Peer Support Canada

Canadian Mental Health Association
Mental health for all

FACT SHEET :
ADVANCING ETHICAL RESEARCH ON PEER SUPPORT IN HOSPITAL SETTINGS

Peer Support as non-clinical approach to Care

The essence of peer support is grounded in voluntary, non-clinical, relational support – not treatment, intervention or behaviour modification.

Peer support should be made available as a stand-alone service and as a complement other supports within the healthcare system. Today, peer supporters work in many settings, including community organizations, campuses, care and crisis teams, and hospitals.

Advancing peer support through ethical research

As health systems increasingly recognize the value of peer support and integrate it into hospital settings, research and evaluation play a critical role in shaping understanding, funding opportunities and policy. Moreover, the way research is conducted matters as much as the knowledge it seeks to generate.

Failing to engage in ethical research practices on peer support risks misrepresenting or undermining peer support by imposing clinical or institutional priorities that contradict its foundational values.

Hospitals and research institutions have an important chance to help strengthen and grow peer support — by doing so in ways that are ethical, collaborative, and led by people with lived experience.

Core principles for ethical research on peer support

1. Recognize peer support as a distinct, non-clinical practice

- Peer support is not a behavioural or clinical intervention.
- Measuring success solely through hospital use, clinical outcomes, or patient compliance undermines its intent and fidelity.
- Research should respect peer support as a voluntary, choice-driven, rights-based service.

For example, focusing the primary research question on whether patients are less likely to leave against medical advice undermines the intent and fidelity of peer support.

Instead, centring the question on whether patients feel more cared for, heard, and empowered—while treating rates of leaving against medical advice as a secondary outcome—better honours the purpose of peer support.

2. Avoid framing peer support as a fix for systemic issues

- Evaluating peer roles based on reductions in restraints, security calls, or patient discharges against medical advice positions peer support as a solution to systemic or operational problems rather than exploring its true impact on relationships, empowerment and experiences of care.
- Peer supporters should not be treated as tools to manage institutional risk or system inefficiency.

3. Ensure research is peer-led and peer-informed

- Peer supporters and peer-led organizations must be equal partners, not subjects.
- Facilitate opportunities for peer supporters to be positioned as co-authors, decision-makers, and salaried research team members.
- Hospitals and academic institutions should meaningfully collaborate with peer-led organizations that hold expertise on the practice of peer support to ensure fidelity throughout research projects.

4. Address power dynamics in study design

- Peer supporters often hold precarious employment and may feel pressured to align with institutional priorities.
- Research and program designs that prioritize research outcomes over sustainable, non-precarious employment opportunities further reinforce power imbalances and insecurity for the profession of peer support.
- Ethical research minimizes coercion and ensures psychological safety and autonomy in participation and data collection.

For example, offering only randomized shift schedules as a condition of employment limits autonomy and stability for an already precariously employed population, creating coercive dynamics that undermine ethical engagement and trust.

5. Ensure equitable access to peer support

- Randomized designs that restrict access to peer support create ethical inequities.
- Given our understanding of the value of peer support, participants should not be denied or delayed access to peer support services for research purposes.

The broader impact

When done ethically, peer-led research:

- Strengthens the credibility and sustainability of peer support.
- Informs policy and funding that honour lived experience and the fidelity of the practice.
- Positions peer support as an essential and complementary person-centered component of the healthcare system.
- Promotes systems change rooted in dignity, autonomy, and authentic connection.

Call to action

Peer Support Canada and partner organizations call on hospitals, research institutions, and funders to:

- Meaningfully collaborate with peer-led organizations and individuals with lived experience expertise during the exploration stage of the research process.
- Act as allies, not gatekeepers—use institutional power to elevate, not co-opt, the profession.
- Apply lessons from research with other equity-seeking populations to avoid replicating harm.
- Adopt ethical, values-aligned practices that strengthen both the evidence base and the workforce.

Learn more

Peer Support Canada (PSC) serves as the national leader and advocate for peer support across the country, dedicated to increasing its recognition, growth, and accessibility in mental health and substance use health spaces.

To learn more about Peer Support Canada (PSC), visit pscportal.ca or email info@peersupportcanada.ca.

Founded in 1918, the Canadian Mental Health Association (CMHA) is the most established, most extensive community mental health federation in Canada. Through a presence in more than 330 communities across every province and the Yukon, CMHA provides advocacy, programs and resources that help to prevent mental health problems and illnesses, support recovery and resilience, and enable all Canadians to flourish and thrive.

For more information, please visit www.cmha.ca.