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Development of a Community-Based Training for Peer Support Workers in Youth Mental Health Settings: An Exploratory Pilot Study

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Abstract

Integrating peer support workers (PSWs) into mental health community programs for young people has the potential to increase their access to mental health services. However, very little research has focused on the development of training that is relevant for and readily accessible to youth and employees seeking to acquire a general overview of peer support fundamentals as applicable to youth mental health in community settings. This pilot study aimed to document the implementation fidelity of a newly developed youth mental health peer support training and its impacts on participants' understanding and perceived ability to provide peer support in community-based youth mental health settings. A multiple-informant approach was used to develop the training which is mapped onto the existing theoretical framework for peer support (Mead, Hilton, & Curtis, 2001). A descriptive quantitative and qualitative research design was used and data were collected using self-reported measures. Five participants completed the 16-hour training, which was offered online through videoconferencing. Results showed that, overall, components of the training were implemented with a high level of fidelity to the theoretical framework. Furthermore, participants reported that the training has had a positive impact on their level of preparedness and ability to provide peer support. Despite the limited sample size, this study suggests that the training developed has practical value as an introductory training tool for youth mental health PSWs. Moreover, this study is the first to provide evidence that the theoretical framework selected is relevant to inform such training.

Keywords: Peer support, training, implementation fidelity, youth mental health, community-based services

Résumé

L'intégration de pairs aidants dans les programmes communautaires de santé mentale jeunesse a le potentiel d'accroître l'accès des jeunes aux services de santé mentale. Toutefois, très peu d'études se sont penchées sur le développement de formations adaptées et facilement accessibles aux jeunes et employé·e·s souhaitant acquérir une vue d'ensemble des principes fondamentaux du soutien par les pairs applicables en santé mentale jeunesse en milieu communautaire. Cette étude pilote visait à documenter la fidélité d'implantation d'une formation pour pairs aidants travaillant en santé mentale communautaire jeunesse et ses impacts sur la compréhension et la capacité perçue des participant·e·s à fournir un soutien par les pairs. Cette formation a été développée selon une approche multi-informateurs en s'appuyant sur le cadre théorique de la pair-aidance de Mead, Hilton et Curtis (2001). Une méthodologie descriptive quantitative et qualitative a été utilisée avec collecte des données par questionnaires autoadministrés. Cinq personnes ayant complété la formation sur deux jours, par vidéoconférence, ont pris part à l'étude. Les résultats montrent que les éléments de la formation ont été mis en œuvre avec un niveau élevé de fidélité relativement au modèle théorique. Les participantes mentionnent que la formation leur a permis de se sentir prêtes et capables d'offrir du soutien comme pairs aidants. Malgré le nombre limité de participants, cette étude suggère que la formation développée possède une valeur pratique pour la formation initiale des pairs aidants en santé mentale jeunesse. Elle révèle également que le cadre théorique utilisé est pertinent pour la formation de ces intervenants.

Mots clés : Pairs aidants, formation, fidélité de mise en œuvre, santé mentale des jeunes, interventions communautaires

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Introduction

Seeking mental health care through the conventional health system remains intimidating and challenging for many young people and their families. Barriers to help-seeking are numerous in adolescents and young adults, including stigma related to mental illness, limited access to services, and characteristics of providers (e.g., attitudes, accessibility, and confidentiality) (Gulliver et al., 2010). Strategies and solutions are therefore needed to reduce the barriers faced by young people. One of the promising avenues to better address mental health needs is the addition of peer support workers (PSWs) in mental health community programs for young people. According to Mead, Hilton, & Curtis (2001), peer support can be defined as "a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful" (p. 6). PSWs in youth mental health care are seen as role models, or "someone to look up to", for the individuals they are supporting (Jacobson et al., 2012). Referring to the social learning theory, peer supports assumes that people with similar experiences are more credible role models for stimulating positive change in their peers (Solomon, 2004). In addition, their lived experiences (e.g., having mental health issues, navigating the healthcare system) can help them understand young adults on a deeper level (Jacobson et al., 2012). Mead et al. (2001) argued that peer support programs can foster a culture of health and ability and suggested that their implementation in health services could lead to improved health systems as well as social change.

The available evidence is encouraging. A systematic review has found that despite wide variability in outcome measures, studies on PSWs working in mental health settings have generally shown positive impacts of their work on patients' activation, self-efficacy, empowerment, and hope for recovery (King & Simmons, 2018). However, most of these studies were conducted in adult mental health settings only. While studies in youth mental health settings are scarce, preliminary evidence suggests similar benefits from peer support programs (Boucher et al., 2022). For instance, PSWs can help facilitate an early access to interventions by offering judgment-free and harassment-free safe spaces, such as drop-in services and educational activities for those who may be at higher risk of serious mental illness (Lobo et al., 2010). Additionally, PSWs can play an important role in promoting shared decision-making, which makes young people feel more involved in treatment decision with their clinician (Simmons et al., 2017).

Gopalan et al. (2017)'s scoping review found that the two most common roles of PSWs working with youth living with emotional and/or behavioural health challenges are coaching/mentoring and emotional support. These roles require specific skills from PSWs such as connecting to another person, showing empathy, and sharing lived experiences about mental health issues (Ontario Centre of Excellence for Child and Youth Mental Health, 2016). However, PSWs roles within an institution can be confusing for other staff members and for PSWs themselves (Barton & Henderson, 2016). Accordingly, some researchers have suggested that structured training is an essential strategy to ensure PSWs success in their roles as well as to maximize the impact of their interventions with youth (Ojeda et al., 2020; Simmons et al., 2020).

Key elements suggested for PSWs training include: 1) understanding the role of a PSW; 2) knowledge of mental health; 3) boundaries and dealing with difficult situations; 4) group animation; and 5) confidentiality (O'Reilly et al., 2016; Jacobson et al., 2012). These themes over-

lap with the key components of the theoretical framework underlying PSWs roles and actions developed by Mead et al. (2001) to guide the training of peer community members and their adequate support. Furthermore, Simmons et al. (2020) suggested that youth mental health peer support programs should offer supervision to PSWs to avoid confusion in their role and provide advice and guidance.

There is thus a need for specific training of people working as PSWs with youth in mental health care settings. While the results of training programs for PSWs working with youth in health care domains such as sexual health education and AIDS/VIH prevention have been encouraging (Haignere, Freudenberg, Silver, Maslanska, & Kelley, 1997), only a few studies have examined the training of PSWs in the context of youth mental health (Gopalan et al., 2017). In one study evaluating a school-based youth mental health peer education training, researchers found that post-training, participants had more knowledge about mental health and less self-stigma associated with help-seeking (O'Reilly et al., 2016). The training consisted of four three-hour sessions focusing respectively on explaining peer education and its role in mental health (one session), youth mental health and help-seeking patterns (one session), and the peer education program and peer support skills (two sessions). Youth eligible to complete the training were over 15 years old and had an interest in mental health. This study did not include a follow-up evaluation. While some trainings have been developed in recent years, such as the Intentional Peer Support training (IPS, 2022) and the training provided by the Canadian Mental Health Association (CMHA, 2022), these are often advanced, specialized and time-intensive (e.g., three to 10 days), and thus not immediately accessible or relevant to youth and community members seeking to acquire a general overview of peer support fundamentals as applicable to youth mental health in community settings.

The paucity of research on the subject underscores the need for further research to develop suitable training for youth mental health PSWs working in communities. It is also noteworthy that the theoretical underpinnings of peer support and peer-delivered services remain poorly articulated and that PSW trainings are generally not based on established theoretical models. While multiple underlying theories have been proposed for peer-support, including the social support theory, the experiential knowledge theory, the helper therapy principle, the social learning theory, and the social comparison theory, these have been inferred rather than empirically tested (Pound et al., 2011; Solomon, 2004). Finally, the COVID-19 pandemic is having adverse impacts on youth mental health and will likely lead to even higher needs for services in the next months and years. Ongoing social isolation, loss of peer interactions and school disruptions have been linked to a decline in youth psychological well-being (Lee, 2020) and rates of clinically elevated anxiety or depression symptoms in youth are currently at higher levels (20-25%) than pre-pandemic (Racine et al., 2021). Therefore, it is crucial to develop training programs that can be delivered online, that are theory-based and address specific needs of PSWs working in youth mental health community settings.

The aim of this present study was to develop and pilot test a new online training for PSWs working in youth mental health community settings. This training, entitled "*Peer Support Fundamentals (PSF)*", was designed to train employees and youth already involved in peer support or interested in peer support work. It was designed to be a stand-alone training, upstream of more advanced trainings to give participants an overview of all the key elements in peer support for

youth with mental health issues. The training and the data collection instruments were developed based on the main concepts and actions of Mead et al. (2001)'s theoretical framework. More specifically, the objectives of this pilot study were to document the implementation fidelity of the delivery of the PSF training relative to its underlying theoretical framework, and to document its impacts on participants' perceived ability to provide peer support for youth mental health. This study was conducted within ACCESS Open Minds New Brunswick (ACCESS OM NB), a mental health community initiative for youth aged 11 to 25 years with three sites across the province of New Brunswick, namely the Acadian Peninsula, the Elsipogtog First Nation, and Saint John. ACCESS OM NB is part of a pan-Canadian initiative that aims to transform youth mental health services delivered in communities across Canada (Dubé et al., 2019; Malla et al., 2018; Tranchant et al., 2019).

Methods

Design

This pilot study was conducted using a descriptive quantitative and qualitative research design (Creswell & Creswell, 2018) with self-reported measures to assess the implementation fidelity and the impacts of the PSF training on participants, and open-ended questions. This design was selected to gain a more in-depth understanding of the impact of the training on the participants perceived ability to provide peer support. The study was approved by the Université de Moncton and the Horizon Health Network research ethics boards.

"Peer Support Fundamentals (PSF)" Training Development and Conceptual Framework

A collection of multiple credible sources that focus on mental health, youth mental health, and PSWs, including the Canadian Mental Health Association (2018, 2016, 2014), the Mental Health Commission of Canada (2016), the Ontario Centre of Excellence for Child and Youth Mental Health (2016) and the Stay Connected Mental Health Project (2016), were compiled and used to inform the development of the PSF training and its corresponding training manual (Bourdon et al., 2020). These sources were identified by first author as well as youth, PSWs, and managers of ACCESS OM sites and other community partners. This led to the identification of eight themes (one per training session) for the PSF training, which was designed by first author and community partners, namely a Peer Support Consultant and a Program Coordinator from the Canadian Mental Health Association of New Brunswick (CMHA-NB). All the themes of the training were carefully aligned with Mead et al.'s (2001) theoretical framework components (Table 1), except for the first theme (*Session 1: Definition and Benefits of Peer Support*). One to three theoretical components were addressed in thematic sessions 2 to 8.

The PSF training took place by videoconferencing (group format) during the first year of the COVID-19 pandemic (October-November 2020) and consisted of eight themes, one per weekly session (2 hours each), for a total of 16 hours. To facilitate participation, the online training was offered from 4 p.m. to 6 p.m. It was delivered by two partners from CMHA-NB with expertise on

youth mental health and peer support and lived experiences with mental health issues and recovery journeys. The material was presented using PowerPoint slides and included accessible theoretical information on each weekly theme, videos, and relevant illustrations. Participants also learned via other methods such as reading, role-playing, experiences, discussion, and quizzes. Quizzes (7 to 13 multiple-choice and open-ended questions) and one self-reflection question (to help them process and gain awareness of their recovery and how it relates to their role as PSW) were administered after each session. Finally, trainees were invited to attend a one-hour complementary workshop on suicide awareness (LivingWorks Start – Online Suicide Prevention Training, Calgary, Canada). Upon successful completion of the full PSF training (attending all training sessions, achieving at least 70% of success on all quizzes, and completing the workshop on suicide awareness), participants received a PSF Training Certificate jointly issued by Université de Moncton Continuing Education and CMHA-NB.

Participants

All participants were involved with the ACCESS OM NB initiative either as paid PSWs or as youths who were interested in becoming a PSW. The study inclusion criteria were: 1) being part of the ACCESS OM NB initiative (as a youth representative on ACCESS Youth Councils or as a PSW employee without specific training on peer support), 2) being more than 16 years old, and 3) being able to read and speak English. The recruitment to participate in the PSF training was conducted by one researcher (first author) with the assistance of two clinical supervisors. This researcher, who was not a clinician nor a staff on any of the ACCESS OM NB sites, asked each site to forward electronically the PSF training invitation. A total of six employees and five youths from the ACCESS Youth Councils received the information about the training. Of these, three employees and two youths registered for the training. After registration, each participant received by email a recruitment poster presenting the study, which was followed up by a telephone call by a member of the research team to present the study. If they demonstrated interest in taking part in the study, the researcher presented the key points of the study and the consent form. Participants were involved on a voluntary basis and were offered a gift card after completing all the study questionnaires.

Data Collection

Data were collected online through the Qualtrics™ platform. Participants were invited to complete the following questionnaires at different time points: a sociodemographic questionnaire at T0 (24 h to 48 h before the PSF training), a training fidelity scale at T1 (24 h to 48 h post-training), and a training impact questionnaire at T0, T1, and T2 (one month after the training). All the questionnaires were developed by the research team. The data collection instruments and measures were pre-tested online with two youths aged 22 and 23 years before data collection. These youths did not participate in the study.

The sociodemographic questionnaire aimed to capture characteristics such as age, group, gender, as well as their experience in peer support (type and frequency of peer support offered). The PSF training fidelity questionnaire (Appendix A) aimed to assess the level of implementation

fidelity of the training relative to the theoretical model of Mead et al. (2001). Briefly, the fidelity scale consists of 30 criteria, each rated on a Likert scale of 1 (not at all) to 5 (a lot). The criteria are grouped into 7 categories, based on the main actions underpinning peer support according to the theoretical model. These categories are as follows: 1) participative listening (five criteria), 2) understanding perceptional frameworks: storytelling and construction of the self (four criteria), 3) considering trauma worldviews: an alternative perceptual framework (three criteria), 4) boundaries and self-care (seven criteria), 5) building mutually empowering through shared responsibility and shared power (five criteria), 6) managing conflict (four criteria), and 7) strengthening peer supervision, reflection and evaluation (two criteria). The scale was reviewed by experts who have direct experience of peer support work in youth mental health.

The PSF training impact questionnaire (Appendix B) aimed to assess the participants' perceived level of understanding of the various components of the training. It was based on the theoretical model of Mead et al. (2001) and followed the same structure as the fidelity questionnaire, with 30 Likert-type questions on the same scale of 1 (not at all) to 5 (a lot), grouped into the same categories. Open-ended questions were added to the impact questionnaires administered at T1 and T2 to collect additional information on the participants' appreciation of the training as well as its possible impacts in the context of the COVID-19 pandemic. These questions also aimed to explore the trainees' perceived preparedness to engage in peer support with youth, after completing the PSF training, and how the training has helped them to take care of themselves and be a good or better peer supporter in a context such as the COVID-19 pandemic.

Data Analyses

Descriptive statistics were used to document participants' sociodemographic profiles. Scores and descriptive statistics were calculated from the implementation fidelity data (T1) and the impact data (T0, T1, T2), respectively. The qualitative data collected (written open-ended questions in the impact questionnaires) at T1 and T2 were analyzed using a content analysis method (Hsieh & Shannon, 2005). The qualitative material consisted of one to three sentences for each open-ended question. Three members of the research team independently reviewed the transcripts for these questions and coded the content. They subsequently met to discuss their independent analysis and validate the coding by consensus.

Results

Participants' Sociodemographics

As shown in Table 2, study participants were staff involved in peer support work (n=3) and youth engaged in ACCESS OM NB Youth Councils (n=2). Most were aged between 16 and 25 years old and all were women (4 cisgender, 1 transgender). Three participants (60%) were engaged in peer support at the time of the study at a frequency of twice a week or more.

Implementation Fidelity

All the criteria used to assess the implementation fidelity of the training at T1 (Table 3) were rated 3.88/5 or higher by the participants. The lowest score and the only one below 4 was for the criterion "*Building mutually empowering relationships through shared responsibility and shared power*" (3.88), while the highest score (4.44) was for "*Strengthening peer supervision, reflection and evaluation*".

Building on the relatively high implementation fidelity scores overall, results from the open-ended questions of the impact questionnaire (T1 and T2) allowed us to identify topics that could potentially be added to strengthen the content of the training. For the criterion and training component on "*Boundaries and self-care*", one participant suggested that "more strategies for self-care and setting boundaries with other people" (T2) could be added to the training content. Likewise, another participant expressed their interest in "learning more about intergenerational trauma and about self-harm because these are issues that come up frequently" (T1).

A few participants noted that although the training was delivered online, they were able to connect with the other participants, which they enjoyed: "I loved how even virtually we were able to connect with one another" (T2); "Even though the training had to be online, it was still lovely and we happened to be able to make some really great connections and share with one another" (T1). Conversely, some participants identified aspects of the delivery of the training that needed improvement. One participant noted that "the projected time commitments and the actual time commitments should be much closer to one another. Even though we were scheduled from 4 p.m. to 6 p.m., we averaged about 40 minutes a session" (T1), while another participant noted "there was a lot of reading from the slides, and I think having a reflective dialogue with group members would be helpful" (T2). A few participants noted that the training should include more experiential learning activities: "I think more activities would be helpful" (T1); "I hope more activities and practices can be implemented in future sessions" (T2); "Learning more about calming techniques or activities that have helped in different scenarios for youth" (T2). These suggestions regarding content and delivery of the PSF training will be taken into consideration to inform the improvement and development of the training program. They also shed light on the specific needs expressed by individuals with experience or interest in youth peer support within youth mental health services.

Impacts on Participants' Understanding of the Training and Perceived Ability to Provide Peer Support for Youth Mental Health

Table 4 presents the quantitative data obtained from the impact questionnaire, i.e., the mean scores 24 h to 48 h before the training (T0), 24 h to 48 h post-training (T1), and one month after the training (T2). In addition, five main themes emerged from content analysis of the qualitative portion of the impact questionnaire, namely 1) feeling better prepared, 2) importance of self-care, 3) importance of setting boundaries, 4) active listening, and 5) anxiety relief.

While quantitative scores of participants' understanding of the various components of the training at T0, T1 and T2 were similar and high (mean scores of 3.96/5 or greater at all time points), qualitative results (T1 and T2) showed that participants felt better prepared to provide peer support, as described by the following participants: "I do now have several tools that I can use to be a more

supportive person" (T1); "I feel that the training has increased confidence in supporting peers in this difficult time" (T2); "It felt really comfortable supporting my friends through loss" (T2). Some participants also reported new skills and competencies in line with themes presented during the training, especially with regards to "*Boundaries and self-care*" ("I started a new self-care routine that is helping me be a better peer support"; T2), "*Participatory listening*" ("I'm a far better listener now, and I've learned that I don't have to prove that I'm listening by coming up with a response; that detracts from it, I've learned"; T2), and "*Managing conflict*" ("I think the training reduces anxiety around handling difficult situations. This can help you remain calm when a peer is experiencing high stress during COVID-19 and help guide them back to a less urgent stress level"; T2).

Discussion

To our knowledge, this pilot study is the first to document the implementation fidelity and the impacts of an online training program for PSWs in youth mental health community settings. Fidelity of the delivery of the PSF training was assessed relative to a theoretical framework, while the impacts of the training were documented in terms of the participants' understanding of peer support and their perceived ability to provide peer support to youth with mental health issues and/or support other peer supporters in their role.

Data from the open-ended questions provided a deeper understanding by confirming and expanding on the quantitative findings. In fact, the results show that all aspects of the training were implemented with a relatively high level of fidelity for all theoretical components of Mead et al.'s (2001) model. This is an indication of the feasibility of implementing this training online in a community-based setting. It also suggests that the selected theoretical framework is relevant for PSWs in the context of youth mental health and to inform their training. Importantly, results from the open-ended questions in the impact questionnaire revealed that the content and delivery of the training were satisfying for some participants, while others pointed to some improvements needed. For instance, some participants would have liked more training on self-harm, intergenerational trauma, setting boundaries, and self-care. This shows that perceptions of the content and delivery of the PSF training are subjective and variable among participants, possibly influenced by their values, views, as well as prior experience regarding peer support work.

The PSF training impacts' descriptive data suggest similar scores regarding the participant's understanding of the key components of peer support, before the training (T0), immediately after the training (T1), and one month later (T2). Although the small sample size of this pilot study did not allow for inferential statistics, these results suggest that the group of participants already perceived themselves as having a relatively high level of knowledge around peer support work before the PSF training and their perceptions remained similar post-training. However, participants also reported in the open-ended questions that the training had a positive impact on their level of preparedness and their ability to provide peer support while taking care of themselves in the process. Moreover, participants alluded to the training's positive influence on their ability to help

young people deal with anxiety during the COVID-19 pandemic. These findings suggest that the training had a positive impact on peer supporters' confidence in their role, which is consistent with the findings reported by Walker, Baird and Welch (2018) in a study on youth and young adult peer support providers that participated in a skill enhancement training.

One of the key strengths of the present study is that the PSF training was developed by an interdisciplinary team with involvement of youth and community partners that have lived experience of mental health issues. These informants played a key role alongside researchers in identifying the training components and in developing the training materials, as informed by a theoretical framework. Moreover, this newly developed training was designed to be readily accessible to youth and other community members and can be completed online over a two-day period. In contrast, other formal trainings such as those offered by the Canadian Mental Health Association and by Intentional Peer Support can take three to ten days to complete. In addition, the components of our proposed training are well aligned with the topics that have been identified as important for the initial training of mental health PSWs in a broad systematic review conducted by Charles et al. (2021). The fact that most topics were covered to some extent in our proposed training underscores the practical value of this training as an introductory training tool for youth mental health PSWs. This training may then be complemented by more advanced training to further PSWs' skills and qualifications.

Opportunities for improving the newly developed PSF training were also identified in our study. A small number of participants mentioned the need for increasing the length of the training. Two participants did mention a lack of hands-on activities and clinical practice. An opportunity for the peer supporters to practice the skills learned with youth while being supervised by experienced peer supporters (Walker et al., 2018) would have been optimal, especially for those who do not have any experience in this regard (Meehan et al., 2002). In fact, in O'Reilly et al. (2016) study, participants particularly appreciated the interactive part of the training, the opportunities to learn and practice skills and to socialize with peers. Ronning and Bjorkly (2019) integrative review study suggested that "role-play enhances students' therapeutic and communicative skills" (p. 422). These researchers also found that the students were more empathic and better able to put themselves in the other person's position when having access to hands-on and clinical practice experience (Ronning & Bjorkly, 2019). Our findings and previous reports suggest that PSW training programs can benefit from integrating hands-on activities and clinical practice to enhance the depth and impact of the training. In fact, one of the common criticisms of existing PWS trainings is their emphasis on building knowledge rather than practical skills. Future studies would be warranted to assess the impact of integrating such hands-on components to PSWs training. The value of blended online and in-person training for practical skill building should also be examined.

Despite this study's valuable contribution to addressing gaps in the current literature, some limitations should be kept in mind, especially its small sample size and the absence of a control group. While these are important limitations, this pilot study provides useful insights for refining the training at an early stage, before evaluation on a larger scale and future implementation. Another limitation of the study is the use of non-validated questionnaires to measure implementation fidelity of the training and its impacts. However, the questionnaires were based

on the theoretical model (Mead et al., 2001) used to develop the training. Because of these limitations, findings should be considered as preliminary until further studies are conducted. Future studies should focus on validating the questionnaires with larger sample sizes, adding validated measures to assess participants' confidence in their role, and considering focus groups or in-depth interviews with participants to better understand their needs and experiences.

Conclusion and Practical Implications

The lack of formal yet readily accessible training opportunities for PSWs in youth mental health community settings has prompted the development of a novel training informed by a theoretical model and presented in this study. Results suggest a high level of fidelity of implementation as well as positive impacts on participants' readiness to work as PSWs. Although the number of participants was limited, this study suggests high practical value of the developed training as an introductory training tool for youth mental health PSWs. Having access to training that has been tested is crucial so that the peer workforce can be more readily trained and can help meet the increasing demand in young people needing mental health support, hence the importance of this study. Therefore, the proposed training could increase the options available to support youth and employees as they engage in peer support practice or contemplate a role as PSWs. Future studies are warranted to confirm our findings, improve the training, and assess its impact on trainees' skills as PSWs and its complementarity with existing, more advanced trainings.

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Table 1:

The PSF Training Modules and their Corresponding Theoretical Components

Sessions	Themes	Theoretical components (Mead et al., 2001)
1	Definition and Benefits of Peer Support	-
2	Roles, Values, and Principles of Peer Support	Understanding perceptional frameworks: storytelling and the construction of the self Building mutually empowering relationships through shared responsibility and shared power
3	Mental health, Mental illnesses, Risks factors, and Stigma	Understanding perceptional frameworks: storytelling and the construction of the self
4	Towards Recovery and Treatment	Building mutually empowering relationships through shared responsibility and shared power
5	Boundaries in Peer Support, Supporting versus Rescuing	Boundaries and self-care Managing conflict
6	Communication Skills	Participatory listening Managing conflict
7	Self-care and Wellness Map	Boundaries and self-care
8	Safety and Security, Trauma-Informed Support, Suicide and Self-harm	Considering trauma worldviews: an alternative perceptual framework Boundaries and self-care Strengthening peer supervision, reflection, and evaluation

Table 2:

Sociodemographic Profile of the Respondents (*n*=5)

Characteristics	Number of respondents
Link to ACCESS OM NB	Staff as PSW (3) Youth engaged in ACCESS OM NB (2)
Age	16 to 25 (4) 31 to 45 (1)
Gender	Women (5)
Gender different from birth	No (4) Yes (1)
Do you provide peer support?	Formally (2) Informally (1) No (2)
How often do you do peer support?	More than twice per week (3) Once or twice per week (1) Not applicable (1)

Table 3:

Implementation Fidelity Scores of the PSF Training (T1)

Criteria (training components)	***M***	***SD***
Participatory listening	4.20	0.32
Understanding perceptional frameworks: storytelling and construction of self	4.20	0.26
Considering trauma worldviews: an alternative perceptual framework	4.33	0.31
Boundaries and self-care	4.34	0.54
Building mutually empowering relationships through shared responsibility and shared power	3.88	1.03
Managing conflict	4.20	0.57
Strengthening peer supervision, reflection, and evaluation	4.40	0.28

On a scale from 1 to 5: 1=not at all, 2=a little bit, 3=neutral, 4=enough, and 5=a lot. *M*: mean, *SD*: standard deviation.

Table 4:

Scores of the Impact of the PSF Training on Participants' Understanding of the Different Components of the Training

Criteria (training components)	*M* T0	*SD* T0	*M* T1	*SD* T1	*M* T2	*SD* T2
Participatory listening	4.28	0.39	4.16	0.30	4.32	0.23
Understanding perceptional frameworks: storytelling and the construction of self	4.30	0.35	4.33	0.12	4.20	0.16
Considering trauma worldviews: an alternative perceptual framework	4.53	0.12	4.33	0.12	4.33	0.23
Boundaries and self-care	4.17	0.24	4.29	0.25	4.29	0.16
Building mutually empowering relationships through shared responsibility and shared power	4.16	0.36	4.12	0.41	3.96	0.48
Managing conflict	4.20	0.16	4.25	0.44	4.00	0.16
Strengthening peer supervision, reflection and evaluation	4.30	0.14	4.30	0.14	4.40	0.00

On a scale from 1 to 5: 1=very low, 2= low, 3=average, 4= good, and 5=very good. T0: 24 h to 48 h before the training, T1: 24 h to 48 h post-training, T2: one month post-training. *M*: mean, *SD*: standard deviation.

Appendix A

PSF Training Fidelity Questionnaire (T1)

Criteria	Not at all	A little bit	Average	Enough	A lot
Participatory listening					
1. To what extent, in this training, is the impact of verbal and non-verbal communication on the relationship covered (words, tone of voice, body language) covered?					
2. To what extent, in this training, is the importance of bringing comfort to my peer in silence covered?					
3. To what extent, in this training, is the importance of empathizing with young peers covered?					
4. To what extent, in this training, is using your own story as recovery tool for young peers covered?					
5. To what extent, in this training, is asking the right questions to help young peers move toward recovery covered?					
Understanding perceptional frameworks: storytelling and the construction of self					
6. To what extent, in this training, is the fact that everyone has their own perceptions of the world and that their self-construction comes from several dimensions (family, cultural, economic, etc.) covered?					
7. To what extent, in this training, is the importance of exploring the Peer supporter's own inner constructions and those of the young peers without judgment covered?					
8. To what extent, in this training, is the importance of practicing self-reflection for the peer supporter (through writing, visual art, etc.) to better understand their own system of perceptions covered?					

9. To what extent, in this training, is the importance of identifying and challenging popular beliefs and stigmas surrounding one's own perceptions by including one's own stigma covered?					
Considering trauma worldviews: an alternative perceptual framework					
10. To what extent, in this training, are consequences of various traumas (individual, intergenerational, racial, etc.) on the world perception covered?					
11. To what extent, in this training, is the explanation of different effects of the same trauma on different people covered?					
12. To what extent, in this training, is the importance of providing support through a trauma-informed lens covered?					
Boundaries and self-care					
13. To what extent, in this training, is the importance of healthy boundaries in the relationship, and considering the dangers of unhealthy boundaries covered?					
14. To what extent, in this training, is the importance of establishing, maintaining, and communicating your own boundaries in the relationship covered?					
15. To what extent, in this training, is the importance of changing the boundaries if needed covered?					
16. To what extent, in this training, is it covered that peer supporters do not need to apologize, justify or explain their boundaries?					
17. To what extent, in this training, is the importance of identifying and advocating for the peer supporters own mental health needs covered?					
18. To what extent, in this training, is the importance of developing strategies to practice self-care and maintaining well-being covered?					

19. To what extent, in this training, is the importance of committing to a practice of self-care on a regular basis covered?					
Building mutually empowering relationships through shared responsibility and shared power					
20. To what extent, in this training, is the importance of seeing young peers as equals covered?					
21. To what extent, in this training, is it covered that certain structural privileges of power (paid peer support versus young students) can have impacts on the relationship, and the importance of minimizing those impacts?					
22. To what extent, in this training, is the importance of building a two-way relationship concerning responsibility (e.g., even a peer supporter can get help from their young peer) covered?					
23. To what extent, in this training, is the importance of building a relationship to empower and give hope to young peers and peer supporters covered?					
24. To what extent, in this training, is the difference between rescuer behavior and supportive behaviors covered?					
Managing conflict					
25. To what extent, in this training, is the importance of identifying conflicts covered?					
26. To what extent, in this training, is the importance of developing the ability to see things from multiple perspectives covered?					
27. To what extent, in this training, is the importance of talking about difficult topics without having judgments covered?					
28. To what extent, in this training, is the importance of resolving conflicts by reaching a consensus covered?					
Strengthening peer supervision, reflection and evaluation					

29. To what extent, in this training, is the importance of having open communication with my superior in order to exchange constructive feedback from both sides covered?					
30. To what extent, through this training, is the importance of peer supporters being linked with a community of practice in order to develop their skills, covered?					

On a scale from 1 to 5: 1=not at all, 2=a little bit, 3=neutral, 4=enough, and 5=a lot.

Appendix B

PSF Training Impact Questionnaire (T0, T1, and T2)

Criteria **At what level do I assess my understanding…**	**Very low**	**Low**	**Average**	**Good**	**Very good**
Participatory listening					
1. … of the impacts of verbal and non-verbal communication on the relationship (words, tone of voice, body language)?					
2. … of the importance to bring comfort to my peers in silence?					
3. … of the importance to be empathetic with my peers?					
4. … of the importance to use my personal story as a tool for recovery for my peers?					
5. … of the importance to ask the right questions to help my peers move toward recovery?					
Understanding perceptional frameworks: storytelling and the construction of self					
6. … that each person has their own perceptions of the world, and that self-construction comes from many dimensions (family, cultural, economic, etc.)?					
7. … of the importance to explore my own inner construction and that of my peers without judgment?					
8. … of the importance to practice self-reflection through writing, the visual arts, etc. to better understand my perceptions system?					
9. … how much I asses my ability to identify and challenge popular beliefs and stigmas surrounding my perceptions system, including my own stigma?					

Considering trauma world-views: an alternative perceptual framework					
10. … that traumas (individual, intergenerational, racial, etc.) could influence world perceptions?					
11. … that trauma will not have the same effects depending on the person?					
… of the importance to give support and be attentive to traumas world view?					
Boundaries and self-care					
12. … of the importance of healthy boundaries in the relationship, considering the dangers of unhealthy boundaries?					
13. … of the importance to establish, maintain and communicate my own boundaries?					
14. … of the importance to change boundaries if needed?					
15. … that I do not need to apologize, justify or explain my boundaries?					
16. … of the importance to identify and advocate for my own mental health needs?					
17. … of the importance to develop strategies to practice self-care and maintain my well-being?					
18. … of the importance to commit to self-care on a regular basis to prevent compassion fatigue?					
Building mutually empowering relationship through shared responsibility and shared power.					
19. … of the importance to see my peers as equals?					
20. … that some of the structural privileges of power (e.g., paid peer supporter versus student peer) can have impacts in the relationship with my peer and the importance of minimizing those impacts?					
21. … of the importance to build a two-way relationship concerning responsibility (e.g., even as a peer supporter, I can receive help)?					

22. … of the importance to build a relationship to empower and give hope to my peers and myself?					
23. … of the difference between rescuer behaviors and supportive behaviors for my peers?					
Managing conflict					
24. … of the importance to identify conflicts?					
25. … of the importance to develop the ability to see things from multiple perspectives when there is a conflict?					
26. … of the importance to talk about difficult topics without judging my peers?					
27. … of the importance to resolve conflicts by reaching a consensus from both sides?					
Strengthening peer supervision, reflection and evaluation					
28. … of the importance to have an open communication with my supervisor in order to exchange constructive feedback from both sides?					
29. … of the importance to be linked to other peer supporters by a community of practice to develop my skills?					

On a scale from 1 to 5: 1=very low, 2= low, 3=average, 4= good, and 5=very good.

T1 - PSF Training Impact Questionnaire – Open-Ended Questions

1. Following the training, do you feel prepared, compared to before the training, to support your young peers? Why?

2. In a context like the COVID-19 pandemic, how do you think the training will help you support your peers?

3. In a context like the COVID-19 pandemic, how do you think the training will help you be a good or a better peer supporter?

4. In a context like the COVID-19 pandemic, how do you think the training will help you cope with the situation and take care of yourself?	
5. What would you have liked to learn more about in the training? Why?	
6. Other comments you would like to share about the training:	

T2 - PSF Training Impact Questionnaire – Open-Ended Questions

1. In the last month, how did you feel when you gave some support to your young peers? (e.g., worried, on edge, moved, comfortable, confident, proud, troubled, surprised)	
2. In the last month and in the context of the COVID-19 pandemic, how has the training helped you support your peers?	
3. In the last month and in the context of the COVID-19 pandemic, how has the training helped you be a good or better peer supporter?	
4. In the last month and in the context of COVID-19 pandemic, how has the training helped you cope with the situation and take care of yourself?	
5. If you did not give any support to your young peers since the training, indicate why:	
6. How do you find the community of practice of peer supporters? Does it help you? Would you do something different to improve communication between peer supporters?	

7. Other comments you would like to add about the training:	