

Open Letter: A Call for Ethical, Values-Aligned Research on Peer Support in Hospital Settings

To: Hospital Executives and Research Institutions

Peer Support Canada (PSC) and the undersigned organizations are deeply committed to advancing the growth of peer support in Canada – a practice grounded in mutuality, respect, self-determination, and shared lived experience.

As the health and social sectors increasingly recognize the value of peer support, research and evaluation have become essential tools for understanding and improving this work. However, the way research is conducted matters as much as the knowledge it seeks to generate.

Recent research initiatives, specifically those undertaken within hospital settings, have raised significant concerns about approaches that do not align with the foundational ethics, values, or intent of peer support and the principles of fair, equitable, and sustainable employment opportunities for peer support workers.

As organizations committed to advancing high-quality, values-driven peer support across Canada, we welcome the growing recognition of peer roles in clinical settings and support research that responsibly demonstrates the value of this approach for the healthcare system and for Canadians.

We call on the research community and institutions engaging in peer support research to adopt approaches that meaningfully centre peer supporters and uphold the foundational principles of peer support itself. Institutions with significant resources and influence have a unique opportunity to contribute to the growth and integrity of the peer support movement – and we invite them to do so in ways that are ethical, collaborative, and guided by peer-led expertise.

Ethical, Values-Driven Research in Practice

- **Peer support is not a clinical or behavioural intervention.** Framing peer support as an intervention to change behaviour, reduce hospital use, or achieve clinical outcomes contradicts the essence of peer support, which is grounded in voluntary, non-clinical, relational support – not treatment, intervention or behaviour modification. Peer support should be recognized and supported as a distinct, non-clinical practice grounded in mutuality, choice, and shared experience, not measured or constrained by clinical or institutional priorities.

- **Peer support is not a fix for systemic challenges.** Peer support is often evaluated by its ability to reduce security interventions, prevent patients from leaving against medical advice, or limit the use of restraints. This frames peer supporters as a tool to manage the consequences of systemic shortcomings, rather than recognizing the unique value of peer support as an independent, rights- and relationship-based service. Evaluating peer support programs primarily through these outcomes directly contributes to role drift, pulling the work away from its core values and responsibilities and placing the burden of systemic shortcomings on peer supporters.
- **Peer support research must be peer-led.** Studies often proceed without meaningful leadership from people with lived and living experience. Peer supporters and peer-led organizations must not be treated as research subjects or tools but as equal partners in shaping research questions, methods, and interpretations. Hospitals and clinical researchers often lack the expertise to independently lead research on peer support and must centre peer supporters and peer-led organizations to ensure research reflects the values and nuances of the practice. This can be achieved by ensuring peer supporters are engaged as co-authors, decision-makers, and hold salaried positions within research teams.
- **Acknowledge and minimize power dynamics in research.** The power dynamics that peer supporters experience are often overlooked in study design and consent processes. In clinically based research, peer supporters (people with lived and living experiences who are most often offered precarious, non-permanent, low-wage employment opportunities) may feel subtle but significant pressures to participate or align with institutional expectations (such as randomized shift schedules, or deter patients from leaving against medical advice), potentially acting in ways that conflict with the values of peer support or placing their own well-being secondary to the priorities of the research or employer.
- **Access to peer support is a right, not a variable.** Clinical research practices such as randomized designs that restrict or delay access to peer support for some participants, risk creating inequities and treating peer support as a scarce or experimental resource rather than a valuable approach to care that should be accessible to all. Given the significant evidence base for peer support as a practice, ethical research should ensure that study design does not compromise equitable access to peer support services.

The Broader Impact

Research that aligns with the values of peer support strengthens the evidence base that informs policy, funding, and implementation across Canada, and helps maintain the integrity of the profession. By centering the values, nuances, and fidelity of peer support, research can highlight its unique contribution as a person-centered, choice-driven approach to care. Thoughtful, peer-informed research approaches showcase peer support as a distinct and complementary service that enhances the

healthcare system, rather than replicating existing clinical models, and create opportunities for the profession to lead meaningful systems change.

Call to Action


We, the undersigned organizations, call on institutions and researchers to:

- Actively consult with organizations and individuals who hold this expertise,
- Recognize the power they hold and use it to act as allies to the peer support profession, rather than co-opting or misrepresenting it,
- Integrate lessons learned from studies conducted with other vulnerable populations and to ensure that past harms are not replicated in peer support research, and
- Adopt ethical, values-based research practices that both respect the workforce and contribute meaningfully to a growing evidence base for peer support in ways that strengthen, rather than compromise, the integrity and impact of the profession.

Research that honours lived experience, reflects authentic peer values, and is led by those who do the work helps build credible, sustainable systems of peer support—systems our communities need now more than ever.

We offer this letter as an invitation to work together toward research practices that uphold the core values of peer support and advance meaningful systems change.

Sincerely,

 Peer Support Canada

On behalf of the following signatories:

- Canadian Mental Health Association, National
- Canadian Mental Health Association, Peel-Dufferin
- Community Addictions Peer Support Association
- Jack.Org

- Krasman Centre
- Lived Experience and Recovery Network
- Patient / Client Family Council North Simcoe Muskoka
- Peer Connections Manitoba
- PeerWorks
- Psychiatric Survivors of Ottawa
- Robyn Priest Live Your Truth
- Schizophrenia Society of Canada
- Simcoe Peer Support Mental Health & Addictions
- Stonehenge Therapeutic Community

Peer Support Canada (PSC) serves as the national voice for peer support in Canada, providing leadership to peer support workers and organizations providing peer support services across Canada. To learn more, please visit www.peersupportcanada.ca or email info@peersupportcanada.ca.