

Relational Complexity of the Near-Age Peer Support Provider Role in Youth and Young Adult Community Mental Health Settings



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Abstract

Increasingly, US community mental health settings are integrating professional near-age youth peer support providers to improve youth service engagement and outcomes. Youth peer specialists (YPS) use their lived and living experiences with a mental health diagnosis to validate, empathize, and provide individualized support, while also improving their program's overall responsiveness to young people's needs. Although promising, these roles tend to lack clarity—responsibilities vary immensely, and turnover is high. Examining near-age youth peer on-the-job experiences is needed to design effective on-the-job supports. Using community-based participatory action research methods, young adults with lived experience worked in partnership with a PhD-level qualitative researcher to design, recruit, conduct, and analyze in-depth-interviews with current and former near-age youth peer providers. Ten young adult peer mentors in Massachusetts completed interviews that revealed near-age youth peer role relational complexity. Five relational aspects were identified requiring relational practice skills and self-awareness, including relationships with (1) self, (2) clients, (3) supervisors, (4) non-peer colleagues, and (5) other near-age peer providers. Near-age peers experience relationship-related struggles with non-peer identified colleagues who do not understand nor value the near-age peer role. Findings expand on current near-age peer practice and associated on-the-job challenges. Training, supervision, and professional development activities that target these five relational areas may improve YPS on-the-job wellbeing, decrease YPS turnover, and improve youth client outcomes.

Introduction

Youth peer support is a unique new role. Professional near-age peer support for youth and young adults is increasingly common in conjunction with other mental health services.¹⁻⁵ Job titles for these roles vary widely, but most commonly include *youth peer support worker*, *youth peer support specialist*, *young adult peer mentor*, and *youth development specialist*. For this paper, the term *youth peer specialist* or *YPS* is used for brevity.

Peer support is based on the idea that a person who has lived through a particular type of adversity is uniquely positioned to connect with and promote positive outcomes for people experiencing similar challenges. YPS roles substantially vary in description, eligibility, and responsibilities across US contexts and service settings.^{1,4} However, “near-age” typically means between 18 and 35, while “peer support” typically means using one’s living/lived experience with having a diagnosed serious mental health condition to support young people (typically ages 14–21) with similar struggles.^{1,4} Increasingly, it is recognized that “peer” tends to include shared characteristics and lived experiences beyond a mental health diagnosis and treatment, including (and not limited to) race, ethnicity, gender, sexual orientation, child welfare and justice system involvement, trauma, stigma, discrimination, and homelessness.^{4,6-9} YPS values include mutuality through co-creation, equity-focus, disclosure with intent, respect, community and belonging, a prevention focus, and detaching services from diagnosis.⁴ Youth peer “support” can take many forms, and typically includes sharing from one’s experiences and perspective with purpose and intent, drawing out YYA client perspectives and exploring and connecting to community resources.^{6,9,10} One Netherlands study found six different distinct YPS roles: engagement, emotional support, navigating and planning, advocacy, research, and education.¹¹

YPS is increasingly implemented with promising outcomes. US states vary significantly in YPS implementation in community mental health settings. To date, at least 18 state mental health

authorities sponsor YPS training, professional development, and/or certification programs.⁴ Many of these states initially leveraged Substance Abuse and Mental Health Administration (SAMHSA) Healthy Transition Initiative and System of Care funding to introduce YPS roles into community mental health settings. These funding initiatives required youth voice and perspective to systematically drive service design and implementation.¹² Part of the promise of the YPS role is that YPSs not only positively impact and support youth clients—they also promote engagement in traditional clinical services (e.g., therapy, psychiatry) as well as use their youthful perspectives to inform program policies and practices.^{4,13,14}

Youth with more serious mental health needs are at risk for not engaging in public mental health care, in part because child services are designed for younger youth and families, and adult services are designed for those with chronic mental illness.¹⁵ Many youth (especially those experiencing disadvantage, vulnerability, and marginalization) can feel misunderstood, disrespected, and distrusting of mental health providers.¹⁶ Emerging research demonstrates YPS value in promoting youth mental health service engagement. Availability of YPS and participation in YPS services was associated with increased annual outpatient visits among 16–24 year olds ($n = 13,363$) across 183 public mental health programs in two California counties.¹⁷ Having a YPS (vs. an older peer support specialist) and having four or more YPS services available was associated increased outpatient mental health services and decreased inpatient mental health services among 16–24 year olds ($n = 6329$) in 76 programs in two California counties.¹⁸ More research of YPS practice and impact are needed.

YPS Implementation in Massachusetts

Funded initially through a SAMHSA System of Care Cooperative Agreement in 2013–2017, the Massachusetts Department of Mental Health (DMH) engaged in a multi-phase, multi-year YPS implementation and role development process in their child mental health system. Massachusetts young adult peer mentors (YAPMs) were initially hired and trained in ten sites across the state to serve 14–20-year-olds with diagnosed mental health conditions enrolled in services at Massachusetts DMH and Mass Health (state Medicaid) behavioral health programs. YAPMs are paid employees, typically between 21 and 30 years-old, who have personal lived mental health experiences and support young people by using the six core elements of young adult peer mentoring: *building relationships and collaboration, practicing cultural responsiveness, supporting young adult vision and goals, promoting self-care, role modeling and demonstrating safe, and ethical and professional behavior*.¹⁹ These CORE elements, and associated practice profile,¹⁷ were developed through a collaborative YAPM practice community over 3 years. This work led to the development of state-sponsored three-day “CORE Elements of Young Adult Peer Mentoring Training” that is co-facilitated by a young adult trainer with lived mental health experience and required for all YAPMs to complete within a year of employment as a YAPM. YAPMs also have the additional option to complete the state’s certified peer specialist training and attend a free professional development course offered widely across the state, “Gathering [and] Inspiring Future Talent (GIFT).” See Massachusetts Behavioral Health Knowledge Center^{10,20} for their library of YAPM practice tools, including a youth peer support supervision manual.²¹

There are at least 85 YAPMs across the state of Massachusetts currently. In efforts to best support the YAPM role implementation, Massachusetts DMH supports quality improvement efforts that includes young people with lived/living mental health experiences. This is strong alignment with best-practice in conducting program evaluation and research of YPS roles,⁴ and privileges mutuality, equity, co-creation in quality improvement, and research processes. In 2022, a community-based participatory action research^{22,23} team was formed to better understand YAPM experiences and needs to develop actionable ways to support YAPMs in their roles. This team was composed of a PhD qualitative mental health services researcher, a former YPS, a current YPS trainer, two former YPS service participants, and a young person with lived mental health experience. This team designed

an online survey for YAPMs, their supervisors, and colleagues, along with a virtual qualitative interview schedule with YAPMs and associated recruitment materials. This manuscript highlights the methods and findings of the qualitative interviews with ten YAPMs based on the research team's analysis. *Study Purpose:* Describe relationships that YPSs navigate as part of their unique roles in youth community mental health settings to inform YPS workforce development efforts.

Methods

This study was approved by the Institutional Review Board at the Massachusetts Department of Mental Health.

Setting and Eligibility

The current study took place in Massachusetts, a state that like others that has several different types of peer support roles across child and adult community mental health and substance use treatment settings. Eligible participants were currently or formerly employed as Massachusetts young adult peer mentors (YAPMs).

Recruitment

Participants were recruited via an on-the-job needs survey that was distributed to YAPMs via email and social media to multiple state DMH-funded/affiliated provider distribution lists (e.g., DMH program and CBH Knowledge Center listservs, YAPM training participation email list). To ensure YAPMs were recruited (and not those in other peer support roles), a YAPM role description was included in recruitment materials. The survey was brief, had participants rank training topics by priority and ended with the question: "Would you like to complete a virtual interview about your YAPM on-the-job experiences?" If the respondent replied "yes," they were asked for their contact information and preferred method of contact (text, phone, email). A research team member then contacted potential participants to set up a time to assess eligibility, review the consent form, and conduct the interview.

Participants reviewed and signed (using DocuSign) the study consent form with a research assistant prior to beginning the interview to ensure participants understood that the interview was voluntary, participating (or not) would have no impact on their employment, and what they shared in interviews would be de-identified and kept confidential.

Data Collection

A PhD-level researcher and young adults with identified lived/living mental health experiences co-conducted interviews on a HIPAA-compliant version of Zoom. Interviews lasted 45–60 min. Example interview questions included: "What is it like being a YAPM? Can you describe your role? What is fulfilling about your role? What can be challenging about your role? What do you need to be successful as a YAPM? What is it like working/partnering with other staff? What advice do you have for other YAPMs to be successful on the job?" Responses were followed with "Why?" or "How?" or "Can you give me an example?" Participants received a \$30 gift card. Post-interview, interviewers met for 30 min to discuss the experience, including tone, emotionality, and personal reactions to promote reflexivity, increase awareness of researcher bias, and promote researcher interviewing skills. Interviews were transcribed using the Zoom transcription feature. A research team member listened to each interview, cleaned (fixing misspellings), and de-identified the transcripts (removing participant name and names of people or programs mentioned).

Data Analysis

The research team (including a PhD qualitative researcher, a former YPS, a current YPS trainer, two former YPS service participants, and a young person with lived mental health experience) used reflexive thematic analysis, a qualitative data analysis technique in which existing theory and constructs are held in mind during code development.²⁴ These included theories of peer support,²⁵ peer mentoring,²⁶ and emerging adulthood.²⁷ The research team's initial analytic approach was to identify what factors/processes supported and/or hindered YAPM on-the-job success. The team individually coded interviews, identified related exemplar excerpts, and met multiple times to discuss emerging themes and patterns, and (re)categorize codes within themes. Disagreements between research team members were discussed and resolved during team coding meetings. The lead author kept a theme and memo document attaching "memos" to codes (and particular excerpts) that were reviewed together and revised during team coding meetings. This process resulted in several categories that we featured in a white paper/state report to inform state DMH YPS professional development efforts. From there, the team discussed the most common theme within and across participant interviews that helped and/or hindered YPS on-the-job success: *relationships*. The team then re-organized the data into the five most common relationships discussed within and across participant interviews, selecting exemplary quotes, and organizing them into the following results section.

Results

Participant Characteristics

Twelve YPSs were screened; ten consented and completed an interview; two did not respond to multiple contacts after initial expressed interest. Five reported they were currently in a YPS role, and five were previously in YPS roles. Length of time in YPS role ranged from 3 months to 5 years (mean = 2.3 years). Average participant age at time of interview was 25 years (Range = 22–34 years). Four participants identified as female, four as male, and two as nonbinary/gender-non-conforming; four identified as White, three as Black/African American, and three as Hispanic. Four were YPSs in Massachusetts' Northeast region, three in Boston Metro, and three in Central Massachusetts. Four participants had completed their bachelor's degree, three had completed a master's degree in social work or counseling, two had completed some college coursework, and one had an associate's degree.

Five YPS Relationship Categories

In traditional mental health treatment settings, the YPS role is unique in terms of its relational complexity. Five distinct YPS categories of relationships that require skillful and intentional effort and development were identified. These include the relationship with the self, relationships with youth, relationship with supervisors, relationships with other non-peer colleagues, and relationships with other YPSs. See Diagram 1. We describe each of these in detail below.

Relationship with the Self

The YPS relationship with self was the foundation of YPS practice. Participants emphasized their deep appreciation for the multiple state-offered trainings (e.g., G.I.F.T., CORE Elements, Certified Peer Specialist) that they completed as YPSs which emphasized the importance of self-knowledge and lived experience as an essential source of YPS expertise. Possessing deep

Relationship with the Self

Foundation for YPS work

- Learning how to use & share from own experiences
- Nurturing & sustaining resilience

Relationships with Youth Clients

Much more than sharing & relating

- Listening & intentional sharing
- Supporting clients with relational boundaries
- Engagement strategies

Relationships with other YPSs

Valuable & most wished for

- Mutual validation of role/experiences
- Sharing ideas & strategies
- Mutual emotional support

Relationships with Non-Peer Colleagues

Challenging to navigate

- (Re)Explaining & defending YPS role
- Self & peer advocacy; education on YPS role
- Feeling undervalued & at times, disrespected

Relationship with Supervisor

Critical for success on job

- Collaborative support & guidance
- Distress management
- Tools & strategies
- Processing of work experiences

Diagram. 1

YPS Relationship Categories

self-awareness and engaging in regular personal reflection were identified key aspects of the YPS relationship with the self. Three sub-themes reflect the self-awareness skills involved for YPS in using their life experiences as tools to help others: building self-knowledge, learning how to share, and nurturing resilience.

Building Self-knowledge. Participants referenced the value of the G.I.F.T. course (Gathering Inspiring Future Talent) in helping them reflect on their personal narratives of their own lived experience. This exercise in authorship was important in helping participants define a sense of self as a YPS:

The G.I.F.T training- it's more about getting to know yourself. You do write a Comeback Story in that training, which is very helpful good practice...I developed a sense of self and kind of not just a sense of self, but I took ownership of my experiences after the G.I.F.T. training. After reading my story, I was like this is my story, and this is important to me, and I felt a lot less ashamed of it, and I think if I hadn't taken the G.I.F.T. training first, I don't know if I would have gone on to the other trainings. I don't know if I would have been prepared.

Similarly, another participant described how this training was helpful for identifying the unique strengths that they bring to the YAPM role:

I did a program called the G.I.F.T...it was the first training I did. It incorporates writing a comeback story which tells you how you got to where you're at, and how you're moving forward, and what you did to move forward. And, then writing core GIFT statement, which is talking about what aspect of your personality is engaging to other individuals, and really what is the most effective part—what part of your personality draws people in and makes you effective. Mine was compassionate and extremely empathetic. That was the first one, I also did a training called the CORE elements of peer mentoring. Both of those were really good...they gave me skills to build off of what parts of my comeback story to tell and what parts not to...I mean you have to have a reason you're telling the story.

For these participants, taking the time to author their own identity narratives fostered their own self-awareness and self-confidence in the value of their lived experience.

Learning How to Share. Training helped participants refine their skills in intentional self-disclosure through greater self-awareness and personal reflection. One participant referenced how the CORE Elements of Young Adult Peer Mentoring training helped them learn “How much lived experience to share, when to share it, why to share it—that kind of thing.” Another explained how helpful training was in learning how and when to share lived experience, but explained how the self-reflection and increased self-awareness from the training directly informed her approach:

To be a peer mentor, I mean it’s not all about just sharing your story and sharing your personal experiences. I definitely thought I was going to be doing a lot more of that. But I’m not sharing it as much as I’m using it to guide how I work with young adults.

These skills helped YPSs identify the reason for sharing their story, and ensuring it is focused on the needs of the young person:

... Sometimes I struggle with, ‘Do I share this to validate the young adult or am I sharing this because I just want to share and relate?’ So, making sure that I’m staying focused on boundaries for not just my benefit, but for the person I’m working with for their benefit.

In addition to protecting the interests of young people, trainings helped YPSs draw from their own lived experience without becoming emotionally activated:

[To be successful as a YPS it’s...] knowing how to share my story without being triggered. And that was through the Certified Peer Specialist training that they taught you how to share your story- in like snippets, and how to not get triggered; how to share with purpose; and the ethical aspects of the role; and how to do person-centered care.

Nurturing and Sustaining Resilience. A third key aspect of the relationship with self that is relevant for the YPS role is nurturing a personal sense of resilience. Participants discussed the many stressors associated with their role and the importance of acknowledging the impact of this stress:

And I think in the mental health field, you’re in such a high stress job all the time. Essentially no matter what you do in the mental health field, there’s always going to be stress there.

Participants recognized that their lived experience provided a unique source of knowledge and passion for the role, which can also be a risk factor:

I come in with lived experience, you know? I come in, and I have a personal investment and how to work through these mental health challenges. But it’s that level- you don’t think of how actually triggering it can be... That personal investment that makes it so difficult because you care so much right you enter this role, because you care so much.

Participants emphasized the importance of training in inspiring them to stay hopeful and optimistic, especially when the work is challenging:

The CPS training taught me a lot of skills and tools, but also was personally very inspiring and taught me anyone can recover from whatever it is they’re going through and make lemonade out of lemons, so to speak. And that gave me a lot of hope and a lot of positivity for when I do my work now. I know it’s possible for people to achieve whatever they want, if they really go for it, so I think that helps me to stay positive and stay focused.

For these participants, learning to own their personal stories, deciding how to share them with intentionality, and nurturing their sense of resilience and optimism helped them strengthen their relationships with themselves and ultimately be successful in the YPS role.

Relationships with Youth

YPS relationships with youth were rooted in much more than personal story sharing, requiring nuanced and skillful communication skills. YPS learned through doing the work (and processing during supervision), how to balance listening with sharing, how to both demonstrate and support youth in maintaining respectful relational boundaries, and how to employ a variety of engagement strategies when personally struggling to relate with and remain hopeful about a YPS-youth relationship.

Balancing listening and sharing. In their work to build relationships with clients, YPSs reflected on their choices around what to say and how to respond to young people. They recognized that their relationships with youth were different from the relationships that their clinically trained, non-peer colleagues had with youth. Being nearer in age and engaging in mutual sharing decreased the power imbalance between a YPS and a youth:

I didn't really like the power differential that a therapist has over their client, and the different boundaries you have versus, with a young adult peer mentor...Like as a therapist - you wouldn't share your experience. As young adult peer mentors [we're] encouraged to share your experience with the young adults when it is the right time to do so- not over-sharing or anything like that. I liked the aspect that I could share my own experience with the young adults, and I liked how much more open it seemed of a role.

YPSs emphasized that sharing was a tricky part of their work, but not the only part. YPSs employed a variety of communication skills to explore, understand, relate, and demonstrate empathy. Listening was just as important, if not more important than intentional personal sharing of lived experience.

One of the most difficult aspects I could say if you haven't really been in that situation that the youth has been in- you can't really relate as much with the youth. But, you can still support them and comfort them...I do bring up like another story that I've heard from a similar situation, maybe from a friend or a family member that... that the person can relate to. But otherwise, I just try to give them more comfort words and try to go deep into it, just so they can talk more about it, and we feel more comfortable to talk about it later on in their lives, too... I've had multiple clients break down in front of me. I'm like, how can I navigate that? It's more like just give them time to settle, but then I give them more words... unless they need to silence.

Establishing Boundaries. In addition to enhancing their use of skillful communication with young people, YPSs also navigated establishing boundaries around their availability for young people:

I had one youth who would text me nonstop, like over and over right before our meeting. And, then she'll start calling and I'm like, "We have a scheduled time. I'm sorry, I'm doing documentation, we can chat on our scheduled time." Because at first, I was answering, but then I'm like wait a minute, this is a pattern, let me put those boundaries up because it's not going to continue happening. I was able to start putting boundaries in. And that helps a lot.

Challenges Connecting. YPSs were affected by their relationships with youth clients. It was difficult to stay hopeful and personally motivated at times and not take youth client disengagement personally. Here, a participant gives advice to her YPS peers, and in doing so laments about how

personally challenging it can be to not witness positive change in your youth clients, or to see youth client service disengagement occur.

It's a really important role - know what you're [YPS] doing is impactful work, and it does matter and even if maybe your young adults not connecting with you for some reason - it's still important what you're doing, and it's still hopefully - I'm sure it's making some sort of impact on them.

Relationships with Non-peer Colleagues

Important, and at times challenging for participants, were relationships with non-peer colleagues, including care coordinators/case managers, therapeutic mentors (a paraprofessional role in Massachusetts public child mental healthcare), therapists, and psychiatrists, among others. Participants emphasized how important it was to educate colleagues on the YPS role and that the process of building relationships with non-peer colleagues can be challenging and warrants tailored support.

YPS Role Education. Participants stressed how their colleagues were not familiar with peer support principles or practices. Participants found themselves in positions of needing to explain their unique perspectives and contributions to a treatment team. For example, in describing YPS role challenges, one participant noted:

One of the bigger challenges is like educating other people...on what we do and that we're more than just people telling our stories or people who are listening or hanging out with young adults playing board games -like we're a lot more than that, but it's sometimes it's hard to show that.

Participants created documents, and developed stock language that they used to educate non-peer coworkers and external agency youth/young adult service collaborators (i.e., collaterals) on their role:

Sometimes they [collaborator from other agency] didn't understand the [YPS] role because the way they [agency] pitched it to families is like a babysitter [which] is not what we are. I had to sit in on a lot of agency wide meetings to actually speak about what it [YPS role] is and what we do. There are guidelines that I had typed up that goes through what we do and what we don't do. And I shared it at the time.

Participants at times felt that their role, expertise, and perspective were undervalued, in part due to the newness of their role, the agency/organization's unfamiliarity with it, and the reality that many of the clinic settings were organized under a traditionally hierarchical medical model. One participant described the challenge of being young, inexperienced, and lacking graduate school training:

Just because we don't have complete clinical experience, we might know what we're doing a little bit. You know, we have experience in the issues. And most of us in a Peer Mentor role, we are on the younger side. So, I know what the kids are like, and I know what they're doing on the weekends - I'm doing the same things! Don't just discredit us, because we don't have the master's [degree] or the certification that you do.

The Process of Building Relationships with Non-peer Colleagues. A recurring challenge for YPSs involved learning how to establish constructive working relationships with non-peer staff, particularly when they felt that their perspectives as YPSs were dismissed or disrespected. Part of this challenge for YPSs is figuring out how to partner with other professionals with different, and

at times conflicting views, while managing emotional reactions. For example, here a participant describes learning how to work effectively with their team's family partner:

It was hard in the beginning, especially because I feel the [YPS] role and the Family Partner role were a little bit oppositional. I'm here to advocate for the client and they're there to advocate for the parent, and a lot of the time, the client and the parent are not on the same terms. But they're both roles, where you get so invested, because you come in with that 'I know what this feels like.' That was a big challenge in the beginning was really figuring out how to work effectively with the Family Partner.

The family partner role is also a peer/lived experience role, but specifically designed to support *family* perspective and goals, which can be different from *youth* perspective and goals. A key part of the YPS role is that they bring a different perspective to the workplace to promote youth engagement and outcomes. However, the act of speaking up and out about opinions and ideas that challenged others could be experienced by non-peer colleagues as threatening, negative, and challenging "authority." At times, participants described having to navigate the emotionality of their non-peer colleagues when their YPS perspective was unwelcome.

Don't be angry if I give you [non-peer staff] feedback because honestly, the only thing I'm doing is letting you know information you need to know, and it's not because you're a bad person and you don't know what to do. It's because you're a new person or you just don't know it.

For guidance in navigating challenging relationships and associated emotions (e.g., feeling frustrated and under-valued), YPSs relied on two key relationships: supervisors and other YPSs.

Relationship with Supervisor

YPS relationships with supervisors were consistently referenced as the most critical for successfully navigating the YPS role and on-the-job struggles. Participants emphasized the importance of building a strong, supportive relationship with their supervisor. For participants, having a supervisor who was understanding, nonjudgmental, and accessible was key:

I'm lucky to have a phenomenal supervisor. I don't know how long she's been in the field, but a long time. I can just text her or call her whenever, and sometimes I do because I'll have legit questions, and sometimes just stupid questions that can probably wait until tomorrow. So outside of supervision she's always reachable by text, call - to provide insight and advice.

Supervisors were key champions for the YPS role within clinical settings, advocating for policy and practice changes to better support YPS role. One participant contrasted the enthusiasm they encountered with their supervisor to the lackluster reception they received at the agency:

My supervisor, I felt supported because she was literally excited about the role- taking it head on and wanted to do great things. But, the agency, it was kind of on and off because I felt like as the only mentor, I was put up on the back burner, with no voice.

Participants also described the relationship with the supervisor as another relationship that needed to be skillfully navigated. For example, one participant described needing to learn over time how to build a supportive relationship with their supervisor:

I have great supervisors, but I almost feel like I didn't know what I needed out of supervision in the beginning. And, my supervisor didn't know what I needed in the beginning either - because, you know, I come in with lived experience.

Another participant advised YPSs to work through role uncertainty in supervision:

Trust yourself and talk with your supervisor about anything you're unsure of and work it out together. With supervisors [there] is going to be a lot of gray area, and that it is normal, it's tricky and it doesn't always feel super great, but it's okay to have some confusion. It will all be figured out.

Part of the work in defining and clarifying the YPS role in clinical settings is through supervision. In most cases, YPS supervisors had not previously occupied YPS roles, and were masters-level licensed social workers or counselors. Especially when YPSs encountered challenges in working with youth and other service providers, their relationships with their supervisors were an invaluable source of support.

Relationships with Other YPSs

Because of the challenges in educating and partnering with non-peer colleagues, and struggles engaging and supporting young people, participants cherished interactions with other YPSs. One described the uniqueness of their role in this way: "You know, it's [the YPS role] not like a clinician role, you know it's very different from a clinician role. And having peers, being able to talk to each other, there's more understanding." Every participant mentioned a desire to connect with other YPSs for a variety of reasons, including collaboration, idea sharing, and emotional support. For example, one participant shared, "I also collaborate with other peer mentors in the area. We kind of vent and get ideas on what to do with our youth- that helps." Another expressed a request for more YPS group-based support:

Some situations are harder to navigate than others. Just knowing that you can be candid about what's going on for you. I think more group supervision for sure.

Participants expressed a desire for more opportunities for connection, either in-person or virtual, in both small groups and larger convenings:

I think knowing others [YPSs] - getting to speak with other peers from across other programs. Like right now we have these monthly [program name] network meetings which are fun, but I wish that we could talk more or meet in-person, more to just talk about the work that we're doing and comparing different approaches and sharing ideas.

Participants reiterated their need for connection with other YPSs to collaborate, provide support, offer new ideas, and importantly, help each other manage the stress of the YPS role. Participants described how they valued professional development opportunities, such as YPS training and learning communities. Some offered creative suggestions for ways YPSs to support each other:

A training type of thing or a conference type of event, [will] need some structure of some sort, but having a space...to just talk about troubleshooting what's working well with our young adults, what is not working as well, what kind of ideas do you have? Or even an online platform would be cool, [with] an online messaging platform or a big group chat.

Discussion

Building on previous research delineating critical aspects and processes of the YPS role,^{9,11} the current study uncovers multiple relational complexities of the YPS role. This study uniquely highlights five relationships that YPSs navigate and build in community mental health settings: (1) self, (2) clients, (3) supervisors, (4) non-peer colleagues, and (5) other near-age peer providers. The relationship with self serves as the foundation of YPS work, warranting specific and systematic

cultivation among YPSs. YPS relationships with clients are developed through YPSs employing active listening, demonstrating healthy relational boundaries, and not taking lack of client progress or service disengagement personally. YPS relationships with supervisors are critical for both increasing role clarity and YPS communication skills, but also for advocating for team/program/agency policy and practice change to support YPSs on-the-job. YPSs can experience relational struggles with non-peer colleagues who are not familiar with the YPS role. YPS relationships with other YPSs are important for role validation as well as mutual emotional and instrumental (e.g., client engagement strategies) support. Study findings have a variety of implications for near-age YPS policy and practice in community mental health.

The current study illuminates how the YPS role is rooted in relational navigation, which includes listening more than sharing, maintaining relational boundaries, and self-care. It is helpful for YPSs, supervisors, and agencies to be aware that there are these five critical relationships that YPSs must learn to navigate, foster, and maintain. Ongoing professional development in these areas must be developed. Training on what to expect in YPS roles should include these five relationships and strategies to effectively nurture them, and what to do if there are struggles in one or more of these areas. Training might include navigating boundaries on the job with self, clients, supervisors, and non-peer colleagues.

YPSs are a growing workforce and play a vital and unique role in YYA mental health care. YPSs are intentionally recruited and hired for their unique perspective, lived mental health experiences, and youthfulness to transform mental health program practice and policy to make services more attractive, interesting, and ultimately of value to YYA clients. This requires YPSs to both share their ideas, opinions, perspectives, and suggestions to improve program policies and practices, while also advocating for their youths' client perspectives, needs and goals. This is understandably challenging as inexperienced and more junior staff are not typically seen as experts or looked to for solutions.

This study specifically illuminates relational challenges some YPSs face in their unique roles. To ultimately be successful in this unique role, YPSs must be (1) open to learning new skills and comply with practice-as-usual expectations in clinically-oriented settings, and (2) intentional in sharing their (a) perspective for programmatic change, and (b) lived experiences with YYA clients to validate and engage while (3) maintaining (a) healthy relationship boundaries and (b) mental health and wellness on-the-job. Participants described how non-peer teammates and others in their organization were difficult to partner with — in part due to not understanding nor respecting YPS perspective. Participants described the inherent challenges in balancing sharing and listening on-the-job with self-preservation, and not taking it personally when client engagement or progress was limited. These are difficult for any staff member to navigate, especially when new in the field, and likely more challenging when teammates and organization are new to the YPS role. Any staff member independent of training and role would struggle with having to (re)explain and repeatedly defend their role to colleagues and program managers.

The organizational and systematic power dynamics YPSs must relationally navigate in their roles cannot be ignored. Clear tensions exist between (1) youth and adult perspectives and (2) peer/lived experience and clinical/evidence-based practice perspectives on youth client needs, goals, and service delivery. Recognizing, and to the extent possible reconciling, these tensions is important because they are the very reason that YPSs are increasingly integrated across US youth mental health programs. Training YPSs is not enough. Ultimately, a paradigm shift for systems and agencies must occur in terms of valuing multiple sources of expertise if YPS on-the-job harm is to be prevented.

Critical Role of YPS Supervisors and Other YPSs

For guidance in navigating challenging relationships and associated emotions on-the-job, YPSs relied on two key sources of support: supervisors and other YPSs. Study participants had primarily positive

things to say about their supervisors. YPS supervisors have unique and complex roles in supporting YPSs in exploring and establishing their role and navigating on-the-job relationships with self and others. Most supervisors of YPSs in US community mental health are licensed clinicians who were not formerly in, nor familiar with, YPS or peer roles.^{28,29} YPS supervisors support YPS self-preservation on the job, which includes improving communication skills and increasing self-awareness to effectively share one's experiences and perspectives with YYA clients and non-peer colleagues in ways that are not emotionally self-activating. YPSs in this study went to their supervisor and YPS peers for help in navigating complex relational situations in the workplace, which is to be expected. Supervisors are in a complicated position in working to support the YPS while also remaining part of the agency hierarchy. This study uncovers the importance of YPSs in processing their experiences and emotions related to structural and systematic ageism and ableism with their YPS supervisors and non-peer colleagues.

A dilemma facing all community mental health supervisors, especially new ones, is differentiating supervision from therapy. YPS supervisors need training on the YPS role, effective advocacy for diversity and inclusivity, and how to align multiple different (and at times) conflicting perspectives. YPS supervisors also need supervisors/program managers who understand the YPS role and these five key relationships, can process their experiences as a YPS supervisor, and support supervisor advocacy for policy change. YPSs benefit from systematically connecting with YPSs in the form of in-person or virtual group meetings. This is echoed in recent research conducted with program managers ($n=11$) in California YYA settings with YPSs.³⁰ YPSs in this study learned skills, developed solutions, and felt personally validated in these spaces with their professional peers. Agencies should support YPS connection to YPS group supervision and learning communities. To best support YPSs and their supervisors, agencies must shift their culture, policies, and procedures to include competitive wages and benefits for YPS roles, increase human resource department's understanding of YPS role and common accommodations, and equitably value youth and lived experience perspectives with more traditional clinical and medical perspectives.³¹

Limitations. This study includes only ten YPSs from one state and is not generalizable across the YPS workforce, but it does provide deep insight into YPS relational skills and related challenges that can be studied in future research. Future research must include more current and former YPSs to fully reach thematic saturation, and to also pose additional analytic questions, e.g., How does on-the-job relationship navigation impact YPS job longevity? In programs where all staff identify as "peers" through possessing their own lived/living mental health experiences, non-peer colleague-YPS relationships may not be as important, nor as emotionally taxing, for YPSs. Future research must include additional perspectives, e.g., client, supervisor, non-peer colleague, and other YPSs, to specifically examine relationships, and associated factors and processes that promote or harm YPS on-the-job relationship development and maintenance.

Conclusion. The YPS role is relationally complex and includes relationships with self, YYA clients, non-peer colleagues, supervisor, and other YPSs. These are important mediators that must be studied in relation to YPS on-the-job happiness, productivity, effectiveness, and sustained employment. Given YPS role importance for boosting youth service engagement and outcomes while also increasing workforce diversity, investment is needed in methods to help youth mental health settings to embrace, value and support the YPS role. YPS training efforts may be more effective if they focus on cultivating these five relational areas. Organization initiatives designed to promote any (or all) five YPS relational areas must be evaluated.

Implications for Behavioral Health

Despite growing prevalence of YPS role across Massachusetts, this study suggests that some non-peer mental health professionals are not familiar with the YPS role and that some organizations need support in more deeply integrating and privileging both YYA and lived/living experience perspectives. Much can be learned from how Massachusetts DMH has supported organizational and systemic change to grow the YPS workforce: first, starting with a workgroup process to define the YPS role, then development of role-specific trainings for YPSs and supervisors followed by creating learning communities and investing in systematic quality improvement efforts. As stated earlier, this study was one component of a larger study that aimed to both understand YPS on-the-job support needs from YPS and supervisor perspectives. Since conducting this study, Massachusetts DMH has continued offering all three trainings that YPS participants in this study immensely valued for promoting their relationship with self and building their personal understanding of the YPS role. Massachusetts DMH revived a monthly YPS online learning community that is facilitated by a former YPS to promote YPS-YPS mutual aid and consultation as also emphasized as critical in this study. Massachusetts DMH also is offering more YPS supervisor training paired with a quarterly supervisor community learning experience to promote supervisor skills, mutual aid, and consultation. And, finally, Massachusetts DMH developed a publicly available free four-part brief online educational experience for non-YPS colleagues,¹⁰ and a publicly available, free tool that assesses organizational readiness for YPS implementation and provides associated strategies to improve YPS integration and on-the-job experiences.²⁰ Future research must examine the impact of interventions like these that aim to improve YPS on-the-job relationships to prevent harm, promote collaboration and role longevity, and boost youth client outcomes.

Declarations

Conflict of Interest The authors declare no competing interests.

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