Peer support guidelines for Veterans, military, public safety personnel, and their Families
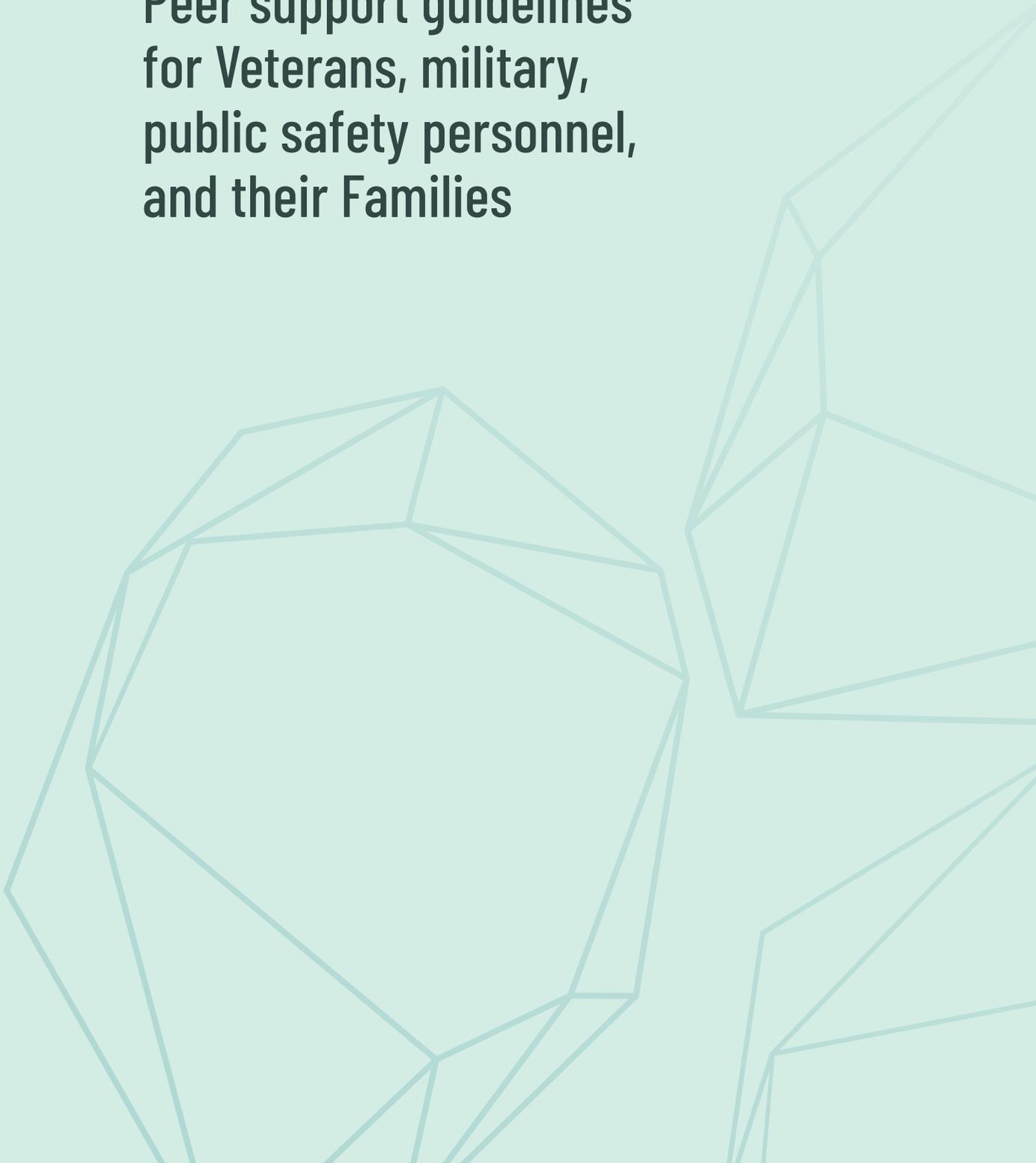
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Definitions

Family: The working definition of "Family" used in the Guidelines extends beyond legal marriage or common-law status. It includes, but is not limited to, both dependent and adult children, stepchildren, parents, siblings, extended Family, and friends.

Formal peer support: A benevolent relationship offered by trained peers using a structured framework (e.g. involving specific guidelines, and including structure and policy adherence).

Informal peer support: A benevolent relationship offered usually, although not always, by untrained peers in an unstructured manner (e.g. not following a specific set of guidelines).

Military: A currently serving member of the Canadian Armed Forces, including both Regular and Reserve Force members.

Peer: An individual who shares relevant personal and/or professional lived experience(s) with one or more individuals.

Peer support: A benevolent connection between peers.

Peer supporter: Someone who provides peer support.

Public safety personnel (PSP): PSP include active and retired firefighters, paramedics, police, border services officers, correctional officers, correctional workers, search and rescue personnel, public safety communicators (e.g. 911 operators and dispatchers), and operational intelligence personnel.

Veteran: A Veteran includes any former member of the Canadian Armed Forces who successfully underwent basic training and who has released with an honourable discharge.

Icons used to highlight key content

INFORMATION

RECOMMENDATIONS

POINTS TO CONSIDER

Methods used in guideline development

In 2022, the Atlas Institute for Veterans and Families (Atlas) and the Canadian Institute for Public Safety Research and Treatment (CIPSRT) identified the need to develop best-practice guidelines that are specific to peer support for Canadian Veterans, military, public safety personnel (PSP), and their Families. In order to support this initiative, Atlas and CIPSRT formed the Peer Support Community Network (PSCN), a national network of 48 stakeholders from the Veteran, military, PSP, Family, peer support, and research communities.

Beginning in April 2022, PSCN members came together to begin the process of co-creating best-practice peer support guidelines. The PSCN, along with support from Atlas and CIPSRT, developed several definitions that are specific to peer support for Veterans, military, PSP, and their Families. They also commissioned 12 literature reviews in topic areas that would be relevant to the new guidelines.

The PSCN met four times over the course of 2023 to collectively review and discuss the evidence on best practices in peer support for Veterans, military, PSP, and their Families. PSCN members identified gaps in the literature and provided their expert opinions on what constitutes best practice in peer support in areas where evidence was lacking.

Even though PSCN members agreed on most elements of best practice in peer support for these groups, there were some differences of opinion. A modified Delphi process was used to build toward consensus where possible and to identify areas where clarity on best practices had not yet been achieved. In brief, the Delphi process is a way of harnessing the collective wisdom of experts when knowledge and empirical evidence are uncertain or incomplete. It uses iterative rounds of surveys to help establish expert agreement or disagreement with a set of statements that capture gaps in the literature and differences of opinion on what constitutes best practice. PSCN members and peer supporters from their networks were invited to participate in the surveys.

An initial draft of the *Peer support guidelines for Veterans, military, public safety personnel, and their Families* (the Guidelines) was developed based on evidence from the literature reviews, PSCN member discussions, and the Delphi survey results. The draft was reviewed by the project team and a working group consisting of representatives from the Veteran, military, PSP, Family, and research communities. This feedback was incorporated into a revised draft of the Guidelines.

PSCN members and external stakeholders were invited to review the revised draft through August and September 2024. Feedback from this group was incorporated into the Guidelines, and the finalized, current version was made available for use in early 2025.

How to use the Guidelines

The Guidelines provide direction on best practices for formal peer support programs that are offered in either workplace or community-based settings.

Research on peer support for Veterans, military, PSP, and Families is still in its infancy. The Guidelines capture what is currently known from the evidence, as well as expert and consensus opinions of the PSCN on what are currently viewed as best practices in peer support. People who develop, deliver, and administer formal peer support programs should view these Guidelines as a starting point, rather than as a definitive or comprehensive set of rules to follow.

Even though the Guidelines are designed for formal peer support programs offered in workplace and community-based settings, many elements may be useful to other peer support providers. People who provide formal peer support for any of these groups in other settings, such as health care, can still apply many of these concepts to their programs. Informal peer support programs may also find some elements of the Guidelines useful.

In order to increase the readability and user-friendliness of the content, in-text citations were not used. A complete bibliography of all of the literature used to develop the Guidelines is listed in **Appendix C**. In addition, there is a list of definitions on **page 3** and the *Glossary of terms: A shared understanding of the common terms used to describe psychological trauma* is included as a resource in **Appendix B**.

We hope future research identifies and refines all best practices for peer support. Until that time, the Guidelines should be viewed as a living document that will be regularly reviewed and revised to support continuous improvements that can help everyone who provides peer support for Veterans, military, PSP, and their Families.

> **PEOPLE WHO ARE INTERESTED IN PEER SUPPORT FOR VETERANS, MILITARY, PSP, AND THEIR FAMILIES CAN USE THE GUIDELINES:**
> - As a reference when developing peer support programs
> - To assess or adapt aspects of existing peer support programs so they are following best practices
> - To ensure that peer support programs follow a national, evidence-based approach
> - As a resource to assess appropriateness of fit when looking for peer support programs

Why develop peer support guidelines for Veterans, military, PSP, and their Families?

Peer support is an important resource for Veterans, military, PSP, and their Families. Feeling understood by someone who has "walked in your shoes" builds trust and allows people to share their experiences without fear of judgment.

Military and PSP have careers that set them apart from others. They have stressful jobs and higher rates of exposure to potentially psychologically traumatic events compared to the general population. The mental health implications of this continue to last into retirement.

The stressful nature of the work and frequent separations also strain Family relationships and can impact individual Family members.

Even with the widely acknowledged risk of repeated exposure to potentially psychologically traumatic events, there is still considerable stigma around seeking support for stress-related or mental health concerns. Fear of being seen as "weak" or that this will affect opportunities for career advancement, which in turn can impact livelihoods, can be barriers to accessing supports for people who need them.

People who have little or no experience with this occupational culture often fail to appreciate the unique challenges it imposes. This lack of awareness can make Veterans, military, PSP, and their Families feel misunderstood by, and be less trusting of, people outside of their peer group.

For these reasons, Veterans, military, PSP, and their Families are usually more comfortable accessing a peer supporter than any other type of provider when they need assistance. It should not be surprising to note that peer support is one of the most commonly available types of assistance offered to these groups.

Peer support for Veterans, military, PSP, and their Families shares some commonalities with peer support for the general population. However, there are also unique, distinguishing features of peer support for these groups that should be acknowledged before developing or delivering a peer support program. The Guidelines were developed to reflect these considerations.

Distinguishing features of peer support for Veterans, military, PSP, and their Families include:

Organizational culture: Understanding the organizational culture of Veterans, military, PSP, and their Families is critical for everyone involved in the peer support program. Over time, people build a strong sense of personal identity, camaraderie, and institutional Familial ties that become critically important to their well-being. Yet organizational culture can also create stigma which influences attitudes, beliefs, and decision-making about mental health and accessing supports.

Peer support provided in the workplace: Workplace peer support programs rely on employees of the organization as peer supporters. Trusting that someone's motivation to provide peer support is altruistic rather than motivated by personal gain, such as to support career advancement, is critical. Dual roles and role conflict are also key areas of concern, as is understanding when confidentiality can and should be breached.

Proactive peer support: Unlike peer support in the general population, some peer support for Veterans, military, PSP, and Families focuses on proactive resilience-building. This approach recognizes the stressful nature of the work and the greater likelihood that people will be exposed to potentially psychologically traumatic events at some point. Preparing people to face future challenges is a unique component of peer support for these groups.

The need for trauma-informed practice in peer support

Trauma-informed practice is not a specific therapy that treats symptoms of trauma. Rather, it is an approach to personal interactions and service provision that is grounded in an understanding of, and responsiveness to, the impact of trauma. Any person or peer support program can be trauma-informed, but only qualified professionals should provide trauma therapy.

The greater likelihood of exposure to potentially psychologically traumatizing events, coupled with possible trauma exposure outside of the workplace, means that it is likely a proportion of peer support program users will have experienced trauma at some point in their lives.

While there are still no universally accepted principles to guide trauma-informed practice efforts in peer support, or in other services, three common elements have emerged:

- **Realize** the prevalence of trauma
- **Recognize** how trauma affects all people involved with the program and organization, including peers, peer supporters, and any program staff
- **Respond** by putting this knowledge into use

Trauma-informed practice is not just a better way of providing services for traumatized people. Research suggests that it benefits everyone, regardless of whether or not they have experienced trauma.

BENEFITS OF PEER SUPPORT

The literature on Veteran, military, PSP, and Family-based peer support has identified several benefits. These include:

- Validation and understanding
- Feelings of empowerment, self-efficacy, and self-advocacy
- Reduced feelings of social isolation
- Increased supportive social relationships and networks
- Increased mental health literacy
- Normalization of help-seeking
- Stigma reduction
- Learning new skills, or learning through someone else's experience
- Increased coping abilities and resilience

- Referral to additional resources
- Help with system navigation or access to resources
- Initiation of treatment and compliance with treatment plans
- Increased acceptance of, and satisfaction with, health status
- Improved emotional well-being
- Improved quality of life
- Mutually reciprocal relationships (i.e. peer supporters benefit, as well as peers)
- Positive return on investment

The spectrum of peer support

The most fundamental purpose of peer support is to provide people with a sense of community and connection based on shared lived experiences.

Peer support is a benevolent connection between people who share relevant personal and/or professional lived experiences.

In the case of Veterans, military, and PSP, professional lived experiences include types of training, rank, operational duties, and even educational backgrounds. The shared understanding of the overarching psychological impact of the job is often what defines a peer in these groups.

For Family members, it is usually the shared experience of the Veteran, military, or PSP lifestyle that defines a peer. Families often seek support because of challenges with their loved one. Through this support they come to understand the impact these experiences have on themselves and other Family members.

Peer support is related to, but sometimes different from, the social support we receive on a regular basis from Family and friends.

DEFINITIONS

Peer: An individual who shares relevant personal and/or professional lived experience(s) with one or more individuals.

Peer support: A benevolent connection between peers.

Peer supporter: Someone who provides peer support.

Informal peer support: A benevolent relationship offered usually, although not always, by untrained peers in an unstructured manner (e.g. not following a specific set of guidelines).

Formal peer support: A benevolent relationship offered by trained peers using a structured framework (e.g. involving specific guidelines, and including structure and policy adherence).

We often turn to Family and friends for social support in times of trouble. Social support helps us feel understood, valued, and cared for by someone with whom we have close emotional ties. Positive social support can improve our psychological well-being and may even influence our physical health.

Veterans, military, and PSP are often reluctant to share their troubles with Family and friends. They may feel that the burden is too heavy for people who are not familiar with these kinds of experiences. Even if someone is willing to share their experiences with a Family member or a friend, that person may not be able to provide the understanding and wisdom gained from similar lived experiences.

ℹ️ Shared lived experiences are the foundation of peer support and what differentiates peer support from social support. Social supports who share relevant lived experiences may also be able to provide informal peer support.

Informal peer support versus formal peer support

Informal peer support is defined as a benevolent relationship offered usually, although not always, by untrained peers in an unstructured manner (e.g. not following a specific set of guidelines). Characteristics of informal peer support include:

- Intentional bringing together of people with shared lived experiences
- Typically offered in social or recreational groups
- Unstructured format

- Can involve seeking assistance from a friend or Family member with similar lived experiences

Formal peer support is defined as a benevolent relationship offered by trained peers using a structured framework (e.g. involving specific guidelines, and including structure and policy adherence). Characteristics of formal peer support include:

- Intentional bringing together of people with shared lived experiences
- Typically offered in workplace and community-based programs
- May be structured to introduce peers to concepts and skills in a logical sequence
- Can be tailored to address the various challenges and needs of peers

Models of peer support

Models help identify different parts of programs and help explain how programs and the parts of programs are supposed to work. A model of peer support can be defined as an organization's interpretation of how peer support is provided.

There are at least three types of models that are common to peer support with Veterans, military, PSP, and Families.

PEER-LED MODELS

- Led exclusively by peers
- May include collaboration with licensed or registered professionals
- One-on-one or group formats

PEER-PARTNERSHIP MODELS

- Led equally by peers and non-peers
- Non-peers include licensed or registered professionals
- Group format only

PEER-ENABLED MODELS

- Led primarily by non-peers and assisted by peers
- Non-peers include licensed or registered professionals
- Group format only

Research has not yet evaluated the effectiveness of each type of peer support model. Instead, each model has implications for program design, implementation, evaluation, and resourcing. Thinking about how the chosen model(s) will influence these factors is useful before developing a peer support program.

Programs should be transparent about their chosen model(s) of peer support when communicating with potential program users. Knowing what model(s) of peer support a program uses helps people make informed decisions about program fit.

Settings and formats in peer support

The Guidelines were developed specifically for peer support programs offered in workplace or community-based settings. These programs often use a variety of different formats and approaches to peer support. It is important to consider the characteristics, advantages, disadvantages, and challenges before choosing a setting, format, and approach for a program.

Workplace-based peer support is offered within organizations that employ military and PSP. Characteristics of workplace peer support programs include:

- Managed and staffed entirely or almost entirely by employees of the organization
- Consultants, such as licensed or registered mental health professionals, may also be used to support the program
- Programs typically serve only the organization's employees, both sworn and civilian, but may also extend access to Family members
- Organizational leadership needs to buy in to the idea of peer support to ensure the program is resourced appropriately
- Funding is usually allocated from the organization's operating budget or from other sources if organizational funding is not available or sufficient
- Dual roles and role conflict can be a particular concern
- Organizations with an unhealthy workplace culture may need to be more diligent in building and maintaining trust in the peer support program

Community-based peer support is offered outside of workplaces, usually by non-profit or charitable organizations. Characteristics of community-based peer support programs include:

- Managed and staffed by a mix of employees and volunteers
- Consultants, such as licensed or registered mental health professionals, may also be used to support the program
- Geared toward meeting the needs of the broader community (which can include Veterans, military, PSP, and their Families)
- Funding typically comes from a mix of government grants, public or private foundations, donors, or fees
- Often needs to meet the granting and evaluation requirements of multiple funders
- Loss of funding may also jeopardize service delivery
- Community-based programs may need to be more diligent in advertising their program or service, particularly when they are new

Regardless of the setting, peer support can also be delivered in either one-on-one or group formats. Neither format appears better than the other, but each has some advantages.

One-on-one sessions

- Can be delivered in person, online, via telephone, or by text
- Allow the peer supporter to respond exclusively and privately to one peer's immediate needs
- A personalized level of focus may be useful for some people

Group sessions

- Usually delivered in-person
- Give people access to the experiences and viewpoints of many different peers
- Diversity of experiences provides richness to group discussions that can create additional insights for those taking part

Telephone, text, and online options may be more convenient for some people since they can be accessed virtually. These formats can increase access to peer support for those living in rural and remote areas.

Approaches in peer support

Many programs use one or more specific approaches to peer support. An approach refers to the main focus of peer support. Approaches are not mutually exclusive, and a program might use more than one. Some approaches are more common in certain populations or settings. For example, workplace programs that serve military and PSP often adopt a proactive, reactive, and person-centred approach to peer support. Community-based programs often offer person-centred, reactive, or illness/injury approaches to peer support.

The most important consideration when choosing a peer support approach is the needs of the peers being served.

PERSON-CENTRED

- Accessed for many different reasons, such as social connection, challenging life situations like divorce or retirement, or returning to work after a leave
- Geared toward the individual needs and goals of each peer
- Session content is driven by the peer's needs
- Peers are typically paired with a supporter with similar lived experiences

ILLNESS- OR INJURY-CENTRED

- Focus is typically on supporting recovery from illness or injury, rather than other concerns*
- Sessions may cover specific, predetermined content, such as understanding the illness/injury or managing symptoms
- Peers are typically paired with a supporter with the same diagnosis and similar lived experiences

PROACTIVE

- Developed specifically for professions with high proportions of people exposed to frequent, intense, or protracted potentially psychologically traumatic events, such as military and PSP
- Focus is on peers building resilience among peers prior to the next potentially psychologically traumatic event to help mitigate the associated harms
- Peer supporters proactively check in with people who are going through professional or personal challenges to ensure people have access to the resources they need
- Peers are typically paired with a supporter with similar lived experiences

REACTIVE

- Geared toward supporting peers who are impacted by exposure to potentially psychologically traumatic events that could be either professional or personal
- Immediate focus is on stabilizing the peer(s), as needed
- Subsequent focus is on building skills that help peers cope with any challenges or symptoms that emerge
- Peers are typically paired with a supporter with similar lived experiences

This approach to peer support focuses more on supporting peers in their recovery from the illness or injury. In this instance, the term recovery does not usually mean cure, since chronic diseases and life-altering physical injuries can't be cured. Rather, it means acceptance of the diagnosis and moving toward a more hopeful outlook on life.

Family-based peer support

Families are central to the well-being of Veterans, military, and PSP. At the same time, the military and PSP lifestyle creates unique challenges that can take a toll on Family relationships and the well-being of individual Family members.

For the purposes of these Guidelines, the working definition of "Family" extends beyond legal marriage or common-law status. It includes, but is not limited to, both dependent and adult children, stepchildren, parents, siblings, extended Family, and friends.

The concept of Family is changing. Indigenous Peoples and other cultures have expanded views of what Family means. Military and PSP organizational culture can also foster a sense of Family belonging among colleagues that lasts into retirement.

Many Family members share similar attitudes and beliefs about help-seeking and trust of people and professionals who are outside their peer group. For these reasons, peer support is an important resource for Families.

Family-based peer support usually focuses on the unique aspects of the Family experience:

- **Provides a sense of community and connection for Families:** This is especially important when they relocate and have to build roots in a new community. Peer support can help Families feel like they belong to a group, even when their loved one is absent.
- **Proactive approach:** Families benefit from learning about the potential work and lifestyle stressors before they occur, so they are better prepared if or when challenges arise. Peer support can also help people anticipate and prepare for the impact of major lifestyle changes, such as having a child or retirement, before they happen.
- **Helps people cope with emotional distress caused by a loved one's physical and/or mental health symptoms:** Improving Family members' understanding of what their loved one is experiencing, what to expect, and strategies to cope can reduce the stress and confusion caused by these challenges. It also helps Family members understand how to support their loved one in their recovery journey.
- **Supports Family members in charting a path toward their own individual well-being:** Family members can be personally affected by their loved one's work, illness, or injury. Peer support teaches coping and self-care strategies, so that Family members can maintain or improve their own well-being.

CHALLENGES FOR FAMILIES OF ACTIVE MILITARY AND PSP:

- Separation challenges due to rotating shifts, long hours, trainings, and deployments
- Role overload when the non-serving spouse/partner takes on a larger share of child care and other Family responsibilities due to separation or when a serving member is injured in the line of duty
- Challenges from being a caregiver to a serving member who is injured in the line of duty
- Emotional and interpersonal difficulties related to the stress and tension that arises from the nature of the work (e.g. workload, trauma exposure)
- Relocations and the challenges of continuity of services and social supports, and finding new employment for non-serving spouses
- Worry over the risk of injury or death of the serving member

CHALLENGES FOR FAMILIES OF VETERANS AND RETIRED PSP:

- Transition to post-service life, which has an impact on the entire Family and may also require relocation
- Emotional and interpersonal difficulties related to posttraumatic stress injuries
- Finding and navigating care for mental health or physical injuries post-service
- Role overload if the loved one is unable to take on Family responsibilities due to illness or injury
- Challenges from being a caregiver to a Veteran or retired PSP who was injured in the line of duty
- Social isolation and feeling disconnected from the institutional "Family" (that is, other military members or PSP with whom they have formed close bonds as a result of serving together)

It is important to remember that Family members need support in their own right. How will your peer support program support the needs of Families?

Ten core values and principles
of practice in peer support

Core values

Core values embody the shared beliefs people use when delivering peer support. Values guide how the program is designed, the policies and procedures that are developed, and how peer supporters interact with others.

The 10 core values listed here were developed from the literature on peer support for Veterans, military, PSP, and their Families. PSCN members reviewed and endorsed the values as part of developing the Guidelines.

These core values provide a starting point for peer supporters and program managers to explore their own beliefs about how peer support should be delivered, but they may not be the only values people believe are relevant. Peer support programs are encouraged to explore and adopt any additional values that could be used to guide their work.

Principles of practice

Principles of practice help people understand how a value can be operationalized into programmatic policies, procedures, and behaviours of peer supporters.

The principles of practice described below are purposefully high-level. Peer supporters and program managers are encouraged to think about other ways these values could be operationalized into policies and practices that support their specific needs and context.

Ten core values and principles of practice in peer support

CORE VALUE	PRINCIPLE OF PRACTICE
Competence	Peer supporters have the right knowledge, skills, cultural humility, and lived experience to support peers. Programs have clear criteria for selecting and deselecting peer supporters and provide high-quality training and supervision.
Confidentiality	Peer supporters understand the importance of confidentiality and maintain it except in specific instances where disclosure is required. Programs have well-defined confidentiality policies and clear consequences for breach.
Empathy	Peer supporters understand the perspective of the peer they are supporting. They approach each interaction with sensitivity and care for the challenges people are facing.
Health and wellness of peer supporters	Peer support is a challenging role that can take a toll on the health and wellness of those providing the support. Peer supporters practise self-care and model this for others. Programs provide access to additional supports, so that peer supporters can maintain their own well-being.
Integrity and authenticity	Peer supporters are motivated by altruism and a genuine desire to help others, rather than personal gain. Honesty and sincerity are part of every interaction.
Mutuality	Having the sense that someone has "walked in your shoes" and shared similar experiences helps strengthen the peer support relationship. People should be able to choose the peer supporter who best fits their own definition of mutuality.
Non-judgment	Peer supporters work to reduce stigma and normalize help-seeking behaviour. They do not judge people for needing help. They also do not judge people for past, current, or future decisions about their own well-being.
Self-determination	People who chart their own path toward change are more likely to succeed. Peer supporters help peers understand their options and explore ways to build their own knowledge and skills.
Trauma-informed practice	Programs recognize that trauma is a common experience that affects people in different ways. They respond in a way that creates physical, psychological, and emotional safety, and provides a voice and choice for peers, peer supporters, and program staff.
Trust	Trust is foundational to the success of the peer support relationship. Peer supporters build trust through open and honest communication. Programs build trust by providing credible, safe, and high-quality peer support.

What core values are important for you, your peer support program, and/or your organization? How will you operationalize these values? Are there other values that aren't listed that you want to consider?

Ethical practices in peer support

Ethical practices are the codes of conduct that peer supporters and programs should follow to provide safe, high-quality services that protect both themselves and the people they support.

Ethical practices are not always black and white: what is ethical in one situation is not always ethical in another. However, there are several key ethical challenges that routinely come up in peer support with Veterans, military, PSP, and their Families.

Purpose and limitations of peer support

Peer support provides responsive, empathetic, social, and emotional support for people who are experiencing challenges in their lives. It also proactively builds resilience, so that people are better able to cope with the frequent stresses associated with the work (i.e. military and PSP) or the lifestyle (i.e. Family members).

Peer support can be used in addition to other formal services, but is not meant to replace them. This line can get blurry, especially when someone seeks peer support for mental health or stress-related challenges. Peer supporters are not counsellors or therapists, even if they are trained in basic techniques such as active listening or psychological first aid. Knowing when to refer someone to a higher level of support is crucial for the well-being of both the peer and the peer supporter.

Even though peer supporters are trained to provide support across a variety of issues, not every peer supporter should provide support in every situation. The ability to empathize is part of what makes a peer supporter effective, but so is the ability to remain neutral and objective. For these reasons, programs that offer peer support after a potentially psychologically traumatizing event should use peer supporters who understand the potential impact of the event, but have enough distance to remain neutral and objective when providing support.

SEEK ADDITIONAL EXPERTISE WHEN DEVELOPING A PEER SUPPORT PROGRAM

- Veterans, military, PSP, and Families often access peer support to cope with the consequences of work-related stress and the strain this puts on Family relationships. Licensed and registered mental health professionals have specific expertise in treating stress-related and Family challenges. Even though peer support is not mental health treatment, these professionals may add value to the design, implementation, or delivery of peer support programs as long as they have a good understanding of the culture of Veterans, military, PSP, and their Families.

- Well-established peer support programs are another potential resource to tap when developing a peer support program. Peer support program developers do not necessarily need to reinvent the wheel — consulting with established programs that use a similar model and approach to peer support can provide key insights into what they found worked well and what did not. These lessons can be incorporated into the design of the program.

- Even though current literature on best practices in peer support for Veterans, military, PSP, and Families is limited, it continues to grow. Reviewing new literature that pertains specifically to the peer support program's model, approach, and format may provide insights that were not captured at the time of the Guidelines' publication.

Peer supporters themselves may not always feel comfortable providing support in every situation. They may feel they lack the skills or lived experience to support their peer. In some cases, the peer's situation may hit a bit too close to home for the peer supporter. This could trigger past traumatic memories or compromise the peer supporter's ability to remain neutral and objective about their peer's actions or decisions. Peer supporters should be encouraged to reflect on whether they are right for the job every time they are matched with a peer and to seek guidance if they are unsure. If someone feels uncomfortable providing support for any reason, they should refer the peer to another supporter.

Peer supporters should:

- Be aware of and practise within the limits of peer support
- Know when and how to refer someone to a higher level of support or to a mental health professional
- Be aware of and respect their personal limitations
- Know when to seek guidance and advice on their personal limitations
- Refer clients to another peer supporter when they are unable to provide support themselves

Clear policies that describe the purpose and limitations of peer support are necessary to protect both peer supporters and the peers they serve. Peer supporters should always know when and how to refer peers to another supporter or to a higher level of support.

Confidentiality

Confidentiality is the professional and ethical duty to refrain from disclosing information from or about someone who receives peer support.

Confidentiality is related to the concepts of privacy and privilege, but these are not the same. In Canada, privacy and privilege are legislated both federally and provincially. But confidentiality is a broader concept that does not have specific legislation attached, even though it encompasses aspects of privacy and privilege. Peer supporters should have a clear understanding of what all three concepts mean.

Confidentiality allows peers to openly discuss their concerns without worries about stigma or negative repercussions. Fear that confidentiality will be breached, especially within the workplace, with chain of command, or within the Veteran, military, PSP, and/or Family communities, is one of the main reasons people give for not accessing peer support when needed.

Since confidentiality is not governed by specific legislation, it needs to be carefully defined in the policies and procedures of the peer support program. What is discussed in the context of peer support should generally be kept confidential, but confidentiality is not absolute.

Exceptions to confidentiality can include:

- Danger to self
- Danger to others
- Suspicion of criminal activity or intended criminal activity
- Situations where the law requires disclosure, such as in mandatory reporting
- Situations where organizational policy requires disclosure, such as discrimination or harassment
- When disclosure is requested by the peer

Confidentiality policies should be reviewed regularly to ensure they provide adequate protection for both peer supporters and the people they support. They should be clearly defined and include procedures to follow when exceptions occur. In general, the fewer limitations to confidentiality, the more confidence people will have in the program.

Confidentiality is a cornerstone of trustworthy peer support programs. Having clear confidentiality policies that are reviewed on a regular basis helps programs ensure they are meeting the needs of their context and users.

TIPS TO SUPPORT CONFIDENTIALITY

- Ask peer supporters to sign a confidentiality agreement that describes what is and is not considered confidential and the consequences for breaching confidentiality.

- Provide people with the program's confidentiality policies before they access support. Describe the policies verbally, allow people to ask questions, and give them a written copy to refer back to.

- Ask peers to sign a consent form that outlines what information needs to be disclosed and under what circumstances before they receive support.

- Have a policy to remind peers about confidentiality and its limits before beginning every session. Ensure peers are able to ask questions before proceeding.

A special note on confidentiality versus anonymity

Even though peer support is generally seen as acceptable to Veterans, military, PSP, and Families, there is still stigma attached to seeking help, particularly for mental health concerns.

To counter this stigma and encourage more people to seek help, some peer support programs strive to provide anonymous services. These are most often provided through telephone or other virtual means. The peer's name, telephone number, IP address, and/or other identifying information are typically blocked from view or access by the peer supporter.

BEING CLEAR AND TRANSPARENT ABOUT WHAT INFORMATION IS ANONYMOUS AS OPPOSED TO CONFIDENTIAL IS IMPORTANT.

Some programs take additional steps to ensure confidentiality for their peers, but this may not confer true anonymity. Anonymity means there is absolutely no way to access personal information that can be used to identify the peer. If a peer believes their information to be anonymous and discovers it is not, it can undermine their trust in the program, or in peer support in general.

However, personally identifying information can typically still be accessed if needed as a safety measure. Having this measure in place allows the program to dispatch immediate help if, for example, the peer is believed to be a danger to themselves or others.

This means that the peer support program is not truly anonymous. Anonymity means there is absolutely no way to access personal information that can be used to identify the peer. What programs like this do have are additional layers of confidentiality to protect the identity of peers.

Having clear and transparent policies on what information is anonymous versus confidential helps people understand how the peer support program works and what can and can't be considered anonymous information. Taking additional steps to ensure the confidentiality of peers will likely be appreciated by those using the program, even when their information can't truly be considered anonymous.

Boundaries

Boundaries help define what is and is not considered appropriate behaviour in interpersonal relationships. In the case of peer support, they help clarify each person's understanding and expectations of the peer-to-peer relationship.

Boundaries provide safety and predictability, and help maintain a professional relationship between the peer and their supporter. They also help maintain the health and wellness of the peer support team and mitigate burnout.

Programs can help peer supporters understand and set appropriate boundaries in the following ways:

Have clearly defined roles and responsibilities for peer supporters before the program launches. This helps peer supporters understand the program's expectations about where their role begins and ends, and what constitutes healthy boundaries.

Consider where specific policies are required to maintain healthy boundaries and where peer supporters can define boundaries that fit their personal level of comfort. Policies on boundaries should be appropriate for the setting, the local context, the peer supporter's well-being, and any other factors that are identified. Consulting with licensed or registered mental health professionals who have expertise on boundary-setting can be helpful when developing policies.

Have ongoing discussions about boundaries with the peer support team to identify situations where boundaries may get blurred. These discussions can be used to inform regular revisions or additions to the program's policies and procedures.

When boundaries start to blur, it is important to consider the health and wellness of the peer supporter and their ability to remain neutral and objective about the peer. If either of these are compromised, more appropriate boundaries should be set and maintained for the duration of the peer-to-peer relationship. If this is not possible, the peer should be referred to another supporter.

In some situations, such as deployments, peer supporters may be involved on a daily basis with their peer. This makes it far more challenging to set and maintain healthy boundaries on the amount and type of access to peer support. In these situations, peer supporters should avoid taking on a formal peer support role. Informal, in-the-moment peer support can be provided if needed, but non-operational peer supporters should be brought in to provide formal peer support.

Boundary blur often happens with the best of intentions. The following examples can be used to start conversations that explore boundary blur with peer supporters.

Is it okay for a peer supporter to say, "Call me anytime"?
Providing this level of access may be useful for the peer, particularly if they are in crisis. However, it may take a toll on the peer supporter's mental health and well-being. Should peer supporters be allowed to make these kinds of commitments or should they avoid them?

Should a peer supporter or their peer be able to invite the other to a social engagement or connect on social media?
Friendships can and do develop because of peer interactions. Yet, as these friendships develop, the peer support provided may start to shift from a formal interaction into a more informal interaction. When does friendship start to compromise a peer supporter's ability to remain neutral and objective about their peer?

Dual roles and role conflict

Dual roles occur when a peer and their supporter share some sort of relationship outside of the peer-to-peer interaction. They can affect peer supporters' objectivity, judgment, effectiveness, and their ability to maintain healthy boundaries with their peer. Dual roles are challenging to navigate and risk exploitation or harm to the peer.

Dual roles exist when peer supporters have:

- A Family, sexual, or other intimate relationship with a peer
- A business or financial relationship with a peer
- A reporting relationship, such as a supervisor-subordinate relationship, with a peer
- A formal work partnership, such as between paramedics or police officers, with a peer

Role conflict happens when the obligations of the peer support role are at odds with the other role the supporter plays in the peer's life. This inherent conflict of interest can potentially have an impact on the effectiveness of the peer-to-peer relationship.

EXAMPLES OF HOW ROLE CONFLICT IN A REPORTING RELATIONSHIP CAN AFFECT PEERS

A peer who receives support from their supervisor is concerned that what they share could be disclosed to others in management, human resources, or chain of command. Since this could potentially affect future decisions about assignments, transfers, or promotions, they choose to withhold information that would be useful for their peer supporter to know.

A supervisor who provides peer support to a subordinate starts to view the peer differently based on what is disclosed. This subconsciously affects the supervisor's opinion of the peer's work-related performance and potential. Out of genuine concern for the peer, the supervisor does not encourage them to apply for a promotion.

Dual roles are challenging to navigate and can undermine trust in the peer support program if they are not handled appropriately. They require clear and well-defined policies, so that both peer supporters and peers understand how the dual role will be managed.

In general, peer support programs are encouraged to avoid dual roles, where possible. This means peer supporters should avoid creating dual roles by not:

- Engaging in sexual or other intimate activities with their peer
- Entering into business or financial arrangements with their peer
- Exchanging gifts with their peer

If a dual relationship exists or develops, the peer should be referred to another supporter.

When it is not possible to avoid dual roles, peer support programs should provide:

- Training on how to identify dual roles and role conflict, including specific examples of how role conflict can compromise both the peer supporter role and the additional role, and the risks this has for the peer
- Clear policies on the limitations of the peer support role and the additional role
- Clear policies on where the peer support role takes precedence over the additional role and vice versa
- Clear policies on when a referral is required
- A confidential process for peers to report concerns about their peer supporter
- Ongoing supervision from an expert on navigating dual roles and role conflict

Peers need to be aware of the potential challenges and risks of receiving peer support from someone in a dual role. Providing peers with the program's policies on dual roles helps them understand the risks involved before they agree to receive support from someone in this position. It should always be up to the peer to agree to the dual role, rather than the peer supporter.

Access to peer support

Peer support has become an integral part of the services offered to Veterans, military, PSP, and their Families. It is often the first option recommended when someone requests or appears to need support. Even so, there are several structural and programmatic barriers that can limit people's ability to access peer support.

Real and potential barriers to access should be explored when developing a peer support program, so that they can be minimized through program design. Revisiting barriers to access on a regular basis helps identify areas where program improvements can be made.

Mutuality

The inability to find a peer supporter who is a good match for someone's preferences and needs can be a significant barrier to accessing support.

Peer support programs are encouraged to actively recruit peer supporters who:

- Match the demographics of those using the program, including race, ethnicity, cultural background, gender, gender orientation, and sexual orientation
- Match the professional lived experiences of those using the program, such as rank, role, and operational duties
- Match the personal lived experiences of those using the program, such as Family or relationship issues
- Match any other characteristics or lived experiences that make program users feel that someone is their peer

Smaller peer support programs and new peer support programs may have difficulty meeting all of these criteria, particularly at launch. Recruitment of new peer supporters can be ongoing as the program rolls out and people start to use it.

Shift work

Military and active PSP often do shift work. This means there are people working at any hour of the day, seven days a week. Workplace programs should have enough peer supporters on hand during each shift to ensure equal access to the program.

Trust issues

A profound lack of trust exists in some organizations, particularly in environments where people are evaluated on their ability to resist or overcome mental health challenges. Trust challenges may lead people to seek support outside of the organization, even at their own expense.

Organizations that offer workplace programs should not restrict or limit people to accessing the internal peer support team. Instead, they should encourage the use of a wide range of options based on individual comfort and preference. As long as a source of peer support is legitimate and credible, people should have unhindered access to the program that best suits their needs.

Allowing peers to choose their supporter

Ideally, people should be able to choose their peer supporter, rather than have one assigned to them. This gives them the ability to decide who they view as a peer and who they trust to provide peer support. Posting peer supporter bios on internal websites or other communication platforms can facilitate this process.

Smaller and/or newer peer support programs may not have the same capacity to provide choice in the peer supporter as larger ones. If a peer supporter must be assigned, the peer should be able to accept or decline the assignment for any reason, without consequences.

Voluntary nature of peer support

Within the military and PSP context, there are times when some aspects of workplace peer support may be seen as mandatory, such as after exposure to a potentially psychologically traumatic event. Even though some organizations may have mandatory processes and procedures to follow after this type of event, peer support itself should always be voluntary.

Even so, peer supporters can and should be available as a resource for people who are impacted by potentially psychologically traumatic events.

Rather than making workplace peer support mandatory, organizations should consider:

- Including peer supporters as resources in any mandatory meetings or debriefs following the event
- Reminding people that peer support does not need to be accessed immediately, but is available once the person is ready
- Assigning peer supporters to check in on people following the event to remind them of the resources available to them

- Strongly recommending peer support as an option
- Encouraging people to try peer support just once
- Allowing and encouraging people to access the peer support program with which they are most comfortable (i.e. an external program, rather than the in-house program)

The decision to access peer support should always be that of the peer. Forcing people to engage with peer support against their wishes may cause harm to the peer.

Vetting referral resources

Peer support often acts as a bridge to other resources. Programs have an ethical duty to protect their users from potentially harmful practices or environments. All referral resources should be vetted for safety and quality, whether they provide peer support or some other type of service.

Vetting referral resources takes time and effort. The variety of referral resources may also pose a problem. What constitutes a safe, high-quality, substance use treatment program is not the same as what constitutes a safe, high-quality Family support program. In other words, there may be no single person within the peer support program with the right knowledge to vet every type of referral resource.

Accreditation is one way to determine if a program is safe and high-quality. Accreditation means that an independent, third-party organization has confirmed that the program conforms to nationally recognized, standardized measures of quality for that type of service.

However, not all programs in Canada have nationally recognized standards to guide their work. National standards of quality are common in health care, but not in other areas. In these cases, asking users about their experience with a particular program or resource may be useful. Ideally, all referral resources should have a good understanding of the culture of Veterans, military, PSP, and their Families.

Peer support programs that operate in similar jurisdictions can consider sharing their lists of vetted referral resources. Sharing lists pools resources by expanding the number of people with knowledge of different program types. It can also reduce the time and effort individual programs make to create and maintain a list of safe, high-quality referral resources.

Transparency

Transparency, or clearly and openly communicating about the model, format, and approach to peer support, allows people to make informed decisions about which program best suits their needs. It helps people know what to expect when they access the program. Such clarity is particularly beneficial for vulnerable people who are in crisis.

Publishing the program's policies and procedures, including whether and how peer supporters are compensated for their work, helps increase people's understanding of, and trust in, the program itself.

Being transparent about all aspects of the peer support program increases trust in, and comfort with, the program.

A note on diversity, equity, and inclusion

There are no universally accepted principles to guide diversity, equity, and inclusion (DEI) efforts within peer support programs. However, not including diverse views in all aspects of program planning, implementation, and decision-making can put some of the peers being served at a disadvantage. This could include:

- How the program understands the needs of peers
- How the program defines mutuality and selects peer supporters
- How the program trains peer supporters
- How the program builds trust in the service

In the general population, diversity is often viewed as differences in race, ethnic background, gender, sexual orientation, age, and/or religion. Yet, in the case of Veterans, military, and PSP, diversity may also extend to differences in rank and role, operational duties, or branch of the military or PSP.

Incorporating DEI principles into peer support is not a one-size-fits-all approach. Program developers should understand the diversity of the peers being served and strive to include these diverse perspectives whenever possible.

Selection and deselection of peer supporters

The success of the peer-to-peer relationship is fundamental to peer support: without a successful relationship, peer support is less effective. Relationships are built on feelings of mutuality and trust that come from shared lived experiences. They are cultivated through interpersonal skills such as empathy, patience, and the ability to listen and communicate well.

Peer supporters with both relevant lived experiences and interpersonal skills are more likely to have successful peer-to-peer relationships. However, not every potential peer supporter has both in equal measure.

The importance of lived experience

One of the foremost shared lived experiences that supports the peer-to-peer relationship is that of being a Veteran, military, PSP, or Family member. The unique impact these careers have on people's personal and professional lives are often only fully understood by other group members.

Other important lived experiences that are relevant to these communities include:

- Rank and role, including both sworn and civilian members, and management and front-line staff
- Types of training
- Operational duties
- Operational deployments and stationing
- Specific work-related experiences, such as combat, sexual trauma, or other potentially psychologically traumatic events
- The unexpected death of a colleague or Family member
- Mental health and substance use challenges
- Life-altering physical injuries
- Family and relationship challenges
- Race, ethnicity, culture, gender, gender identity, and sexual orientation

The importance of personal attributes and interpersonal skills

Certain personal attributes and interpersonal skills generally predispose people to being suitable for peer support. Selecting peer supporters with existing attributes and skills may also make training more efficient.

PERSONAL ATTRIBUTES	
▪ Altruism	▪ Good judgment
▪ Competence	▪ Honesty
▪ Confidence	▪ Leader
▪ Credibility	▪ Maturity
▪ Ethical	▪ Respected
▪ Genuine	▪ Trustworthy

INTERPERSONAL SKILLS	
▪ Accepting of others	▪ Non-judgmental
▪ Compassion	▪ Patience
▪ Empathy	▪ Self-awareness
▪ Listening and communicating	▪ Self-control
▪ Motivation	▪ Transparency
	▪ Willingness to learn

Even though existing skills are desirable when selecting peer supporters, some skills can also be built and enhanced through training.

Weighing the balance between peer supporters' lived experiences and interpersonal skills is a key part of the selection process.

Recruitment of potential peer supporters

Nominations

Nominations are a good way to identify potential peer supporters. Asking potential program users to nominate whom they would be most willing to turn to for support helps ensure potential peer supporters are genuinely trusted by their peers. These people are often also a natural fit for the role.

Workplace programs can ask staff to nominate people whom they would trust to provide peer support. Community-based programs can ask their existing peer supporters to nominate program graduates or others they know from the community who they feel would be suitable for the role. These people can be invited to apply if they are interested.

Nominations are an important part of the selection process and help instil trust in the peer support team. However, nominations should not be the only step in the selection process. It is possible that not everyone who is nominated will be suitable for the peer supporter role. And while nominations may help prevent the selection of people who are motivated by personal gain, such as career advancement, they do not guarantee that someone has been nominated for the right reasons.

Active recruitment

Peer supporters need to reflect the demographics and relevant lived experience of the peers they are supporting. Peer support programs may need to actively recruit people to fill gaps in these areas if nominations alone are not enough.

Selecting potential peer supporters for training

Ensuring that people are capable of taking on the role of peer supporter is critical.

Every peer support program needs clearly defined criteria for the selection of potential peer supporters for training. These criteria should reflect the program's setting, model, and approach to peer support, as well as the needs of the peers it plans to serve.

Basic criteria could include:

■ Lived experience

■ Personal attributes and interpersonal skills

■ Peer nomination

■ Passionate about peer support

■ Good emotional health

■ Previous training or experience with peer support

■ Criminal background check

■ Being in good standing with the organization

Interviews with program management will help determine whether applicants who meet the basic criteria are actually suitable for the role. Where possible, applicants should also be assessed for fitness for duty before being accepted into training. Clinical assessments can be used for this purpose if they are available.

Applicants should understand the time required for the role before committing to it. This includes the amount of time spent in training and continuing education, as well as time spent delivering peer support. It may be helpful to encourage people to speak with their Families before applying to ensure they are able to meet the time commitments.

Acceptance into the peer support training program

Once selected, all potential peer supporters should receive basic training. However, it is possible that not everyone who is trained will be able to put the knowledge and skills they have learned to use. Once trained, every potential peer supporter should be assessed to ensure they have a baseline level of knowledge and skills before being allowed to provide peer support.

The training process may also identify some candidates who have not yet processed and moved forward from their own challenges enough to be able to provide peer support. A rigorous selection process should help minimize the likelihood of this happening. Yet, if it does, the candidate should be able to step away from the peer support program without penalty and be encouraged to reapply at a later date.

Deselection process

Every peer support program also needs clearly defined criteria to decide when a peer supporter should no longer be part of the team.

Basic deselection criteria could include:

- Breach of confidentiality or other unethical behaviour
- Loss of trust in the peer supporter
- Inability to fulfil training requirements
- Loss of good standing in the organization
- When the peer supporter is unable to fulfil the role due to burnout or other stress-related challenges and refuses to step away voluntarily

Having a confidential process for peers to report concerns about their peer supporter helps flag unethical behaviour and loss of trust in the peer supporter.

Training of peer supporters

Training requires significant time and funding commitments to ensure peer supporters are prepared to take on their role. Training should be evidence-based and specific to the needs of the peers to be served.

Peer supporters need training in two related but distinct areas:

KNOWLEDGE
- Factual information and theoretical concepts
- Most often taught using classroom-style methods
- Subject-matter specialist provides training
- Formal assessment of knowledge, comprehension (i.e. tests, quizzes)

SKILLS
- Ability to apply knowledge in real-world situations
- Honed through practice and use over time
- Assessed through observation
- Ongoing learning through active coaching and feedback from experienced instructor

Training should not be seen as a "side-of-the-desk" task, nor should it simply be added on top of an already-full workload. This could risk training and skills development being minimized or skipped altogether — or peer supporter burnout.

To ensure peer supporters can access the training they need, it is encouraged to include:

- On-duty time or release time for training
- Compensation for time spent in training

Every peer supporter should have a baseline level of competence before they engage with peers.

TIPS TO SUPPORT TRAINING WHEN TIME AND RESOURCES ARE TIGHT

- If the subject matter allows, consider providing shorter trainings (i.e. one to two hours) over longer periods of time.
- Piggyback in-person training sessions on to other in-person meetings or events.
- Share training resources and opportunities across programs and organizations.
- Invest in "train-the-trainer" opportunities so that qualified members of the peer support team can provide training in-house.

Selecting a training method

There are three main ways peer support programs provide training: in-person, online, and blended, meaning a combination of online and in-person training. Each method has advantages and disadvantages.

METHOD	ADVANTAGES	DISADVANTAGES
IN-PERSON TRAINING	■ Trainees can ask questions in real time and have group discussion ■ Discussion helps trainees explore how the information might apply in real-world situations ■ Trainees can practise skills using role play and receive coaching and constructive feedback on their performance from the instructor and fellow trainees ■ Trainees can get to know their fellow peers	■ More costly than online or blended methods ■ More time-consuming than online or blended methods ■ Shift work may mean some people are not able to attend at the scheduled time ■ Ability to maintain operations during training, particularly if sessions extend over one or more days ■ May be less accessible for people working and living in rural/remote areas
ONLINE TRAINING	■ More cost-effective and time-effective than in-person training ■ Asynchronous format allows people to participate when they have time ■ May be more accessible for people working and living in rural/remote areas ■ May help standardize training since everyone receives the same content	■ Does not provide the same opportunities to ask questions in real time or have group discussion ■ Does not provide the same opportunities to practise and hone skills ■ Trainees do not get to know their fellow peers
BLENDED TRAINING	■ More cost-effective and time-effective than in-person-only training ■ Theory is provided in an online, asynchronous format; skill-building opportunities are provided in-person ■ More flexibility than in-person or online methods allow ■ Commonly used practice in peer support today	■ Shift work may mean some people are not able to attend the in-person portion at the scheduled time ■ Ability to maintain operations during the in-person portion, particularly if sessions extend over one or more days ■ In-person portion may be less accessible for people working and living in rural/remote areas.

The model, setting, and location of the peer support program, the needs of the trainees, and the program budget should all be considered before selecting a training method.

Training topics

There are certain topics on which all peer supporters need training, regardless of the program's model, setting, or approach. These topics are central to peer support with Veterans, military, PSP, and their Families. Peer supporters should ideally be trained in each of these areas before they begin practising.

Knowing that every peer supporter has a basic level of training instils trust in the program. Yet, to date, there is no literature that pinpoints which topics should be part of basic training and which should be covered in continuing education. There is also no literature to suggest how much training is enough.

Basic training should include the fundamentals of peer support, as well as the most common topics for which program users seek support. For example, peer support programs that focus on specific types of challenges, such as posttraumatic stress injuries or sexual trauma, should prioritize these topics as part of basic training. Programs that do not focus on specific types of challenges may opt to offer specialized sessions as part of continuing education.

Comprehensive training is a critical aspect of safe, high-quality peer support.

The following listed topics are the most common areas in which peer support programs provide training. Topics that can't be covered during basic training should be covered in continuing education.

Expectations, policies, and procedures

- Goals and limits of peer support
- Role and responsibilities of the peer supporter
- Confidentiality
- Legal and professional responsibilities, including reporting requirements
- Records and note keeping — secure storage and access to written records
- Emergency procedures

Ethical practices

- Confidentiality, privacy, privilege, and anonymity
- Understanding and maintaining healthy boundaries
- Dual roles and role conflict
- Code of conduct for peer supporters
- Ethical dilemmas

Personal wellness

- Identification and self-awareness of personal signs and symptoms of stress
- Vicarious trauma
- Burnout
- Compassion fatigue
- Strategies to build resilience
- Developing a personal wellness plan
- Internal and external resources, and policies and procedures to support personal wellness
- Scheduled check-ins

Interpersonal communication

- Active listening
- Non-verbal communication
- Problem assessment and problem-solving
- Basic debriefing skills
- Group facilitation skills (if needed)

Cultural competence

- Diversity, equity, and inclusion
- Implicit and explicit bias
- Cultural humility and creating cultural safety

Trauma-informed practice

- Different types of trauma specific to the peer group and program staff
- Cultural, historical, gender, and developmental issues in the experience of trauma
- How trauma affects the body, emotions, and behaviours
- How to recognize and respond to triggered emotions or behaviours in the self and others
- Creating physical, psychological, and emotional safety for peers and peer supporters
- Empowering voice, choice, and self-determination in peers and peer supporters

Sources and signs of stress

- Sources of stress, particularly organizational, operational, and personal stressors
- Stress from sexual harassment, historical trauma, racism, and discrimination
- Moral distress and injury
- How stress affects people physically and emotionally
- Common signs and symptoms of stress
- Stress coping strategies

De-escalation skills

- Psychological first aid
- Distress tolerance skills

- De-escalation techniques
- Crisis-communication skills
- Stress-management skills

Signs and symptoms of mental health and substance use challenges

- Signs and symptoms of common mental health challenges such as posttraumatic stress injury, depression, and anxiety
- Common treatments for mental health challenges
- Signs and symptoms of problematic substance use and other potentially addictive behaviours such as gambling, sex, food, work, and Internet usage
- Common treatments for substance use and addiction challenges, including harm-reduction strategies and stages of change

Suicide prevention

- Being able to ask the question
- Assessment and screening for suicide risk
- How to intervene in suicide risk
- Components of a safety plan, including reducing access to lethal means
- Knowing what to do if a person indicates they are suicidal
- Knowing how to refer a person to the next level of care

Relationship and Family issues

- Sources of stress in Families of Veterans, military, and PSP
- Effect on individual Family members and their interpersonal relationships, including children
- Signs and symptoms of Family violence, including intimate partner, elder, and child abuse
- Life transitions, such as having a child, retirement, or separation and divorce
- Parenting and co-parenting challenges

Grief and loss

- Coping with loss
- Stages of grief
- Bereavement

Resources and referrals

- Internal and community-based resources
- When and how to successfully refer to other resources

Role of continuing education: Once is not enough

The field of peer support is dynamic and ever-evolving, demanding ongoing peer supporter training to remain current and effective. Continuing education helps peer supporters solidify and deepen their knowledge and skills, stay current with best practices in the field, and mitigate complacency.

Peer supporters themselves are valuable informants when considering topics for continuing education. They know the types of concerns for which peers are seeking assistance, even if these are not part of the program's planned objectives.

Joint training sessions with other peer support teams may also help broaden peer supporters' knowledge and skills. Cross-team discussions provide peer supporters with opportunities to gain insight into how others have responded to issues that arise during the work. This may provide valuable ideas on how to adapt and improve specific peer support practices and peer support programs in general.

Current literature indicates that continuing education is a critical part of high-quality peer support programs. However, how much continuing education is actually required to maintain the knowledge and skills of peer supporters is not yet clear.

Minimum requirements for continuing education should be established and made clear to peer supporters before they apply for the role. Program managers should anticipate offering continuing education on a regular basis and at least annually.

Selecting trainers

Criteria for selecting trainers is an important part of any peer support program's policies. High-quality trainers ensure that peer supporters have the right knowledge and skills to do their jobs well. This helps foster trust in the peer support program.

Ideally, trainers should have:

- Expertise in the area being taught
- Lived experience that is relevant to the subject matter
- Current instructor training or licensing to instruct the courses being taught
- Knowledge of or experience with adult education
- Knowledge of the culture and practice of peer support
- Direct experience with the culture of Veterans, military, PSP, and their Families

The number of individual trainers who fulfil all of these criteria is limited. Program managers can overcome this challenge by using both licensed or registered professionals — and most often mental health professionals — as well as experienced peer supporters to provide training.

Licensed and registered professionals have subject-matter expertise and skills in their area of focus, but may not have lived experience or much knowledge of the culture or practice of peer support.

Experienced peer supporters may have lived experience that is relevant to the subject matter and direct knowledge of peer support, but may not have the same degree of subject-matter expertise.

The literature on peer support for Veterans, military, and PSP suggests that there are benefits to pairing licensed or registered professionals with experienced peer supporters to provide training. Trainees get the comprehensive theory they need, as well as the practical advice on how to handle routine situations that may come up during peer support sessions.

Both licensed and registered professionals and experienced peer supporters add value to training, but often in different ways. Depending on the subject matter, using both to provide different aspects of training, either alone or together, may add more value than using either type of trainer alone.

Supervision for peer supporters

Supervision, or ongoing oversight and support from a more knowledgeable and experienced provider, is an important part of maintaining a healthy peer support team. When supervision is done well, people value it and say it supports both personal and professional growth.

Three main purposes to supervision

Supervision promotes reflective practice, ongoing learning, and skill-building in peer supporters.

Reflective practice involves thinking deeply and critically about how we behaved during or processed an experience or event: what went well, what did not go well, and the assumptions we made that influenced our emotional and behavioural reactions.

Supervisors help peer supporters explore alternative ideas and interpretations of what happened during previous peer interactions, and whether doing something differently might have changed the outcome. This helps peer supporters gain insight, learn from their experiences, and build new skills that can be useful in future interactions.

Supervisors provide consultation and advice on difficult situations with peers.

Practising within the limitations of peer support can be challenging at times. "Peer drift" occurs when peer supporters start taking on a more medical or therapeutic role with their peer. Supervision helps people recognize when their identity and perspective is starting to shift away from that of a peer supporter. Supervision also helps peer supporters understand when it is appropriate to refer someone to the next level of support.

Maintaining healthy boundaries can also be difficult in peer support. Friendships can naturally develop through peer-to-peer relationships, but so can dependency on peer support. Supervisors help peer supporters identify when these boundaries are starting to blur. They provide practical advice on how to set appropriate boundaries and limit the peer-to-peer relationship, so that peer supporters do not lose their neutrality and objectivity or feel overwhelmed by the role.

Dual roles are one of the most difficult situations for peer supporters to navigate. Sometimes they cannot be avoided, even if the program has a policy to do so. In these cases, supervisors provide peer supporters with critical guidance to successfully navigate a dual role.

Supervision supports the well-being of peer supporters.

Sometimes peer supporters need help determining whether or not they should provide peer support for a specific person, type of challenge, or event. Supervisors help peer supporters reflect on whether they can maintain the neutral and objective perspective needed to provide effective support. This is particularly important when the issue the peer is seeking assistance for hits close to home for the supporter.

Supervisors help mitigate burnout by monitoring whether or not peer supporters are struggling with their workload or other challenges. They usually provide a more objective assessment of whether or not a peer supporter is able to fulfil their role in general.

Supervisors who are licensed or registered mental health professionals can also provide rapid mental health support when needed.

Supervisors can help with the development and implementation of the peer support program as a whole by:

- Providing advice on selecting and deselecting peer supporters
- Being part of the selection team
- Contributing to or developing policies and procedures
- Providing education and training

Selecting and deselecting peer support supervisors

Peer support supervisors need specialized knowledge and skills to fulfil their role. This usually requires advanced training.

Supervisors should have:

- Specialized training in the model of peer support being offered
- Deep knowledge of ethical practices, including confidentiality and its limits, boundary-setting, and managing dual roles
- A thorough understanding of the program's policies and procedures
- Strong reflective practice skills
- The ability to effectively mentor and coach others
- An understanding of trauma, its effects, and trauma-informed practice
- An understanding of the culture of peer support
- An understanding of the culture of Veterans, military, PSP, and Families

Potential supervisors should also be required to obtain a criminal background check before being brought into the program.

When selecting a supervisor(s), program developers should consider the model, approach, and needs of the peer support team, and what type of supervisor is best-suited to the role. Ideally, the right supervisor is the one who has the most appropriate skills for the issues at hand and is someone with whom peer supporters trust and feel comfortable.

Supervision can be provided by either a licensed or registered professional — in this context, this most often means a mental health professional — or an experienced peer supporter. Each provides unique skills that should be considered before selecting a supervisor.

LICENSED OR REGISTERED PROFESSIONALS

- Extensive training in ethical practices, including boundary-setting and navigating dual roles
- No direct experience providing peer support
- Able to provide rapid mental health support when and if needed

EXPERIENCED PEER SUPPORTERS

- May not have the same amount of training or expertise in ethical practices
- Direct experience providing peer support
- Better understanding of the practice of peer support and the day-to-day challenges peer supporters may face

Experienced peer supporters who both supervise and provide peer support also need access to a supervisor for ongoing skill-building, consultation on difficult cases, and wellness checks.

Regardless of background, all supervisors should have access to immediate and real-time consultation from a mental health professional who has specialized training in the model of peer support being used. This helps limit the risk of harm and liability to the peer support team and the program.

Having a pool of available supervisors with different skill sets to draw from ensures peer supporters have the right support when they need it. Peer supporters can either select the supervisor they feel most comfortable using or have one assigned to them to assist with specific situations.

Deselection

Peer support programs also need criteria to decide when a supervisor should no longer be part of the team.

Basic deselection criteria for supervisors could include:

- Breach of confidentiality or other unethical behaviour
- Loss of the peer support team's trust

How to maintain a peer support team

Being a peer supporter comes with its own type of stress. The added demands of listening to other people's problems, feeling responsible for caring for someone else, and responding to crises can take their toll.

Teach and support self-care

Programs should set expectations so that peer supporters will routinely practise their preferred modes of self-care. Self-care is a critical part of maintaining personal resilience in the face of the stress and challenges that come with providing peer support. Peer supporters who successfully integrate self-care practices into their lifestyle can also model this for the peers they support.

Self-care should be emphasized during the selection process, so that peer supporters understand that it is part of the role. Providing both basic training and continuing education sessions around self-care helps peer supporters deepen their understanding of the practice and explore additional avenues that could support their own well-being.

Program policies also play a role in supporting self-care for peer supporters. Program policies should allow peer supporters to:

- Reduce their workloads, when needed
- Ensure they have regular time off
- Schedule longer breaks from the work when they need it

Provide supervision and regular wellness checks

Supervision is an important part of maintaining a healthy peer support team. Supervisors should conduct regular, proactive wellness checks and debrief meetings with peer supporters. These can be done in either a group setting if confidentiality is not a concern, or one-on-one. Asking about self-care and identifying and removing barriers to its practice should be part of regular check-ins.

Periodic reassessments for fitness for duty with a supervisor or a licensed or registered mental health professional provide a more comprehensive understanding of how the peer supporter is coping. Reassessments can also be used to give peer supporters regular opportunities to decide whether or not they want to continue in the role.

Provide access to additional supports

Programs have an ethical responsibility to ensure peer supporters are fit for duty. While self-care is a valuable skill and should be encouraged, it not always enough to cope with the additional challenges brought on by the peer supporter role. Peer supporters also need access to rapid mental health supports to ensure they can maintain their own well-being. Not having these supports in place risks harm to the peer supporter and potentially to their peer. It can also undermine peer supporters' trust in the program as a whole.

Taking a leave or stepping away from peer support

Peer supporters may need to take a leave from the role from time to time for their own well-being. There may also be times when it is advisable for a peer supporter to step away from the role completely. Supervisors can help peer supporters determine when to take breaks and for how long. Regardless of what the peer supporter decides, there should be no penalties for leaving the role.

Maintaining a healthy peer support team can enhance motivation for the work, increase job satisfaction, and reduce staff turnover. It also makes peer supporters feel cared for and valued.

Evaluation of peer support programs

Evaluation is a critical part of any peer support program. It helps people understand whether the program is high-quality, performing well, and providing clear benefits to peers. Evaluation confers legitimacy on the program and can increase the chances that funding will be maintained or increased. It also helps keep both peers and peer supporters safe.

There are two main ways to use evaluation in peer support:

- To understand its effectiveness
- To support quality improvement

Evaluating effectiveness

Defining effectiveness in peer support can be challenging. In general, an intervention is considered effective if it produces measurable effects on a particular outcome in a real-world setting. But people engage with peer support for many different reasons. This means that not every peer support program is designed to achieve specific, predetermined outcomes.

In order to identify and define measurable outcomes, it may be useful to bring the peer support team together to answer the following question: "How will we know that the peer support we provide is successful?" Thinking about the peer support model, approach, and the most common reasons why peers access the program may be helpful in this process.

Every peer support program should be able to demonstrate that it is providing clear benefits to peers regardless of whether or not it is designed to achieve a specific outcome. Programs that are unsure how to identify and define measurable outcomes should consider engaging the advice of an evaluation expert.

Evaluation to support quality improvement

Ideally, evaluation should be embraced as part of a culture of continuous quality improvement. Ongoing data collection, monitoring, and evaluation can inform regular program adjustments that improve performance and enhance outcomes.

Program usage is a key part of monitoring how well the program is performing. It helps management determine whether more peer supporters are needed and what training to offer.

Types of data to consider:

- Number of contacts for each peer supporter
- Time spent delivering peer support
- Types of challenges discussed
- Wait times for people accessing peer support

Workplace peer support programs can also conduct periodic (i.e. annual or biannual), agency-wide, anonymous surveys to inform evaluation efforts. In these cases, it is important to gather information from the entire pool of potential program users, not just people who currently use the program. This is because users are more likely to be satisfied with the program than non-users, which biases the interpretation of the survey results.

PLANNING FOR PROGRAM EVALUATION

Using independent experts from outside the program to perform a methodologically sound evaluation is the gold standard in program evaluation. It produces more rigorous and objective results than when programs evaluate themselves. Publishing external evaluations of peer support programs also helps advance the field of peer support as a whole. It allows others to learn about what is effective, for whom, and under what circumstances.

External evaluations can be cost-prohibitive for many peer support programs. Despite this, peer support programs are encouraged to build evaluation into their budgets and seek the support of external evaluation experts whenever possible.

This might include:

- Performing and publishing periodic, comprehensive, external evaluations; and/or
- Seeking the advice of evaluation experts when developing the program's ongoing data collection and reporting framework, and in how to interpret these results

People who do not use the peer support program may have different reasons for not doing so. They may not know about it; they may have barriers to accessing it; they may not trust it; or they may have used it once and were dissatisfied with it. Each one of these reasons suggests a different strategy for program improvement.

Community-based programs will clearly have more difficulty capturing input from potential program users. However, if surveying potential program users is possible to do, it can provide valuable information about the community's knowledge and perceptions of the program.

How well a program is implemented influences how well it performs and whether or not it is likely to be sustainable over time. Peer supporters, program management, and users (actual and potential) can all provide valuable insights into how well the program is being implemented and what might need to change.

Areas to examine could include:

- The program's governance structure and decision-making processes
- Program policies and procedures
- Training, supervision, and support for peer supporters
- Gaps in lived experiences between peer supporters and actual or potential program users
- How program funds are used
- Perceptions of the program among actual and potential users

A note on data collection and interpretation

It is important to collect both quantitative and qualitative data when evaluating a peer support program. Together, these provide useful information that cannot be obtained from either alone.

QUANTITATIVE DATA
is numbers-based or countable. It tells us how many, how often, or how much happened.

QUALITATIVE DATA
is interpretation-based or descriptive. It helps us understand why, how, or what happened.

However, if the data collected for the program is not anonymous, some people may feel uncomfortable using the program or providing feedback. To ensure the data collected is actually anonymous, programs can consider using:

- **Aggregated administrative data:** Aggregation summarizes data in a way that is useful for analysis, but cannot be traced back to any one individual. For example, aggregated program usage data shows how many people use the program without identifying who those people actually are.

- **Anonymous surveys:** Many online survey tools support anonymization by not tracking the IP addresses of respondents. Online surveys that use these tools can be considered anonymous as long as the survey questions are framed in a way that does not solicit any identifying information from respondents.

Interpreting results is a critical and often underemphasized step in evaluation. Any evaluation study can have built-in biases that affect the conclusions that can be drawn from the data. While not an exhaustive list, some of the more common types of biases and research challenges that may affect the interpretation of program evaluation data are provided in Appendix A. Program managers are encouraged to consider these sources of bias when designing and interpreting the results of their evaluation efforts.

Things to consider when developing a peer support program

There are a number of things to consider before developing a peer support program for Veterans, military, PSP, or their Families. Having a clear plan helps program developers anticipate potential pitfalls and can make implementation of the program smoother. It ensures the program best meets the needs of the peers it serves and aids in program evaluation.

What is the setting for the peer support program? *(see pg. 11)*

Even though workplace and community-based peer support programs may have similar approaches and similar users, there may be specific needs, challenges, and opportunities that are unique to each setting.

What are the needs of the peers you plan to serve? *(see pg. 13)*

Understanding the needs of potential end users is critical when developing a peer support program. The needs of peers will determine the best model to employ, the approach to follow, who should be consulted or involved in developing and setting up the program, and the areas in which peer supporters need training.

What peer support model, approach, and format best meet the needs of users? *(see pg. 9)*

Choosing a peer support model, approach, and format has implications for program design, implementation, and funding. The most important consideration when choosing a model, approach, and format for peer support is the needs of the peers being served.

How will you respond to the needs of Families? *(see pg. 14)*

Families often face multiple challenges that are not well-served by mainstream supports and services. Supporting Families is a key aspect of supporting the well-being of Veterans, military, and PSP.

Who needs to be involved in the planning and implementation phase? *(see pg. 18)*

Licensed or registered mental health professionals who are familiar with the culture of Veterans, military, PSP, and their Families can provide valuable insight into supporting people with stress-related or mental health challenges. Likewise, well-established peer support programs may have lessons to share that could help program developers identify opportunities and barriers to implementation. Engaging diverse views and potential program users in both program planning and implementation can provide valuable insights into what may or may not work when the program rolls out.

What values will you incorporate into the program? *(see pg. 16)*

Values guide how the program is designed, the policies and procedures that are developed, and how peer supporters interact with others. Identifying core values in advance helps with program implementation. However, revisiting and exploring values with the peer support team early on in the implementation process can help refine and tailor the values of the program to the specific needs of the peers it serves.

What ethical issues will the program face and how will you navigate them? *(<u>see pg. 18</u>*)

Ethical practices are the codes of conduct that peer supporters and programs should follow to provide safe, high-quality services that protect both themselves and the people they support. Identifying possible ethical issues within the proposed peer group or program structure and incorporating those into program design help mitigate ethical dilemmas before they occur.

How will you select peer supporters? *(<u>see pg. 28</u>*)

Peer supporters need to reflect the lived experiences of the peers they support. However, some personal attributes and interpersonal skills also make them a natural fit for the role. Criteria for selecting peer supporters should reflect the needs of the peers the program is meant to serve and the goals of the program.

What training will you provide, and who will provide it? *(<u>see pg. 32</u>*)

Comprehensive training is a key aspect of high-quality peer support programs. Basic training should encompass the needs of peer supporters, the ethical issues they may face, and the primary needs of the peers they serve. It should be provided by qualified instructors who have knowledge of the culture of Veterans, military, PSP, and Families.

How often will you provide continuing education? *(<u>see pg. 37</u>*)

Continuing education helps peer supporters solidify and deepen their knowledge and skills, stay current with best practices in the field, and mitigate complacency. Programs should anticipate offering continuing education on a regular basis and budget accordingly.

Who will provide supervision, and what is their role? *(<u>see pg. 39</u>*)

Supervisors are an important part of maintaining a healthy peer support team. They promote reflective practice, ongoing learning, and skill-building in peer supporters. They also provide consultation and advice on difficult situations with peers and support the well-being of peer supporters.

Supervision can be provided by either a licensed or registered professional — in this context, this most often means a mental health professional — or an experienced peer supporter. Each provide unique skills that should be considered before selecting a supervisor. Having a pool of available supervisors with different skill sets to draw from ensures peer supporters have the right support when they need it.

How will you protect the health and well-being of the peer support team? *(<u>see pg. 42</u>*)

Peer supporters need to protect their own well-being in order to best support their peers. Peer support programs should factor this into their design and provide peer supporters with lessons on and support for self-care, supervision and regular wellness checks, additional resources to support their own mental health, and options to step away from the program, when needed.

What resources are needed to put the program in place and maintain it over time?

Preliminary program budgets should include estimates of annual costs for staffing, training, supervision, consultants (i.e. mental health professionals or evaluation experts), advertising, and evaluation.

How will you advertise the program to potential users?

A communications plan creates messaging that is relevant to potential program users and identifies the best channels through which to promote the program.

How will you evaluate and improve the program over time? (*see pg. 44*)

Evaluation not only helps us understand how well the program is working, but it also helps improve the program over time. Ideally, an evaluation plan should be built in advance, so that program staff know what data needs to be collected and how often. The plan should be flexible, so that it can be adjusted, as needed.

Summary

The *Peer support guidelines for Veterans, military, public safety personnel, and their Families* represents a key milestone toward addressing the needs of these groups. The collaborative efforts of the Atlas Institute for Veterans and Families, the Canadian Institute for Public Safety Research and Treatment, and the Peer Support Community Network have produced a comprehensive resource that provides a national, evidence-based approach for formal peer support programs offered in workplace or community-based settings in Canada.

The Guidelines were purposefully co-created by stakeholders from the Veteran, military, PSP, Family, peer support, and research communities. Co-creation of the Guidelines involved a careful examination of existing literature and thoughtful discussions between experts in research and practice to identify best practices in peer support. This process identified many issues that need to be considered before developing or delivering a peer support program; however, there are still gaps in our knowledge of best practices in peer support.

We hope future research identifies and refines all best practices for peer support. Ongoing research and stakeholder engagement will be essential in refining and updating the Guidelines to reflect emerging evidence and evolving needs. Until that time, the Guidelines should be viewed as a living document that will be regularly reviewed and revised to support continuous improvements that can help everyone who provides peer support for Veterans, military, PSP, and their Families.

Appendix A: Biases and methodology issues in peer support program evaluation

Internal and external validity

The validity of a research study refers to how well the results among the study participants represent true findings among similar individuals outside the study. Validity applies to all types of studies, including program evaluations. The validity of a research study includes two areas:

- **Internal validity**
  - Conclusions are warranted
  - Controls for extraneous variables
  - Eliminates alternative explanations
  - Focuses on accuracy and strong research methods
- **External validity**
  - Findings can be generalized
  - Outcomes apply to practical situations
  - Results apply to the world at large
  - Results can be translated into another context

Selection bias

Most people access peer support because they believe it will be useful. People who continue to use peer support usually do so because they find it helpful. In other words, soliciting feedback only from current program users is more likely to produce positive results on an evaluation. In order to minimize the impact of selection bias, programs should also consider soliciting feedback from both former users and non-users, where possible.

Social desirability bias

Sometimes people respond to surveys or interview questions in ways they perceive as socially acceptable or desirable, rather than truthful or accurate. Confidentiality and/or anonymity are the best ways to address this kind of bias. If people feel confident that their responses cannot be traced back to them individually, they may be more likely to provide honest answers and assessments of the program.

Confirmation bias

People with a vested interest in the results of an evaluation tend to search for, interpret, or prioritize information in a way that confirms their preconceived notions about the program. This can unintentionally skew the results of an evaluation. Confirmation bias can influence how outcomes are defined and how survey questions are constructed. It can even cause some people to discount or ignore evidence that does not fit with their beliefs. One of the best ways to counter confirmation bias is to seek the support of an external evaluation expert when designing the program's evaluation framework and interpreting the data.

Cultural bias

Cultural differences can influence people's perceptions, values, and behaviours in ways that may not be immediately apparent to those from different cultural backgrounds. Program managers should consider seeking input and feedback from culturally diverse staff and program users when designing and interpreting the results of their evaluations.

Appendix B: Additional resources

Glossary of terms: A shared understanding of the common terms, version 3.0

In 2019, the Chief Psychiatrist of Veterans Affairs Canada and the Scientific Director of the Canadian Institute for Public Safety Research and Treatment, along with the Public Health Agency of Canada and other national partners, led the development of the first national glossary of terms used to describe mental health challenges arising from exposure to potentially psychologically traumatic events and stressors.

The glossary helps to promote a shared understanding and open discourse among the many groups of people interested in or affected by potentially psychologically traumatic events and stressors. This includes academics, researchers, clinicians, policy experts, non-governmental organizations, public safety personnel, serving and Veteran members of the Canadian Armed Forces, and Family members.

Version 3.0 of the glossary was released in 2023.

Heber A, Testa V, Groll D, Ritchie K, Tam-Seto L, Mulligan A, Sullo E, Schick A, Bose E, Jabbari Y, Lopes J, Carleton RN. Glossary of terms: A shared understanding of the common terms used to describe psychological trauma, version 3.0. Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice. 2023 November;43(10-11):S1-999.

Available from: canada.ca/en/public-health/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-43-no-10-11-2023/glossary-common-terms-psychological-trauma-version-3-0.html

Atlas Institute for Veterans and Families

The Atlas Institute's mission is to ensure all Canadian Armed Forces and Royal Canadian Mounted Police Veterans and their Families can navigate and have access to safe, meaningful benefits, resources, and supports that protect dignity and identity, create foundations for hope, connection and community, and improve health and well-being.

Atlas works with Veterans, Families, service providers, and researchers to bridge the divide between research and practice, so that Veterans and Families can get the best possible mental health care and supports.

The Atlas website includes a directory of services and a knowledge hub of research and resources related to these populations.

atlasveterans.ca
Directory of services: atlasveterans.ca/directory-of-services
Knowledge hub: atlasveterans.ca/knowledge-hub

Canadian Institute for Public Safety Research and Treatment (CIPSRT)

CIPSRT's mission is to help current and former public safety personnel (PSP), their leaders, and their Families maintain and improve their mental health and well-being. CIPSRT serves as the Knowledge Exchange Hub for strategic public safety wellness research and analysis by working with public safety leaders and academics from across Canada to translate and mobilize research knowledge that meets the current and future needs of Canadian PSP, their leadership, and their Families.

Based at the University of Regina, CIPSRT engages with a network of academic researchers and PSP leadership from across Canada to produce or facilitate new research, research capacity, and effective knowledge translation that supports high-quality and easily accessible mental health care for all PSP and their Families.

cipsrt-icrtsp.ca
Publications: cipsrt-icrtsp.ca/en/research/publications
Training opportunities: cipsrt-icrtsp.ca/en/training-opportunities

RE-AIM

The goal of RE-AIM is to encourage program planners, evaluators, readers of journal articles, funders, and policy makers to pay more attention to essential program elements, including external validity, that can improve the sustainable adoption and implementation of effective, generalizable, evidence-based interventions. The website is a portal to a number of resources that help users with general program planning, implementation, evaluation, and sustainability.

re-aim.org

Veterans Affairs Canada Research Directorate: Measuring Veteran well-being infographic

Veterans Affairs Canada has a framework for measuring Veteran well-being that includes 21 indicators of Veteran well-being across seven broad domains. While some of these indicators are meant to be measured at a population level (e.g. employment rate, homelessness rate), others can be measured at an individual level (e.g. self-rated health and mental health, sense of belonging).

Available from: veterans.gc.ca/en/about-vac/research/info-briefs/veteran-well-being

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