flexible**
- Mixed feelings on where it should sit within recovery
- both upon exit from hospital and long before hospital stay
- Consensus that it is just very important to have in general.
- Very personal; fit/format depends on where each person is at
- Mentorship as an important element

What does an ideal peer support program look like for you?

- **Using Skype and/or texting to stay connected with peer supporter**
- Belief in recovery, no referral, lived experience
- Flexible
- Groups, drop-in or activity focused
- Having groups available as opposed to just one-on-one support
- In person, one-on-one
- *"Someone that doesn't want to solve all my problems but talks to me and listens".*
- *"Someone that tells me what I am doing right because i hear everyone tell me what I've done wrong"*
- ***"Someone with life experience rather than qualifications, these differences improve the quality of the services."***
- *Beaucoup des gens peuvent écouter, mais pas tout le monde ne comprend.*

What do you think would work:

- **Absence of clinical support being mentioned**
- **Primarily youth (peer supporters) but have an adult to support**
- **Similar age range (within 2-5 years); older, not younger**
- **Having mobile peer support to meet in various places**
- Technology, lived experience
- Lot's of reference to "similarities" needed for support
- Matching peers based on interests/hobbies
- Close by – in your neighbourhood
- Interesting activities
- Youth friendly hours, after school



- Being available outside of normal work hours (evenings & weekends)
- Having a casual setting, not professional feeling
- *"Safe/inclusive space must be created",*
- *"People who survived their experiences" ,*
- *"A drop in program, no pressure to talk or participate but there when needed".*
- *"Less focus on symptoms and diagnosis, more focus around lifestyle and down-to-earth techniques"*
- *Being positive, not just talking about problems, but doing things.*

What do you think wouldn't work:

- **Very clear on "It needs to be a choice for all those involved"**
- **Projecting your beliefs on your peers**
- **Not just talk therapy (have physical activities planned)**
- **Large groups (over 15 youth in one place) -- not personal enough X2**
- Disclosure of information shared -- confidentiality is important
- Too structured, planned, not similar lived experience, nothing clinical.
- Hospital location X 2
- Can't be mandatory/fixed times
- The peer supporter trying to "fix" me.
- *"The ongoing thought of "fixing me" "The disbelief of a person".*
- *It need to a choice for all those involved*

One-to-one versus Group

- **Many youth said that it depends on the individual and what they are going through**
- One on one is more personal and intimate
- One on one is more feasible, easier and less stressful
- *"Depends on where someone is at, one-to-one is good as long as there is an opportunity to talk"*

Pairing Recommendations

- **"Ask the person what criteria matters to them"**
- **Shouldn't be matched, maybe meeting and seeing if a connection works"**
- Give youth the choice of what type of person they want to be paired with
- Top mentioned criteria to be used in pairing youth together: language, gender, sexual orientation and life experiences
- *"A youth peer supporter should be someone you can look up to, a good role model, someone who rode out the storm"*

Activity Recommendations

- **Activities for all levels of ability/disability**
- **Things that are comfortable for the person**



- Things youth normally do with their friends
- Everyday activities
- Top mentioned activities: outdoor physical activities, movies, arts, cards or board games
- *“Something that helps my mind forget about my anxiety, depression and problems”*

Recommended Training

- **Peer Support Training (PSO offers it multiple times a year)**
- **More training the better (there’s no maximum)**
- Learning how to share about yourself (as the supporter)
- Safe talk or ASSIST, Mental Health First Aid X2
- Communication Skills X2
- Addiction Training
- Dealing with Difficult People
- Travailler avec jeunes pas faciles
- *“Know how to deal with someone at their worst in a positive way”*

Supports needed for those doing Peer Support

- **Flexible scheduling**
- **Compensation X2**
- **Provided funds to use during peer support activities/meals etc.**
- Peer Support for Peer Supporters X2
- Resources for a supporter who’s triggered during peer support
- Be able to debrief after a meeting (if necessary)
- Therapy/Counselling as needed
- Have a list of available resources for a supporter who has questions regarding an issue
- *“One youth would love to be able to help peers and have it as an opportunity to put in on his resume”*
- *Being able to turn mental illness into an asset instead of a stigma/detriment*

How Youth Should Find Out About Peer Support

- **Referral based**
- **Almost every group suggested schools**
- Hospitals, mental health professionals, social media, schools
- Community centres/youth drop-ins/shelters
- Signs around the city/bus/washrooms/newspapers
- Peers/word of mouth
- *“I wish I had talked to someone earlier”*
- *“Advertise like they do for the crisis line, cards through professionals”*



- *“Social media/websites for those with anxiety or those who don’t leave their homes/hospital often”*

Finding out about Peer Support when you are not connected to services – (Wideline Case Study -- See Appendix A)

- Suggestion of using online support group options
- Letting go of internal fear/judgement; Having a confidence-building workshop"
- Nobody will know unless she speaks up. Her aunt and teacher might be able to point her towards a youth group.
- Youth felt that 15 is too young to reach out without an adult advocate

Where to offer Youth Peer Support

- **Relaxed setting, open to those with lived experience and not just crisis, somewhere safe.**
- **Youth had mixed opinions about whether it would work in schools**
- **Youth seemed to have a varied locations where they were comfortable- possibly we could have different locations depending on the youth’s needs and comfort zone**
- Conflicting opinions
- *« Il serait bon d’avoir des pairs aidant à l’école, de la même tranche d’âge, mais d’une autre école, dans un tel bureau. »*
- *“It would work in schools, but it is still taboo and kids may be embarrassed, but if they could sign up in private and didn't have to tell anyone they had seen a PSW. Don't want the whole school to know your struggle with mental health.”*
- *“in their comfort zone, community centres, at home, while doing something active, school, shelter, coffee shop, office, never in the home”*
- *“Everywhere; shelters are especially important”*
- *“somewhere safe, no distractions”*
- *“community centres, hospitals, although there is a stigma associated to hospitals”*

How Often:

- **Drop in, group, one to one**
- **Definitely needs Flexibility**
- most youth said once a week to once every two weeks
- be flexible with youth’s schedules and needs: modify frequency based on need
- have someone available youth can reach out to at all times for when designated person is not available
- some youth suggested a drop-in basis
- *“Everyday”, “Available when needed”, “At the time I need it the most”.*



- *“on a regular basis (1/week) so you can form a relationship with that person and become more comfortable with them because you're seeing them consistently.”*
- *“Give someone the option and see what fits with them”*
- *“Ideally it should be everyday, what happens if you are having a bad day and want to talk to someone and there is no drop-in?”*

Cultural Considerations:

- ***“Focus on similarities instead of differences”***
- Stigma of mental health in different cultures
- Importance of knowledge of other cultures (holidays, spiritual traditions, family values and beliefs)
- *“A Youth Peer Support worker can make the link and explain to your parents using their language and to help explain terms that don't exist in our culture. (ex: self care)”*

Barriers to Participation:

- **Stigma and fear of judgment**
- Overwhelming responses about transportation as a barrier as well as distance (rural areas)
- *“I have not job so my transportation is very limited and many times the bus drivers know already that I am hopping the bus.”*

Name Suggestions:

- **Words...Youth, peer, support, and connect. Maybe different names at different places?**
- Acronyms and plays on words including:
 - Social Group
 - Let's hang out!
 - Youth Peer Support (YPS)
 - Youth 2 youth
 - Friendzone
 - I got you (I gotchu)
 - Hear Your Peer
 - Lend a Hand
 - PS Team (Peer Support Team)
 - Peer Connect
 - Eye to Eye (i to i)
 - Helping Others on their Path to Living
 - Peer Chat
 - The Buddy System
- *“Doesn't matter what it's called. Give it a more casual, less intimidating name. But the names of things are important, so you know what things are. Give an acronym.”*
- *“Give it more of a casual, less intimidating name”*
- *“Try it out before selecting a name”*



Appendix A: Case Studies Presented to Focus Group Participants (some groups were only presented with the Jonathan Case Study):

Jonathan's Story

Jonathan has been receiving mental health services since he was ten years old. He had to miss school for several months when he was in Grade Six due to his illness. He is now 17 and an in-patient at Queensway Carleton Hospital. He met a Peer Support Worker at the hospital and really found it helpful to talk to someone “who gets it”. When he leaves the hospital next week he is sad that he will no longer be able to talk to this Peer Support Worker as she is only working in the hospital, and not in the community.

Widelene's Story

Widelene is a 15 year old girl. She has been missing a lot of school for the past 6 months. She does not want to leave the house and has stopped talking to her friends. She has been a good student until this year and she used to love reading. She lives with her aunt. Last week she and her aunt went to church and her aunt introduced her to another girl whose family her aunt is friends with. This other girl is in college now, but mentioned failing all her classes in grade 11, but is now taking medicine and talking to doctors, and going to college to study interior design! Widelene would like to talk to other people like the girl at church, but is afraid.

