

CBR Quarterly

Thurs, Feb 3, 2022 (1:00pm – 4:00pm)

Attendance:

Rebekah Erickson
Jessy Knight
Kat Golik
Anita David
Madeline Gallard
Edi Young
Darren Lauscher

Kalysha Closson
Kat Golik
Michio
Nance Cunningham
Nicole Dawydiuk
Paul Kerber
Rebecca Parry

Sharyle Lyndon
Simon Goff
Surita Parashar
Tim Wesseling
Zoe Osborne

CMHA Power Assessment Framework

- Project funded by VF
- Core objective – exploring co-production in mental health and substance use
- Used info from mapping exercise to contact organizations who employ peers – asked questions such as wages, workplace culture
- Spoke to peer workers as well – interviewed them – to understand what their experiences were like in the workplace
 - Interviewed 26 individual peers and one small team. Split it up into substance use peers and mental health peers.
- Conducted a literature review on best practices in peer work
- Co-production definition changed over time – expanded definition to peer involvement at every level
- Needed to reassess principles of co-production – strength-based; capacity-bridging; reciprocity and mutuality; peer networks; power sharing; empowerment
- One of the first steps of establishing reciprocity was peer worker inclusion in the union. Able to get Blue Cross benefits
- Anita was contacted by Kat and Jessy’s supervisor about 6 months before the hiring. Ran into problems for hiring timelines because CMHA had unionized and wanted to make sure peer researchers were included in the union (back and forth about how this fit into the ‘boxes’ outlined).
- Peer advisory group is highly involved.
- Operated as though there was no hierarchy; decisions made by everyone
- Main piece was unpacking the hierarchies that typically occur in these types of teams and projects
- Developed the power assessment framework with the peer advisory group.
 - 5 power indicators (1 – 5): 1. Financial security; 2. Self-determination; 3. Values alignment; 4. Opportunity; 5. Influence
 - Financial security e.g. access to food, wages indexed to inflation
 - Self determination: peers’ control of their own role e.g. pursuing their own goals and within their own ability.
 - Values alignment: are peers able to do the work that is most meaningful for them?
 - None of this matters if there aren’t opportunities! E.g. key fob to buildings, participating in discussion
- **Q: Do you get pushback e.g. ‘you’re just a professional peer’?**

A: Always been a tension between professionalism and the peer role. Honestly, the most pushback has been in organizations against peers e.g. exploitative. It's a tension that we will always have to manage./Jessy mentions that organizations want peers to be 'more professional'. Kat and Jessy note they have different experiences in background around peer work.

- **Q. Are there external factors that naturally lower the self-determination score?**

A: Places that have flexibility for peers to do the roles – catch-22 – less supervision and less 'caring'. While we need low barrier positions for people, there are no real full-time positions (and even then there is a barrier for entry). You'll see peers take 4 or 5 contracts to make ends meet.

- **Question about whether the mapping exercise could become a resource for peers to connect?**

A. Thinking about that! A Community of Practice for peers – came up a lot in the interviews. So many challenges in implementation.

CMHA Peer Employment Project

Part II – Key Findings

- 26 peers + 1 small group (30 peers in total) interviewed
- 59 employers were interviewed, 54% of employers were non-profits or community-based organizations
- Financial security: the sector as a whole got 2/5 – peers rely on honoraria and piecemeal work to meet basic demands
- Average wage: \$22.50 (but this is skewed higher because employers were asked about the range of wages as opposed to the number of peers at each pay grade)
- Honoraria is a lot more common and some employers are still giving gift cards against best practices
- Approximately half of employers do not extend extended benefits.
- The majority of peer positions are in the direct service level – fewer at the evaluation and development end
- Peer employment was relatively low barrier – important to know that this might not actually work this way in practice (selective recruitment)
- A lot of peers are entering into their positions through referral/word of mouth
- Only half of employers have psychological health and safety policies
- Example of a no substance use policy at CMHA – had to write up an exemption because it didn't fit into their policies. Hoping this will change throughout different organizations.
- 32% of employers were fully/34% somewhat/30% don't know if they are compliant with BCCDC's Peer Engagement Best Practices
- **Q: Will this be done again in the future (longitudinal data)?**
A: Discussion about how changes have been happening for a long time and peers in the substance sector have been doing this work for a very long time. However, there hasn't been a lot of advocacy for mental health peer engagement. There is a lot of work to do. Rebekah notes that they didn't find any longitudinal studies in the lit review but it would be great to have.

Relationship and Gender Equity Measurement Among Gender-inclusive Young women and Non-binary youth in BC - (RE-IMAGYN BC)

- Need better gender equity measurement standards that address gaps including applicability for trans and/or non-binary individuals.

- What are gender equity measures? E.g. Gender equitable men scale, sexual relationship power scale, women empowerment scales
- Going to be a qualitative study to assess people's views on scales
- **Q. How did you deal with language issues (e.g. translating certain terms)? E.g. coercion vs. violence vs. cruelty?**

A: Interesting point. Mostly will focus on English-speaking youth in this study but translated to different languages in Kalysha's other work.

- Including a youth advisory committee; exploring youth perceptions of existing measures; interviews by youth research assistants; co-developing an interview guide
- Through interviews, identifying recommendations for adaptations
- Planning to do around 30 interviews!
- We haven't started recruiting for youth research associates but if you know anyone that might be interested in being involved or learning more about this project, please pass along my e-mail clossonk@student.ubc.ca

Roundtable:

- Nance: Working on a project talking to people about their experiences in healthcare in BC. Last time Nance was at the table, some people were referred into her project – thank you! She has done over 20 interviews and is not running out of new information. Soon going to move to a new stage – having people get storytelling training and then filming them telling stories about their own lives (strength and great passion). Have a storyteller on board but no videographer – needs to be willing to work for \$25 an hour because everyone gets paid the same (principle of the study)! (Surita mentions would be interested in the contact for the videographer too) Text for recruitment: Are you interested to talk about the quality of your experiences in healthcare in BC? If so, please contact 778 906-2382 or ncunningham@bccfe.ca for more information
- Claudette: doing a small study right now. Also working to get a grant through FEAST. Developing a Stats Talk Back 2.0 (was planning to be an ancillary presentation at CAHR but that hasn't happened yet).
- Tim: HERE study – looking at what helps and hinders people accessing healthcare in the DTES/at the Hope to Health clinic on Powell Street. Also working on SHARE study – offshoot of SHAPE study – looking at people who have stepped out of HIV care and have since re-engaged. Interviewing people with lived experience and also care providers. SHAPE has not received funding for SHAPE 2.0 but hopefully coming through another streams. Also with Kate Salters – people living with HIV who are peer researchers are going to speak to her students. They want to learn about what it will like to be researchers.
- Nicole: SHARE team as well! In the middle of qualitative analysis. Next step will be abstracts, as well as arts-based knowledge translation.
- Darren: involved with UBC of bringing patients and community back into medical school. Small grant from the College of Physicians. Work with the CTN – submitted abstracts to the International AIDS Conference.
- Zoe: Lots of work submitting ethics for RE-IMAGYN study (and trying to graduate! Hopefully June!) Also works with the HIV Made Me Fabulous team. Submitted to AIDS 2022 – working on the application!
https://www.lifeandlovewithhiv.ca/film/?doing_wp_cron=1643931843.0111849308013916015625
- Anita: Taking more of an active role in the peer employment project at CMHA. Anita has a researchers' handbook ready to go, hopefully will be released in a month or two! Just got hired

on an international project looking at human rights and mental health. Supporting knowledge translation at BCMHSU.

- Surita: THRIVE is the main study Surita works at the BCCfE. Finished the data collection and are working on knowledge translation now. Hiring a Research Coordinator. Two projects Surita works with Elder Val Nicholson: the James Raven project – documenting stories with Indigenous people living with HIV about their experiences in healthcare settings. For folks are involved, it is supposed to be a healing process of sorts. Looking for a videographer as well. Also, still looking for folks to plant wildflower gardens: <https://runningfreewildflowergardens.mystrikingly.com/> https://twitter.com/free_gardens Surita is writing quite a few grants to support work looking at folks living in Fraser Health who access care in Vancouver.
- Emma: New-ish Coordinator for SHAWNA project.