

# Declaration of Peer Roles

**Origins:** This document originated with the Western Massachusetts Peer Network in 2013 and grew from there to encompass many voices.

**Our Objective:** Peer-to-peer support is well-established in many contexts from cancer survivor groups and bereavement groups to twelve-step groups and beyond. Our objective in producing this document is to clarify the concept of the peer role in relation to the mental health field. It is a support tool to guide practice and explain activities and values of peer roles. It was created with the contribution of many voices. Our goal is to see these concepts and values integrated into all peer roles and ultimately to filter into all aspects of the mental health system.

**Definition of Peer:** According to Merriam-Webster, a ‘peer’ is one that is of equal standing with another. We each have many ‘peer’ groups based on our age, work, hobbies and other facets of our identity. In the mental health system, peer support is offered by an individual who identifies as having lived experience with trauma, psychiatric diagnosis and/or extreme emotional states. The term ‘peer’ does not simply refer to someone who has had a particular experience. Peer-to-peer support is primarily about how people connect to and interact with one another in a mutual relationship.

Peer-to-peer roles are different from traditional roles that happen to be filled by someone with lived experience. Someone working in a traditional role, such as a clinician or nurse, may have had similar experiences as those who are using their services (e.g., a nurse may also be a cancer survivor). This still does not make that person a ‘peer’ in the sense that we are discussing here. They may share their personal experience, but they are still operating within their primary role as a clinician or nurse. There remains a substantive difference between peer and non peer roles, although both have value. The definition of the peer role within the context of the mental health system is further clarified by the values and actions that follow.

**There are three essential areas of focus for peer-to-peer support:**

1. **Mutual peer support:** Here, mutuality refers to operating from as equal of a playing field as possible where the connection is the focal point and no one person is the ‘fixer.’
2. **Change agent:** Based on wisdom gained from personal experience, people in peer roles advocate for growth and facilitate learning within the mental health system and beyond.
3. **Remaining ‘in’ but not ‘of’ the system:** This refers to working in the mental health system while holding values that are specific to the peer role and not taking on responsibilities that dilute purpose.

**Our Values:** Our experiences are diverse. While some people receive positive support from the mental health system, there are many others who feel the need to heal from the impact of how they’ve been treated.

Historically speaking, many of us have been labeled as ‘client’ or ‘consumer’ or a diagnosis that represents only what people see as our ‘sick’ or ‘broken’ parts. We have commonly been approached for assessment and evaluation, while few people have asked to hear our own stories or ways of making meaning. Often, we’ve been taught that others are the experts, that there is a

professional who has ‘the answer’ and knows what is best, and that there are only rigid versions of truth.

Additionally, problems have typically been regarded as the result of our faulty brains, rather than, at least in some instances, due to the ways we’ve been impacted by trauma or other environmental factors. People around us have frequently operated from a sense of responsibility and fear of liability that have driven decisions and limited tolerance of risk taking, sometimes eliminating choice entirely. All too often, we’ve been taught to have low expectations and focus on maintenance rather than the prospect of a full life. These experiences (as lived by ourselves and/or those around us) have driven the creation of the values below.

1. **Human Potential and Vision:** We believe in the probability that all of us can and will heal. Our focus is on the vision of a full and meaningful life for all, not just day-to-day survival.
2. **Prioritize Self-Determination and Choice:** We put a high value on the healing power of simply having choices and refuse any participation in force or coercion.
3. **Dignity of Being a Whole Person:** We are the experts of our own experience. We regard each person as whole, with many strengths and contributions to make.
4. **Easy-to-Understand Language:** We value clear, human, non-clinical language that creates space for each person to explore and find their own meaning in life and their experiences.
5. **Mutuality:** We are committed to reciprocity and being honest and real in our connections. We recognize the fluidity of human experience and our various roles and the ability of each of us to learn from one another.
6. **Approach Each Other with Genuine Curiosity:** We seek to understand each person’s worldview. We are dedicated to learning about people from them and not from files or meetings where they are not present.
7. **Honesty, Truth and Transparency:** We believe in people’s fundamental resiliency and are upfront with them about limitations, concerns and conflicts. We are never complicit in decisions about people without them.
8. **See Challenges as Growth and Learning Opportunity, Not as a Crisis:** We choose to regard our times of greatest distress as a potential sign of change to come and as an opportunity for growth. This is not intended to deny the deep pain that people may experience, but rather to value and have faith in what can emerge from that place.
9. **Recognize the Need for Transformation in the Mental Health System and Society:** We believe that, for change and healing to be sustainable and real, it must happen throughout our communities and systems. It is not solely the responsibility of each individual seeking help.
10. **Focus on Moving Forward:** We seek the development of something better and healthier than the power structures and approaches that have harmed many of us in the past. We will consciously avoid compromising our values or replicating past wrongs.

11. **Recognize Our Connectivity and Our Part in a Movement:** Our work is a part of a civil rights movement. We strive to have our fundamental connectedness to a history of oppression and fight for human rights recognized and understood.
12. **The Importance of Community Involvement:** We believe in the importance of human connection in healing. A person in a peer role can support someone to find resources within and from the community to meet this need and make sustained change.

**Our Actions:** We see this as an ongoing process and are aware that there are peer roles (as of this writing) that are not currently consistent with what is written here. We recognize that our roles are also influenced by the systems and programs within which we work. We do not wish to leave behind anyone who is committed to working toward these shared values and actions, even if there is a long way to go. The following are the actions we strive to include in our daily practice.

1. We actively advocate and support people to find and use their own voice.
2. We share our experiences, strengths and wisdom without giving unsolicited advice.
3. Our primary responsibility is to those we support.
4. We avoid speaking in diagnoses and pathologizing language and will not refer to people using words like ‘client,’ ‘consumer’ or other systematized terms.
5. We respect the power of simply ‘being with’ (though it may appear to others that we are doing very little) and are flexible in spending time with people in this way.
6. We consider the support of others in peer roles central to our work, including reaching out to people working in isolated environments.
7. We stay connected to one another and our work by participating in meetings, events and gatherings geared toward learning and new ideas. We consider this an essential responsibility.
8. We treat each other (and ourselves) with compassion, but not as fragile. We demonstrate this through a commitment to honesty, transparency and a willingness to work through conflict.
9. We act as change agents within the system, sharing new ideas, challenging the status quo and inviting others to join us.
10. We support a culture of questioning and asking ‘why’ to help both ourselves and those around us understand and be well informed about how practices and beliefs have been shaped.
11. We are committed to being aware of and transparent about our own power and privilege in our roles and to examine that on an ongoing basis.

12. We do not consider it consistent with our values to participate in activities that run the risk of further increasing power imbalances. This includes (but is not limited to):

- Involvement in medication administration
- Acting in the role of Representative Payee
- Routinely talking about people without them present in individual or team meetings
- Participating in routine documentation (e.g., progress notes)
- Reading or creating files on people
- Assessing, diagnosing or writing treatment plans or other system documents
- Any actions that make us complicit in force or coercion

13. We are also aware of our environment and how it may impact our ability to engage in mutual connections. We give input about elements of the environment not in our control (e.g., ‘staff only’ signs, institutional looking furniture, etc.). We avoid the following wherever possible:

- Wearing name tags or badges
- Meeting with desks between us
- Having individual/staff-only areas when not absolutely necessary
- Visibly carrying around lots of keys (especially where there are lots of locked doors)

**An invitation to all:** We are a part of a movement in the spirit of all civil rights movements that have come before us. We invite those of you who are working in provider roles to join us. Many of the values and actions contained herein do not need to be specific to ‘peer’ roles. We invite all organizations to make space for this work to be done in a real way. Change does not happen overnight and tension can be a natural and positive sign of progress. In the end, a truly healing system will lead us all to be more humble and human with one another.

Signed,

*The Western Mass Peer Network*



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