

Performance Measurement in Peer Support Services

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Strengthening Performance Measurement for Mental Health and Addiction in Ontario A DTFP-ON Project

This document was prepared as a part of a larger project on performance measurement for Mental Health and Addiction (MHA) service systems (Lead: Karen Urbanoski). The larger project involved a systematic scoping review of the international literature on performance measurement and quality improvement in MHA services. Issues related to performance measurement in peer support services emerged as one theme from the literature review and from consultations with stakeholders in Ontario. More information on the project, including the full final report, is available at: <http://eenet.ca/dtfp/strengthening-performance-measurement-for-mental-health-and-addiction-in-ontario/>.

In the broader literature on performance measurement in MHA service systems, very limited attention is given to peer support (see *Box: Peer Support Defined*, next page). Most commonly, where peer support was reflected in existing performance measurement frameworks, it was as a single indicator focused on availability, with no information captured on capacity, scope of activities, or effectiveness (Ganju et al., 2005; Mental Health Transformation Workgroup, 2011; Oregon Health Authority, 2014; Parameswaran, Spaeth-Ruble, & Pincus, 2015). More generally, it was unclear whether performance measurement frameworks designed for use in MHA service systems included peer support services within their scope (i.e., whether peer support services were expected to report on and be held accountable to the same performance indicators and benchmarks as other services). There was also very little discussion of the issues, challenges and implementation of performance measurement in peer support services.

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Peer Support Defined (Ontario Peer Development Initiative, www.opdi.org)

Peer Support is a naturally occurring, mutually beneficial support process, where people who share a common experience meet as equals, sharing skills, strengths and hope; learning from each other how to cope, thrive and flourish.

Formalized Peer Support begins when persons with lived experience who have received specialized training, assume unique, designated roles within the mental health system, to support an individual's expressed wishes.

Specialized Peer Support training is Peer developed, delivered and endorsed by Consumer/Survivor Initiatives*, Peer Support Organizations* and Patient Councils, and is rooted in principles of recovery, hope and individual empowerment.

* Consumer Survivor Initiatives and Peer Support Organizations are community-based, self-help organizations run by and for consumer/survivors.

This definition of peer support was developed through the focus group/workshop/piloting process of creating the OPDI Peer Support Core Essentials™ Program. A draft was workshopped in a member consultation in 2010, further refined by a member working group, then adopted by electronic vote of the membership.

The sole exception was an initiative to develop quality indicators for parent-delivered support services in child mental health (Kutash et al., 2014; Olin, Kutash, et al., 2014; Olin, Williams, et al., 2014). The scope of this initiative included services delivered by parents and caregivers who have lived experience with caring for a child with mental health problems. As the rationale for their work, the authors note that “the viability of the ... service model, like other behavioral services within the changing healthcare system, depends on the ability to identify components of quality care and link them to positive outcomes” (p. 8; Olin, Kutash, et al., 2014). Indicators were developed through literature review and a Delphi approach with an expert panel comprised of researchers, clinicians and peer support workers. The resulting set of indicators was the only example we were able to find in the literature that was developed specifically for use in peer-based services.

During the development of their framework, Olin and colleagues noted expert disagreement over the appropriateness of including indicators on the use of standardized assessment protocols, both for service planning and outcome monitoring. Experts disagreed on whether standardized assessment protocols were consistent with the principles and practices of peer support. Discussions resulted in indicators to document whether staff use a standardized protocol *or framework* to guide service planning, and whether they work with families systematically to identify goals and evaluate progress. This example serves as an illustration of the challenges inherent in applying traditional performance measures in peer support services, as well as highlighting one potential solution. It was possible to arrive at a set of indicators that were adapted to the specific needs and contexts of peer support services.

During stakeholder consultations for our project, we also heard concerns about the implementation of standard performance indicators in peer support services. Some practices, such as the collection of unique identifiers for members, were seen as inconsistent with the values of peer support and as potentially interfering with recovery. Further, in Ontario more specifically, peer support services are

operating within a system where many organizations have lost their autonomy, being absorbed into larger traditional or mainstream MHA services. This trend has raised questions about what is lost when peers shift to operating within the clinical environments from which they originally sought to distinguish themselves. For instance, in a recent provincial evaluation of peer support, workers raised concerns around the power imbalance between themselves and mainstream staff, and its impact on services operating within larger organizations that are not consumer-run (Taylor Newberry Consulting, 2014). Both successes and lingering challenges were identified around the integration of peer support into the broader health system; however, work is needed to more directly answer questions on the relationship between organizational autonomy and effectiveness.

These issues, combined with a notable gap in the literature, led us to conduct a more in-depth analysis of the issues in implementing performance measurement activities in peer support. For this analysis, we reviewed key documents on peer support in Canada. This work is complementary to another DTFP-Ontario project focused on best practices in peer support, led by Addictions and Mental Health Ontario (see *Box: Engaging people with lived experience of mental health and addictions at the system level*).

Key aspects of peer support services can appear, on the face of it, to present major challenges to performance measurement. Being member-driven means that there is wide heterogeneity in types of activities across services; being accountable to members raises questions about who can legitimately define indicators and drive performance measurement and reporting; seeking to overcome traditional power differentials between “providers” and “patients” creates a tension for data collection activities. To the extent that their effectiveness derives from their position as distinct from mainstream

Engaging people with lived experience of mental health and addictions at the system level

In a complementary DTFP-Ontario project, Addictions and Mental Health Ontario conducted a literature review of evidence on engagement of peer with lived experience at the system-level (for instance, including political advocacy, community planning, and decision-making). Findings highlighted a number of conceptual models that can be used to orient policy and planning. However, there was very little work evaluating the involvement of people with lived experience in system-level initiatives, despite their growing representation on regional and provincial advisory groups in Canada. More information on this project is available at: <http://eenet.ca/dtftp/best-practices-in-peer-support-project/>

professionally-led services (even when these are delivered by professionals who have their own lived experience), there are legitimate concerns about how performance measurement, and all that is entailed with respect to monitoring and documentation, would be implemented in peer support services. Viewed from this perspective, the efforts of peer support workers and organizations to resist “clinicalization” and to maintain some degree of independence from traditional mainstream services make sense.

Despite the above challenges, it was a repeating theme in both the literature and stakeholder consultation with peer support organizations that some form of performance measurement is critical to establishing the legitimacy and ensuring the viability of authentic peer support services going forward.

The development of customized indicators that align with the values and objectives of peer support services was seen as both possible and preferable to exclusion from provincial performance measurement initiatives. The need for work on performance indicators and other support to develop the evidence base has been echoed in national and provincial reports evaluating the role of peer support in the broader MHA service system (Canadian Mental Health Association et al, 2005; Consumer Partnerships Theme Group, nd; O'Hagan, Cyr, McKee, & Priest, 2010).

The development of performance indicators that reflect the values and principles of peer support will take a concerted effort, but there are a number of helpful starting points for the work. As part of the Longitudinal Study of Consumer Survivor Initiatives, Janzen and colleagues (2007) developed a logic model for peer support that defines key processes and outcomes. Across the services participating in this study, points of commonality included the provision of individualized support and participation in system change efforts (e.g., community planning, political advocacy, public education, and action research; Janzen et al., 2007; Janzen, Nelson, Trainor, & Ochocka, 2006; see also *From Madhouse to Our House*, a video report of study findings: <https://www.youtube.com/watch?v=gnTJYtzlVkc>).

More recently, as part of their larger Peer Project, the Mental Health Commission of Canada (MHCC) defined the following guiding values of peer support (Sunderland, Mishkin, & MHCC Peer Leadership Group, 2013):

- Hope and recovery
- Self-determination
- Empathetic and equal relationships
- Dignity, respect and social inclusion
- Integrity, authenticity and trust
- Health and wellness
- Lifelong Learning and personal growth

These values are meant to help ensure that the original intent of peer support is honoured as the sector grows, standards are implemented, and programs evolve over time. In turn, they informed a set of principles of practice that characterize the nature of the relationship between peer support workers and members, which include (among others) recognizing personal goals and members, co-creating and exploring options for next steps, focusing on strengths, self-determination, and choice instead of symptoms and diagnosis, practicing self-care, and collaborating with community partners, service providers and other stakeholders. Indicators can be developed that measure fidelity to the guiding principles and/or that operationalize the principles of practice. Notably, there is alignment between the indicators in the framework developed by Olin and colleagues, and the MHCC guiding values and principles of practice.

In Ontario, important strides are being made in this area already through efforts to operationalize the values of peer support into measurable behaviours. The *Enhancing and Sustaining Peer Support Initiative*, led by Support & Housing-Halton's peer initiative, TEACH (Teach Empower Advocate Community Health; a CSI in the Mississauga Halton LHIN), is actively working towards the expansion and evaluation of peer support in their region (E-QIP, 2017; see also <https://youtu.be/cEmEJ-u9iCU>). The

Initiative takes a developmental evaluation approach to assessing the service- and system-level impacts of peer support services. Developmental evaluation focuses on modeling change within complex environments, which are characterized by many interdependent elements, uncertainty, and adaptation (Patton, 2010). It is well-suited to the unique context of peer support services, which, because they are strongly values-based and person-driven, are characterized by complexity and adaptation (e.g., to their individual members and local contexts). Through this ongoing work, the *Enhancing and Sustaining Peer Support Initiative* is building capacity for meaningful peer involvement in the health care system (e.g., by identifying system-level impacts of peer support services as they emerge, creating tools and training programs, supporting quality improvement, and creating mechanisms for knowledge exchange).

Performance measurement in peer support services would not be expected to replace developmental evaluation or other community-based (participatory) research projects. Different approaches to monitoring and evaluation are needed to represent the totality of system- and program-level impacts of any type or model of service. In this sense, there is a need to articulate the added value of performance measurement as a complement to more comprehensive program and system evaluation in Ontario. For instance, a values-based performance measurement framework (i.e., one comprised of indicators designed to measure fidelity to the guiding principles of peer support) may provide critical insights into whether peer support services that are embedded within mainstream clinical services differ from autonomous organizations in their ability to adhere to the guiding principles and practices of peer support. Paired with developmental evaluation of member, service, and system impacts, such a performance measurement framework may well be able to support quality improvement and accountability as peer support continues to establish a role in the broader service system.

This is a time when competing priorities and a less than fulsome understanding of the scope and breadth of peer support in all of its foundational yet evolving applications could have complex ramifications. This necessitates extensive strategic networking, relationship building and full engagement in multiple initiatives to build sustainability.

Excerpt from a Position Paper on Provincial Systems Engagement, prepared by Betty-Lou Kristy, Peer Support Substance Use Systems Lead/CSI Systems Lead

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