



INSTITUTE FOR HOMELAND SECURITY



Sam Houston
State University

MENTAL HEALTH PEER SUPPORT IN CIVILIAN BUSINESSES

Institute for Homeland Security
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Executive Summary

In developing a strategy for assisting Texas businesses to identify and respond to potential mental health crises in employees, peer support strategies offer an important, low-cost option. Fellow employees are often better positioned to observe MH symptoms and related behaviors than supervisors or EAP professionals. Peer-to-peer support is often better tolerated and viewed as less intrusive than formal MH intervention. Well trained employee peer mentors can provide basic psychoeducational interventions about a range of issues, be trained to identify indicators of more serious MH problems including the potential for workplace violence, and can refer fellow employees to more comprehensive services when needed.

- Peer-support models have been shown to help reduce PTSD symptoms which can include violence and suicidal ideation. Peer support strategies developed with this complex population can help inform a wide range of work-place based peer mentor programs.
- Small businesses can leverage peer to peer support to identify high risk behaviors
- Large businesses may be able to use a combination of peer support and automated approaches to identify high risk behaviors
- Privacy and ethical concerns will be important considerations

Background

Mental health peer support as a para-professional led intervention is an important alternative to licensed mental health care for a number of reasons. These include increased acceptability from individuals who may be wary of seeking professional care, larger number of individuals available for this type of work than licensed professionals, and the ability for peer mentors to connect in a way that is based on similarity of social position. Further, in places of work, networks of co-workers who are familiar with an individual may be well placed to detect impending MH crisis and intervene early [1], thus reducing burden for both the individual at risk and for the employer [2, 3]. Given current labor shortages and increased focus on inclusion, increased focus on employer driven programs to enable individuals suffering from serious mental illness to be employed is also a significant consideration in workplace embedded peer-to-peer mental health peer support [4, 5].

As workplace violence becomes more commonplace, MH peer mentors may also be able to identify and flag employees who are disaffected or have a specific grievance that might escalate. While there are serious privacy and ethical concerns that have to be addressed, peer mentors may be uniquely positioned to head-off workplace violence by working through issues with at risk employees as a first step, and reporting concerns if a specific threat becomes apparent.

Training for workplace MH peer mentors, individuals existing aptitude for this work, developing reporting and referral frameworks and addressing privacy, HR, legal and risk management considerations are all areas for serious inquiry. Training considerations become particularly

important in larger scale workplace settings as the intention and value of MH peer mentorship interventions could be lost without attention to fidelity to the model.

Despite the complexity of this domain, workplace based MH peer support can be flexibly applied to multiple MH conditions. Leveraging technology, including interactive digital platforms and smartphone applications designed to support peer mentors to become more adept in this role may enable scaling large corporate scenarios.

Problems

Privacy considerations are paramount in multiple populations we have worked with using MH peer mentorship. For example US military veterans and first responders are concerned about keeping information about their mental health status confidential – particularly as it relates to their employers. This is primarily due to these populations running the risk of being removed from active duty or deployable status in the event they receive certain types of MH diagnoses. Rules and guidance for in house peer mentors around appropriate privacy is important, but may be difficult to negotiate, particularly if the employee and the peer mentor are within the same reporting structure.

To mitigate privacy concerns, some strategies might include systematically ensuring that MH peers in the workplace come from different units with different reporting structures as compared to the employees they are working with. Technology solutions, including training and real-time support tools like peer mentor smartphone applications could provide just-in-time guidance about privacy and confidentiality, as well as scenario-based practice opportunities.

Further, clear guidance and transparency about situations that require peer mentors to breach confidentiality should be made, focusing specifically on universally accepted reportable events of threat to self, threat to other, child abuse or elder abuse. However, as an employee becomes more at risk, their willingness to disclose usually decreases, and understanding of the risks of being reported for clear threat targets increases. Peer mentors should also be trained to observe employee behaviors to identify potential problems before they boil over

Workplace peer support focused on prevention of violence may specifically look at scenarios where an employee has a grievance that seems unresolved. It is important to recognize that some of these grievances may be for cause, and that the employer or the work environment has failed to provide redress and resolution. Peer mentors will need a range of referral options and to be fully trained to select the most appropriate referral, which in addition to EAP or HR for some scenarios, might also include referral to an ombuds or Chief People Officer.

Current State of the Art

A range of employee peer assistance programs (PAPs) or member assistance programs (MAPs) have been explored over decades as a strategy for voluntary mutual assistance in

organizations and provide a framework for considering implementation considerations for mental health peer support more specifically [6]. Peer referral process have been used in conjunction with Employee Assistance Programs and employee union support systems [7], using peer helpers to identify and provide guidance to employees exhibiting signs of alcohol abuse [8], employee-to-employee substance use and early intervention [9]. Appropriateness of strategies for employee peer support may vary by age of workers, and employers should pay careful attention to addressing the needs of younger, middle aged, older, and mixed-age teams [10]. Further, there is some evidence that different peer strategies for gender and ethnicity may improve acceptability and outcomes [11]. In our work in Wisconsin with US military veterans and mental health peer support for example, the non-profit partner we work with attempts to match female veterans seeking peer support services with trained female peer support specialist, and to a lesser degree, when possible the agency tries to match or other characteristics such as military service period and/or ethnicity.

There is increased focus on using technology to support peer-to-peer mental health interventions, which can assist specifically in employment based programs with training, information on boundary setting and privacy, as well as providing current referral resources. Technology based systems, including web and smartphone technology can also assist with brief screening for changes in mental health symptoms. This information can be used to alert peer mentors to check-in with their mentee more frequently or to suggest more targeted intervention strategies. For more serious situations, where the employee is struggling with mental health concerns that may impact their employability, crisis alerting strategies that provide just-in-time information to an EAP counselor or similar professional may be a consideration.

Future Solutions

We have been working in Wisconsin with machine learning strategies to identify early indicators of mental health crisis using a Battle Peer (www.battlepeer.com). Working with computer scientists at Marquette University, we have identified a handful of early warning signs specific to US military veterans suffering from PTSD. Creating large, employer driven data sets from technology supported peer support would allow for complex machine learning strategies to be applied to isolate similar warning signs from a general (non-veteran) population in the workplace. Along with these strategies, increasingly sophisticated peer mentor decision support tools could be developed, for example providing brief video based training based on the warning signs from an employee they are working with. Interventions tailored to the specific mental health problem, employee context, and coping styles of the individual would likely provide substantial improvement compared to more routinized interventions based on evidence from treatment selection studies in other mental healthcare models. These more sophisticated, algorithmically driven approaches may facilitate better management of mental health considerations for large employers. For example, even with individual privacy concerns addressed, aggregated anonymized data from peer mental health support systems would show trends in issues that need to be addressed more comprehensively or identify work locations with high incidences of mental health problems.

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Franco, Z. (2022). **Mental Health Peer Support in Civilian Businesses** (Report No. IHS/CR-2022-2048). The Sam Houston State University Institute for Homeland Security.

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