



Peer Support Research Questions from the Perspective of iNAPS Attendees

There is a growing interest in research on peer support interventions in mental health services. Studies document numerous positive benefits for those who participate in these services, including peer providers themselves ⁽¹⁾. In fact, peer support is now regarded as an evidence-based model of care ^(2,3). Peer providers are employed in a variety of settings in a number of capacities, often working to affect self-determination, health and wellness, hope, communication with providers, illness management, and stigma ⁽⁴⁾. Yet, the published literature on peer provided services is still within its infancy, and there are clear opportunities for additional research.

Examples of questions that have been generated by academic (mostly non-peer) researchers include:

- What are the unique benefits associated with peer provided services?
- What are the best methods for the selection and training of peer providers?
- Which peer provided services are most effective?
- What makes a peer a peer? ^(5,6)

Recognizing the central role that those involved in the practice of peer support should have in establishing future research directions, we convened a group of individuals (more than 50 attended the session!) at the 2016 International Association of Peer Specialists (iNAPS) conference held in Philadelphia and asked what they perceived to be the most important questions for the field. The following questions and comments were identified:

1. Research on the researchers. Identifying potential biases among researchers conducting peer support research.
2. Who is funding the research and who is doing the research?
3. To what extent are policymakers involved in the research process?
4. Who is doing the peer review of peer support studies that are reviewed by journals?
5. What research designs might be most effective in doing peer support research?
6. How can we define mutuality in a peer support relationship?
 - How do current service/structural factors affect mutuality in the peer relationship?

7. How does power work in the peer support relationship and how does that affect outcomes?
8. What are successful interventions/strategies for insuring that the person has the power?
9. How serious are researchers about doing research on peer support?
10. Who are researchers researching – peers, peer support, agencies, etc.?
11. What is the practice of “therapy” compared to the practice of “peer support”? What is the difference?
12. How do we explore the process of peer support?
13. What are the outcomes of peer support?
14. Are there differences in process and outcome between peer support interventions that are integrated into traditional agencies and programs versus those that are stand alone?
15. At what point in the service delivery process might peer support be most effective (e.g., early engagement/entry versus later in the process)?
16. Need to examine which type of research design might be most appropriate to study peer support. RCTs may not be the right type of design to use.
 - Can we even measure the benefits of peer support using the designs we are using?
17. Are there some types of support services (e.g., cognitive-verbal interventions versus non-cognitive-non-verbal approaches, such as use of music, art, drama, dance, poetry, storytelling, arts, etc.) that are better provided by peers?
18. Need to take time in the peer support intervention into consideration. How long does it take to achieve what outcomes?
19. How do we best support peer supporters?
20. What are the “right” requirements for being a peer supporter in addition to having lived experience? What characteristics are needed?
21. How or can we research online peer support? How can we do it most effectively?
 - What are the different types of peer support online interventions that can be used and are effective?
22. Whose agenda is driving the research?

23. What is the end goal for peer support? What are the outcomes that we should be looking at?
24. What role does the supervisor play in supporting peer specialists in maintaining peer values in their work?
25. How many people driving the research agenda are peers themselves? How does disclosure of being a peer influence the peer support research process?
26. Does the research process and timeline respect (or is it consistent with) the recovery process?
27. What does the recovery process look like in peer support interventions and do study designs and timelines jive with this process?
28. Research questions should look at combined peer support with other modalities.
29. How does culture and language (i.e., non-English) or ethnicity affect a person's receptivity to peer support?
30. How do regulations like background checks affect the employment of peer supporters?
31. How do expectations about productivity and other stressful aspects of the job affect the health and wellness of peer supporters?
32. What is the impact of peer support on suicide prevention, particularly in the VA?

A number of conclusions can be drawn from this conversation at iNAPS. First, the sheer number of people in attendance and number of questions generated by this group reflects the enthusiasm for research on peer support from key stakeholders. Second, the variety of questions, from those pertaining to the research process to the process and outcomes of peer support, demonstrates novel directions for further study. Third, while some of the questions produced by this group are similar to those asked by academic researchers, many are qualitatively different, highlighting the need to involve peers and other key stakeholders in the design and implementation of future research in this area. We hope that by sharing our conversation, we can help to energize productive collaborations among individuals who seek to advance the field.

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