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Lived experience matters: on the healing power of peer support and mental health experiences of professionals

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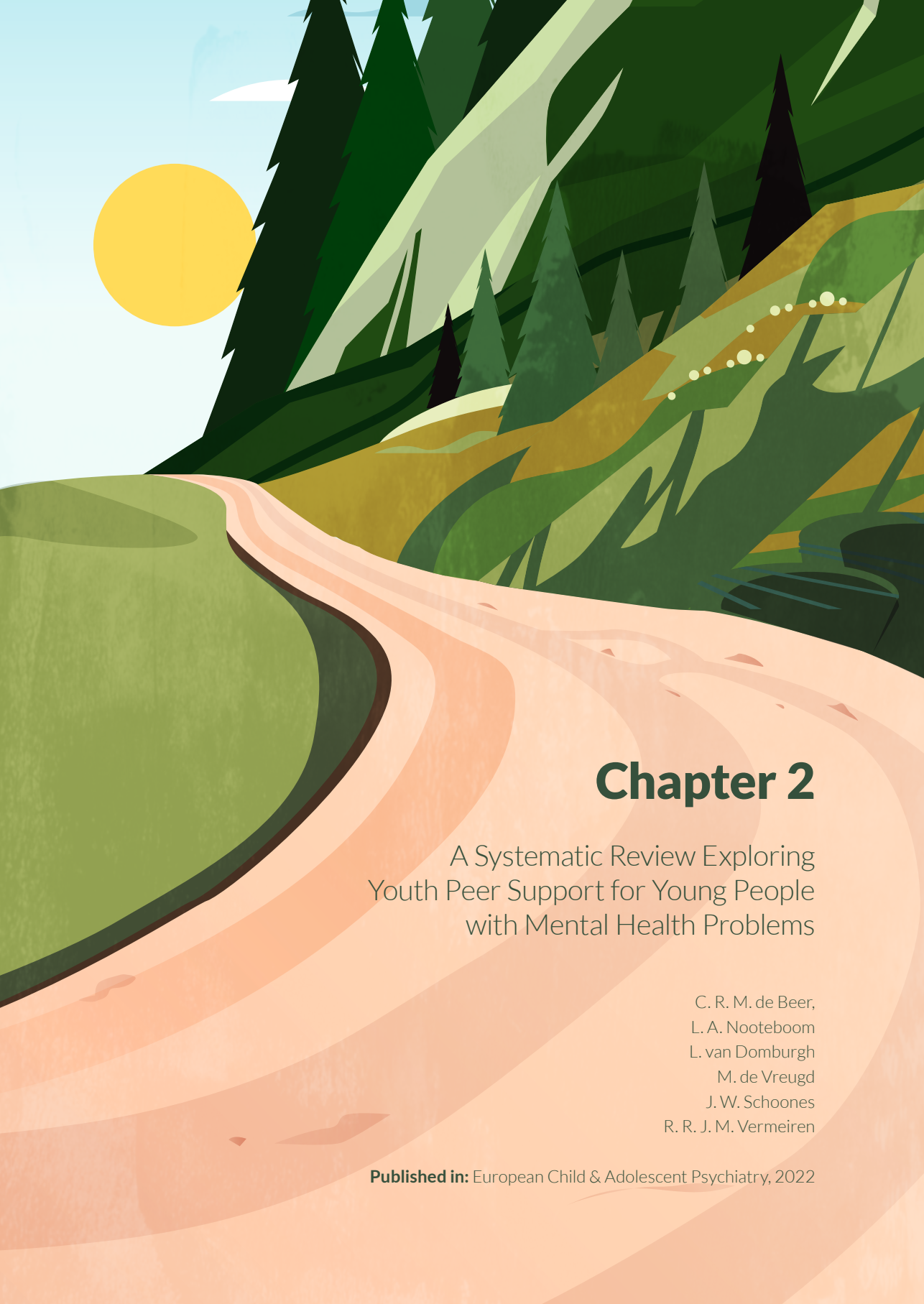
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Chapter 2

A Systematic Review Exploring Youth Peer Support for Young People with Mental Health Problems

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Abstract

Youth peer support workers (YPSWs) are young adults with lived experience of mental illness during childhood or adolescence who support young people receiving treatment in mental health services. The contributions made by YPSWs are a promising development to facilitate consumer-centered and recovery-oriented care. Although the youth peer support workforce is expanding rapidly, structurally embedding YPSWs in practice is challenging. To overcome these challenges and thereby improve care for young people, insight into YPSW roles, barriers and facilitators for implementing and pursuing youth peer support (YPS) is a necessity. This systematic review examined the published literature to identify existing knowledge on YPSW roles in treatment settings, and the barriers and facilitators for implementing and pursuing YPS in practice. A total of 24 studies from a variety of youth serving contexts were included in this review. Thematic synthesis resulted in six YPSW roles and five themes with barriers and facilitators. The roles included the: engagement role, emotional support role, navigating and planning role, advocacy role, research role and the educational role. The themes explored the needs of YPSWs, experiences of YPSWs, relationships between service users and YPSWs, the collaboration process between YPSWs and non-peer staff, and organizational readiness. This review underlines that YPSWs likely are a valuable addition to numerous youth treatment contexts. Overall, the implementation of YPSWs is a multifaceted operation that requires careful planning. We recommend services to set clear and realistic expectations for YPSWs, to consider potential power imbalances between YPSWs and non-peer staff, to provide adequate resources to pursue YPS, and to approach the implementation of YPSWs with a growth mindset.

Introduction

When severe mental illness strikes during childhood or adolescence, it can have lifelong adverse consequences. Consequences include destructive coping skills, low self-esteem, increased economic burden, poor psychosocial functioning, and mental illness later in life (Brimblecombe et al., 2017; Hazen et al., 2010; Lynch & Clarke, 2006). Youth mental health services provide various treatment programs to support young people with severe mental illness (Ojeda et al., 2021a). However, many young people find that the existing treatment programs do not fully meet their needs (Brimblecombe et al., 2017; Ojeda et al., 2021a; Kolthof & van Noort, 2018; Wilson et al., 2018). To meet the needs of these young people, it is necessary that services put more emphasis on recovery, consumer-centered care and empowerment of service users, and less emphasis on traditional clinical models focusing on treating psychiatric symptomatology (Wilson et al., 2018; Arblaster et al., 2018; Puschner et al., 2019). A promising approach to assist youth mental health services in providing more recovery-oriented care is the involvement of peer support workers (PSWs) (Puschner et al., 2019; Hopkins et al., 2020).

In the last two decades, peer support work has become increasingly popular in mental health programs across westernized countries (Repper & Carter, 2011). A PSW is identified as someone with lived experience of mental illness who supports others in recovery from mental illness (Repper & Carter, 2011; Collins et al., 2016). As demonstrated by multiple studies, involving PSWs in mental health services promotes recovery and can have far-reaching positive impacts (Puschner et al., 2019; Klodnick et al., 2015; Pettitt, 2003). These positive impacts include increased hope, empowerment, self-esteem, and increased treatment engagement of service users (Pettitt, 2003). While these results are promising, these studies mainly concern adult mental health services (Lambert et al., 2014; Oldknow et al., 2014).

A growing number of studies is exploring the involvement of PSWs in youth mental health services (Hopkins et al., 2020; Lambert et al., 2014; Oldknow et al., 2014; Gopalan et al., 2017; Ojeda et al., 2021b; Vojtila et al., 2021). These PSWs are typically referred to as youth peer support workers (YPSWs). Studies suggest that YPSWs promote treatment engagement and enable young people to better manage family and community stigma regarding mental illness (Ojeda et al., 2021b; Vojtila et al., 2021). Moreover, studies also suggest young people perceive YPSWs as more reliable compared to non-peer staff, because YPSWs self-disclose lived experience of mental illness and hardships (Gopalan et al., 2017). Even though these studies underline the need for YPSWs in youth mental health services, most of these studies are small-scale program evaluations or studies to assess YPSW interventions for young people with a single disorder (Hopkins et al., 2020; Vojtila et al., 2021). An overview of the existing knowledge on YPSWs in youth mental health services is lacking. Such an overview can facilitate the involvement of YPSWs in practice as it can shed light onto the diverse YPSW roles, and barriers and facilitators for implementing and pursuing youth peer support programs.



Thus, to guide the involvement of YPSWs in practice and consequently improve mental health programs for young people with mental illness, an overview of the existing literature and knowledge gaps on YPSWs is required. Therefore, this study aims to systematically review current literature to identify what we know so far about the YPSW roles in treatment settings, and the barriers and facilitators for implementing and pursuing youth peer support programs in practice. Insight into these roles, barriers and facilitators will result in practical recommendations for embedding YPSWs in youth mental health services.

Methods

A research protocol for this systematic review was developed in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines (Page et al., 2022). This research protocol was registered in the International Prospective Register of Systematic Reviews (PROSPERO: registration number CRD42021236588).

Including a youth peer support worker on the review team

This systematic review was conducted in collaboration with a YPSW (MV) on the review team. The YPSW is specialized in research and has experience in delivering peer support to young people aged 12-18 inpatient at Curium, the department of child and adolescent psychiatry of the Leiden University Medical Center. The YPSW was actively involved during the screening stage of this systematic review and had an advisory role during the data synthesis process.

Search strategy

The search strategy was designed in collaboration with an experienced information specialist (JS). Studies published between January 2000 and June 2022 and meeting the inclusion criteria were screened. The following electronic databases were searched: PsycINFO (EBSCOhost), Embase (OVID), MEDLINE (OVID), Cochrane Library, Web of Science, PubMed, Emcare (OVID), Academic Search Premier (EBSCOhost), Social Services Abstracts (ProQuest), and Sociological Abstracts (ProQuest). The search strategy included a combination of controlled vocabulary words and free text words related to YPSWs, child and adolescent mental health services, and mental health problems within children and adolescents. After running a preliminary search, the search strategy was further adapted by including additional terms found in published articles on youth peer support (Gopalan et al., 2017; Ojeda et al., 2021b; Simmons et al., 2020). The complete search strategy can be found in appendix A. To avoid missing relevant publications, the reference lists of studies selected for data extraction were screened for additional studies. All identified studies were recorded in the reference management software EndNote®.

Eligibility criteria

- Both screening rounds (title and abstract screening in round one, and full text screening in round two) were done by two independent authors (CB and MV), using predefined inclusion and exclusion criteria. The process was recorded by the PRISMA flow diagram (see Fig. 1). To be included, studies had to meet the following criteria:
- Participant and intervention: studies on YPSWs supporting people aged 8–26 in youth mental health services. In this study youth mental health services referred to services ranging from primary care community services to specialist care mental health services (Brimblecombe et al., 2017). This study defined mental health problems as any behavioral, emotional, or developmental problem causing mild to severe impairment (Koning et al., 2019).
- Outcome: study outcomes reporting on YPSW roles (i.e., responsibilities, tasks and characteristics of YPSWs), and/or barriers (i.e., aspects that prevented or had negative outcomes on peer support work) and/or facilitators (i.e., aspects that improved, enabled, enhanced peer support work) of pursuing or integrating youth peer support workers.
- Study design: all study designs (i.e., qualitative, quantitative, and mixed-method) were included in this systematic review.
- Language and year: publications were included if they were peer reviewed, reported in English or Dutch, and were published between January 2000 and June 10, 2022. Since our aim was to provide an overview of methodologically rigorous information on youth peer support, we did not include grey literature (Gopalan et al., 2017).



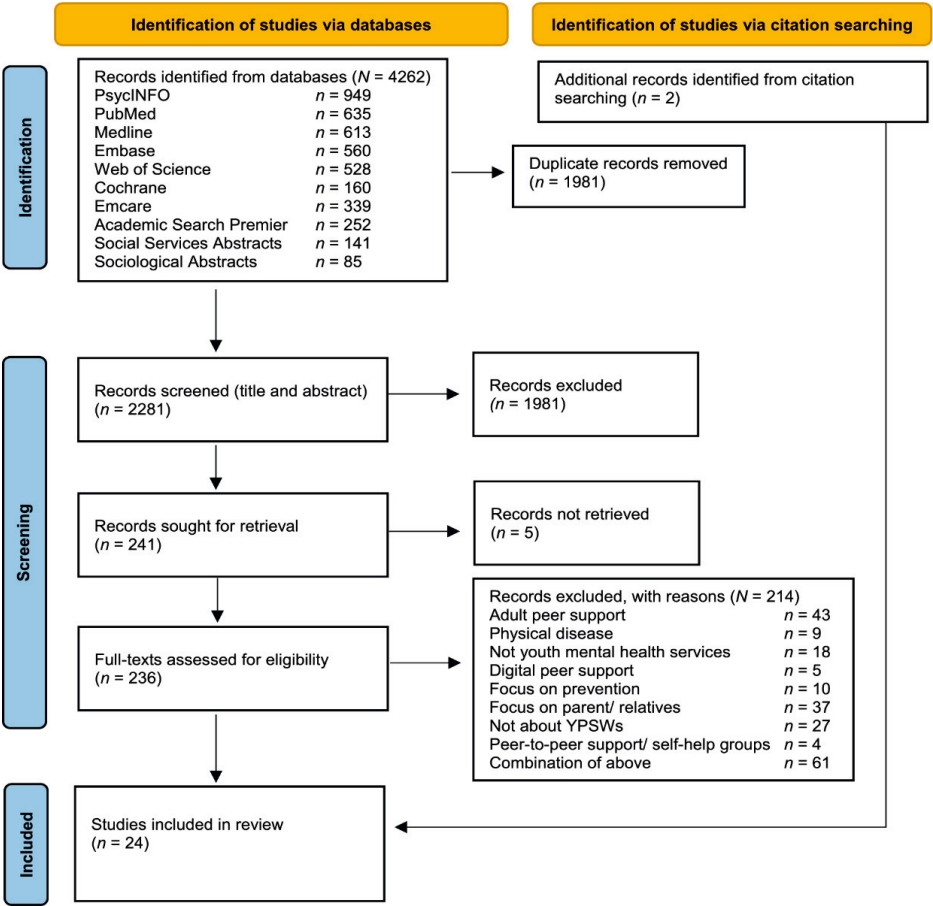


Figure 1. PRISMA flowchart

To ensure we collect as much information as possible on the characteristics of YPSWs, we included no age range for YPSWs in our eligibility criteria. Specific exclusion criteria were: studies focusing on PSWs in adult mental health services, YPSWs for the prevention of mental illness, YPSWs for parents and/or relatives, YPSWs for young people with a physical disease, and YPSWs in digital environments. However, digital interventions embedded in in-person services were included.

Data extraction and synthesis

After study selection took place, the first author (CB) carefully extracted the data under supervision of a qualified qualitative review author (LN). We used a pre-designed data extraction table with pre-designed data fields. The data extraction fields included the following study details: title, publication type, authors, date, study description and context, study methodology, sample demographics, interventions, and study quality appraisal. Moreover,

the following study outcomes were recorded based on our research questions: (1) the context and types of youth peer support; (2) the key features of YPSW roles; (3) the facilitators and barriers for implementing and pursuing peer support.

After data extraction took place, we started the thematic synthesis with the open coding of the key features of YPSW roles, and facilitators and barriers for implementing and pursuing youth peer support in practice (Thomas & Harden, 2008). This approach consisted of three steps and was conducted by the first author (CB) under supervision of another review author (LN). First, line-by-line coding of the included full text articles took place. Subsequently, descriptive themes were developed by grouping together similar codes from the first step and renaming them with an overarching code. Finally, the author (CB) went beyond the descriptive themes to generate subthemes to answer the review questions of this systematic literature review (Snilstveit et al., 2012). These overarching themes and subthemes were discussed multiple times in the review team to reach consensus.

Quality appraisal

The quality of the publications was assessed using the Critical Appraisal Skills Programme (CASP) 2018 checklists. Since the CASP checklists do not provide an overall score, the scoring system used in a study by Ibrahim et al. (2020) was applied. One point was given to each item that was rated with 'yes'. Items rated 'no' were given 0 points. Each CASP checklist consisted of 10 to 12 items. After completion, a percentage score was calculated for each checklist to grade the study quality. Studies scoring $\geq 60\%$ were graded as good quality, studies scoring 45–59% were graded as fair, and studies scoring $< 45\%$ were graded as poor (Ibrahim et al., 2020).

Strength of evidence

After completing data extraction, quality appraisal and thematic synthesis, the strength of evidence of the formulated themes was assessed. The strength of evidence was calculated for each subtheme based on the quality of studies, size of evidence, context, and consistency (Harbour & Miller, 2001; Nootboom et al., 2021; Ryan & Hill, 2016).

- Quality of studies: based on the critical appraisal checklists for individual studies the overall quality of the subtheme was assessed. Good (+): was awarded to subthemes made up of $> 75\%$ of studies appraised as high quality. Fair ($\pm$): was awarded to subthemes made up of 25–75% of high-quality studies. Poor (-): was awarded to subthemes made up of $< 25\%$ high-quality studies.
- Size of evidence: the size of evidence was calculated using the number of studies within a subtheme. Subthemes consisting of 10 or more studies were graded as large (+), subthemes made up of 5 to 9 studies were graded as medium ($\pm$), and subthemes made up of 4 or less studies were graded as small (-).
- Generalizability: the context of each subtheme was categorized into global or specific. General (+) was assigned to subthemes consisting of studies from a variety of contexts,



and specific (-) was assigned to subthemes made up of studies within the same specific context.

- Consistency: Subthemes made up of evidence pointing to similar conclusions were considered consistent (+), subthemes made up of mixed conclusions from multiple studies from different contexts were considered mixed ($\pm$), and subthemes made up of one or more studies from the same context that refutes the conclusions from other studies within the same context were graded as inconsistent (-).

Based on the scores assigned in each subscale (quality of studies, size of evidence, generalizability and consistency), the overall strength of evidence was calculated: very strong (++++), strong (+++), medium (++), weak (+), or no evidence (-).

Results

Study characteristics

A total of 24 studies were included for analysis in this systematic review. Of the 24 studies, all studies were published within the last 8 years (2014–2022). The included studies covered multiple settings, including: child and adolescent psychiatry services ($n = 12$), community services for youth with mental health problems ($n = 5$), youth offending services ($n = 3$), community services for homeless youth ($n = 3$), and a scoping review that discussed a variety of youth serving contexts ($n = 1$). Most of the included studies focused on youth peer support in outpatient settings ($n = 20$). A total of 23 studies reported on how YPSWs delivered peer support. In 4 studies, YPSWs delivered group peer support, in 5 studies, YPSWs delivered individual peer support, in 12 studies, YPSWs delivered both individual and group peer support, and in 2 studies, YPSWs provided lived experience insight to the organization and teams. In terms of age, most studies ($n = 17$) focused on youth peer support for young people aged 13 to 26. A total of 16 studies included details on the age range of the YPSWs. Of these studies, 6 reported on YPSWs in the same age range as the service users, 5 reported on YPSWs a few years older than the service users, and 5 studies reported on YPSWs of all ages. In the majority of studies, YPSWs were the primary respondents ($n = 15$). A total of 12 studies reported on YPSW supervision, 7 studies mentioned YPSWs received supervision from staff and 5 studies reported YPSWs received supervision both from staff and groups led by a peer supervisor.

The study methodology ranged across studies, 19 studies were descriptive, and 5 studies were analytic. The quality of the individual studies was assessed using the CASP checklists. We assessed 20 studies as high quality, and 3 studies were assessed as fair quality. One study was assessed as poor quality because it lacked a clear report on the methodology of data collection. In Appendix B an overview of the study characteristics can be found.

Outcomes

Axial coding resulted in a total of six roles for YPSWs in practice. See Table 1 for an overview of YPSW roles in youth mental health services and their associated strength of evidence. The coded barriers and facilitators were grouped together in overarching themes as they were often directly linked to one another. An overview of the themes and subthemes can be found in Table 2.

Table 1. Overview of the strength of evidence and roles YPSWs in treatment settings

Roles youth peer support workers	Number of studies	Quality of studies	Context	Consistency	Overall strength of evidence
Engagement role	21	Good	General	Consistent	Very strong
Emotional support role	17	Good	General	Consistent	Very strong
Navigating and planning role	11	Good	General	Consistent	Very strong
Advocacy role	10	Good	General	Consistent	Very strong
Research role	3	Fair	General	Consistent	Medium/ strong
Educational role	6	Good	General	Mixed	Strong

Table 2. Themes and subthemes for the barriers and facilitators in the implementation and pursuit of youth peer support services

Theme	Subtheme	Number of studies	Quality of studies	Context	Consistency	Strength of evidence
<i>Needs of YPSWs</i>	Supervision	12	Good	General	Consistent	Very strong
	Training and education	10	Fair	General	Consistent	Strong/very strong
	Flexibility	6	Fair	General	Consistent	Strong
<i>Experiences of YPSWs</i>	Identity transition	11	Good	General	Consistent	Very strong
	Control	2	Good	Specific	Consistent	Medium
	Personal factors associated with job success of YPSWs	7	Good	General	Consistent	Strong/very strong
<i>Relationship young service users & YPSWs</i>	Boundaries	10	Good	General	Consistent	Very strong
	Non- judgmental attitude	7	Good	General	Consistent	Strong/very strong
<i>Collaboration YPSWs and non-peer staff</i>	Concerns and attitudes	9	Good	General	Consistent	Strong/very strong
	Co- production	8	Good	General	Consistent	Strong/very strong
	Role clarity	12	Good	General	Mixed	Strong/very strong

Table 2. Themes and subthemes for the barriers and facilitators in the implementation and pursuit of youth peer support services (continued)

Theme	Subtheme	Number of studies	Quality of studies	Context	Consistency	Strength of evidence
<i>Organizational readiness</i>	Organizational requirements	14	Fair	General	Mixed	Strong
	Training non-peer staff	4	Good	General	Consistent	Strong
	Added value of YPSWs for the organization as a whole	10	Fair	General	Consistent	Strong/very strong

The section below first describes the roles for YPSWs in practice. Following the roles, the barriers and facilitators implementing YPSWs in practice will be described. To see a detailed overview of the study characteristics for the included studies please see appendix B. An overview of all themes, subthemes and the calculation of the strength of evidence can be found in appendix C. To improve readability, all studies included in the results received a study number.

Roles youth peer support workers in practice

The six roles we identified included: the engagement role, the emotional support role, the navigating and planning role, the advocacy role, the research role, and the educational role. Table 1 presents an overview of the strength of evidence for YPSW roles in treatment settings. A high score on the strength of evidence (strong to very strong) means that numerous high-quality studies in a variety of contexts point to similar results. In this section, we provide a detailed description of the six roles we identified in the literature.

Engagement role

The engagement role of YPSWs was reported in most of the included studies, and involves building trust, reaching out, reducing isolation, and (re-) engaging young persons in youth mental healthcare (1, 2, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 23, 24). YPSWs are uniquely qualified for this role as their lived experience enables YPSWs to start relationships grounded on equality, authentic empathy and a non-judgmental attitude (1, 2, 3, 4, 5, 8, 15, 19, 23). One study suggested that by sharing lived experience in response to topics discussed in group settings, YPSWs facilitate mutual sharing, which reduces isolation by reframing group participants' perception of struggling alone with mental health challenges (12). Moreover, YPSWs are often close in age to these young persons' using services. This allows YPSWs to engage young persons by offering developmentally and culturally appropriate support (1, 2, 3, 4, 7, 8, 11, 18, 19, 23). This deeper understanding of youth culture also allows YPSWs in the engagement role to assist services in changing the atmosphere to become more welcoming for young people (10, 22, 23). For example, one study described YPSWs can transform the

atmosphere of waiting rooms through comforting and talking to young service users by sitting with them while they wait for appointments (23). Furthermore, studies underlined the involvement of numerous YPSWs within services facilitates engagement of youth; it allows young persons to be matched to YPSWs based on ethnicity, background, and a variety of personal experiences (11, 19).

Emotional support

Within treatment settings, YPSWs can provide emotional support to young persons. In this role, a variety of studies reported that YPSWs empower, comfort, provide hope, sympathy, build trust, affirm, and manage expectation of young service users (1, 2, 4, 5, 6, 7, 8, 10, 12, 13, 14, 15, 16, 17, 20, 23, 24). By virtue of their lived experience, YPSWs have a deeper understanding of the issues presented by young service users. This deeper understanding enables YPSWs to validate feelings associated with adverse experiences, and to provide emphatic confrontation for current maladaptive behaviors (4, 15). Moreover, through modeling recovery, YPSWs can stimulate self-acceptance, positive identity formation, and give young person's perspective by providing a real-life example that recovery is attainable (4, 6, 7, 8, 15).

Navigating and planning role

Within the navigating and planning role, multiple studies described that YPSWs can support service users and treatment teams in prioritizing and planning treatment based on the personal goals of the young person (6, 7, 8, 11, 15, 21, 22, 23, 24). Moreover, many YPSWs have a wide range of experiences within the mental health care system. YPSWs can use these experiences to help young persons, staff and caretakers in navigating and finding appropriate mental health services (6, 8, 13, 20). For example, one study reported YPSWs can facilitate the transition from youth to adult mental health services by joining service users to intakes in adult services (13).

Advocacy role

YPSWs commonly have a large role in advocacy activities. Advocacy activities include: attending treatment team consultations, training staff, helping design policies within youth services, bridging service users and non-peer staff, and sharing stories to reduce stigma and discrimination towards people with mental illness (3, 7, 11, 12, 13, 15, 16, 20, 23, 24). YPSWs in the advocacy role can have collective benefits for the mental health service as a whole, including a culture change towards more recovery-oriented care (16, 23)

Research role

Another role for YPSWs is the research role. Three studies described when designing new programs, interventions, and evaluating services, having YPSWs in the role of researcher can give an "insider" perspective in the data analysis and design process. This ensures the program and interventions are relevant for the target population and deepens the understanding of the results (5, 7, 24).



Educational role

Finally, some studies described YPSWs can utilize lived experience to educate young persons, their friends and family about mental challenges in the educational role (7). Since YPSWs are realistic role models, they can set an example for finding meaning and moving on after having lived through mental distress. In doing so, YPSWs model skills, attitudes and behaviors to young service users (1, 8, 15). Besides, YPSWs can educate healthcare professionals by sharing experiential expertise and providing insight in the recovery process (20, 24). Education provided from a lived experience perspective to healthcare professionals can prompt a shift from a traditional clinical deficit model to recovery-focused care (20).

Barriers and facilitators

The barriers and facilitators for implementing and pursuing youth peer support were grouped together through overarching themes and subthemes. The thematic clustering resulted in 5 overarching themes and 14 subthemes. See Table 2 for an overview of the strength of evidence for each subtheme.

Theme 1: needs of youth peer support workers

The theme 'needs of youth peer support workers' was divided into the following three subthemes with barriers and facilitators: supervision, training and education, and flexibility. The strength of evidence for these subthemes was all rated strong to very strong.

Supervision

Multiple studies reported that supervision facilitates YPSWs in their jobs (3, 7, 9, 11, 12, 13, 18, 22, 23, 24). Supervisors are commonly mentors from clinical staff or experienced PSWs (12). Supervision can involve coaching YPSWs on establishing boundaries, understanding and processing interactions with staff and service users, helping YPSWs understand administrative aspects and organizational language, and supporting the personal development of YPSWs (5, 7, 13, 20, 22). Various studies reported that YPSWs often require more supervision compared to traditional clinical staff due to their young age, lack of role clarity, complex relationships with clients, and extensive use of personal lived experience (3, 5, 9, 20). According to multiple studies, supervisors need to be influential figures, with available time and resources to offer ad hoc support to meet the supervisory needs of YPSWs (5, 11, 18, 20, 22, 23). Moreover, studies indicate that supervision provided by experienced peer staff facilitates YPSWs to adhere to their unique values, authenticity and core objectives of peer support (5, 6).

Training and education

Next to supervision, (ongoing) training and education can also facilitate YPSWs in practice (3, 7, 9, 10, 13, 18, 20, 22, 23, 24). Studies reported YPSWs require skills to manage (personal) boundaries, empathize, reflect, engage and empower young people (7, 9, 13, 20). Moreover, YPSWs also need to have an understanding of mental health disorders, conflict management and recovery principles (7, 9, 13, 20). Some studies stressed that YPSWs require a certain level of education to perform the YPSW job well (7, 13, 20, 23). However, another study underlines

that the skills needed for on the ground implementation of YPSWs can differ significantly from the skills acquired during training (10). Therefore, work experience opportunities prior to employment, and training delivered by staff with experiential and clinical expertise further prepares YPSWs for the job (10, 20, 22).

Flexibility

As described in the subtheme “Role clarity”, the flexible nature of the YPSW role can be a barrier causing confusion for staff and YPSWs who need clarity and direction around the scope of the role (5, 22). At the same time, studies report that the personal strengths and experiences brought by YPSWs requires the roles and working schedules to be tailored towards their individual needs (3, 5, 9). Hence, a balance between flexibility and direction, whereby the job is consistently monitored and tailored towards the needs of the YPSW and the organization, is required (3, 5, 9, 22, 23, 24).



Theme 2: experiences of YPSWs

The theme “experiences of YPSWs” explores how (past) experiences, personal factors and personal development of YPSWs impacts the implementation and pursuit of youth peer support services. This theme was divided into three subthemes: identity transition, control and personal factors associated with job success. The strength of evidence for these subthemes ranged from medium to very strong.

Identity transition

Multiple studies reported that when YPSWs are first employed, they go through an identity shift from (ex-)service user to a more professional role (2, 3, 4, 9, 11, 13, 16, 20, 22, 23, 24). Research underlined that the progression towards this new identity takes time (4, 22). Given the age and level of work experience of these young YPSWs, the readiness to fully embrace this new status as a professional can lead to YPSWs experiencing anxiety (4, 22). Services can perceive this anxiety as a barrier to implement YPSWs. Time and space for YPSWs to explore this new identity facilitates confidence, recovery, wellbeing and readiness of YPSWs to fully embrace the role of YPSW (4, 9, 13, 16, 20, 22, 23).

Control

The subtheme control refers to the experienced control by YPSWs in the past and present and was only mentioned in studies within the juvenile justice context (15, 16). Working as a YPSW can empower former clients to regain control over past (adverse) experiences within the youth serving system, allowing them to rebalance their relationship with these services (15, 16). However, when treated unequally compared to non-peer staff, YPSWs can re-experience feelings of powerlessness and lack of control (15, 16).

Personal factors associated with job success of YPSWs

Overall, studies have found numerous personal factors that facilitate job success for YPSWs. To start, successful YPSWs often possessed adequate coping skills, resilience and the ability

to bounce-back when confronted with stressful situations at work (3). Moreover, the ability to be versatile and respond in a professional, nuanced, and authentic way in contact with young service users was also identified as an important quality for YPSWs to possess (5, 11, 20). In terms of personal recovery, studies underline the full absence of symptoms which is not required for the YPSW role; however, YPSWs need to be capable to self-reflect and reframe recovery as understanding what happened and moving on (3, 4, 5, 13, 23). One study found that having a supportive social network outside of work and the capacity to adhere to workplace social norms also increased acceptance, job satisfaction and credibility of YPSWs for youth mental health services (3). In terms of age, one study acknowledged that recency of lived experience increased applicability and relevance of YPSWs to young service users (23).

Theme 3: Relationship between clients and YPSWs

The theme 'relationship between clients and YPSWs' explores facilitators and barriers within client-YPSW relationships. This theme was divided into two subthemes: boundaries and non-judgmental attitude. The strength of evidence for these subthemes ranged from strong to very strong.

Boundaries

Challenges surrounding personal and professional boundaries of YPSWs were an often-reported barrier (2, 5, 7, 9, 10, 13, 15, 23). The disclosure of (past) service user status and experiences in recovery often leads to trust, genuine relationships, and equality between YPSWs and service users (2, 5, 7, 8, 10, 12, 13, 14). However, these feelings can also lead to desires by service users to form deeper relationships with YPSWs, making it hard for YPSWs to manage personal and professional boundaries (5, 9, 23). Therefore, YPSWs should be able to recognize and protect these subtle boundaries (5).

Non-judgmental attitude:

An often-reported facilitator in forming a good working relationship between service users and YPSWs is the non-judgmental attitude of YPSWs (4, 5, 6, 8, 13, 15, 24). Studies stressed that the lived experience of YPSWs creates a sense of familiarity for service users, allowing them to feel supported as they are, regardless of failure or growth (4, 5, 6, 8, 15). Moreover, many young people have a deep sense of mistrust in youth mental health services. The non-judgmental attitude gives YPSWs an 'outsider position', increasing service users' level of trust in treatment (15).

Theme 4: Collaboration YPSWs and non-peer staff

The theme 'collaboration YPSWs and non-peer staff' was divided into the subthemes: concerns and attitudes of YPSWs and non-peer staff, co-production, and role clarity. The strength of evidence for these subthemes ranged from strong to very strong.



Concerns and attitudes of YPSWs and non-peer staff

Studies showed several concerns and attitudes that negatively impacted the collaboration between YPSWs and non-peer staff. To start, concerns about privacy, professional boundaries and the confidentiality of service users working with YPSWs were often reported by non-peer staff (22). Moreover, due to the perceived vulnerability and young age of YPSWs, non-peer staff were unsure about putting too much accountability on YPSWs (2, 13, 20). As a result, YPSWs can feel belittled and ignored (3). In terms of attitudes, a power dichotomy and professional stigma between non-peer staff and YPSWs was often reported as a barrier; both the parties feared experiential knowledge and professional practice may clash (3, 9, 10, 23, 24).

Reported facilitators to support the involvement of YPSWs included: non-peer staffs' commitment towards involving YPSWs and creating recovery-oriented change, and joint preparation sessions to reflect on the added value of YPSWs in youth mental healthcare (3, 13, 20).

Co-production

Various studies reported co-production as a facilitator in the collaboration process between YPSWs and non-peer staff. Co-production is described by one study as the near equal share of power between two dichotomous groups in decision-making (16). Studies highlighted successful co-production requires YPSWs and non-peer staff to be equally engaged in the process (3, 5, 7, 9, 11, 16). However, it has been put forward that for successful co-production or co-creation to take place, non-peer staff must recognize it takes time for some YPSWs to learn and see themselves as equal contributors (3, 16, 23). Oftentimes YPSWs are new to the job, and they need guidance of non-peer staff (11). Therefore, it has been suggested that non-peer staff continually invite YPSWs to communicate their ideas and feedback for the program (5, 11, 24).

Role clarity

An often-reported barrier within the collaboration process between YPSWs and non-peer staff was a lack of understanding of YPSW roles. For YPSWs, this can lead to difficulties in setting role related boundaries, stress, burnout and job dissatisfaction (3, 5, 9, 11, 10, 13, 15, 20, 22). YPSW roles can be diverse and should be flexible to fit the needs of the organization (22, 23). However, this flexible and diverse nature of YPSW roles, blurs perceptions on the added value and goals of youth peer support, and creates inherent tension for YPSWs to navigate (5, 20, 21, 22, 23). As a result, YPSWs can be insecure on how to approach their jobs, and in relationships with staff and clients, YPSWs can be mistaken for clients (5, 13, 20, 22, 23).

Studies reported that in order to facilitate understanding of YPSW roles, it is important to have numerous team members with a clear vision of the tasks the YPSW will take on (13, 22). At the same time, YPSWs themselves must be able to educate non-peer staff about their added value (5, 23). Studies stressed it is essential not to introduce YPSWs directly into teams without preparing the workforce on all levels of the organization (2, 7, 13). Preparing the workforce

and having dedicated advocates for youth peer support within the organization results in an improved understanding of YPSW roles (3, 7, 13, 22, 23).

Theme 5: organizational readiness

The theme 'organizational readiness' explores the aspects required within organizations to support the implementation and pursuit of youth peer support work. Three subthemes were identified within this overarching theme: organizational requirements, training non-peer staff, and added value for the organization as a whole. The strength of evidence for these subthemes ranged from strong to very strong.

Organizational requirements

To allow for the implementation and pursuit of youth peer support work, the organization, its culture and all people working within it need to place high value on the expertise of people with lived experience (3, 9, 21). Various studies reported that the implementation of YPSWs requires robust planning and structuring on all levels of the organization to facilitate improved services for young people, benefit for the team as a whole, and the wellness of YPSWs (2, 3, 15, 21, 24). Moreover, in terms of financial and contractual needs, most studies agreed that organizations need to provide adequate financing to allow for the employment of YPSWs (7, 9, 10, 11, 16, 17, 20, 22, 24). Zero-hour contracts and voluntary positions can be a barrier for YPSWs to fully commit to the function (9, 10). Acceptable financing of YPSWs ensures YPSWs are treated as full team members and can provide YPSWs within the justice system with an alternative opportunity to making money instead of offending (9, 23).

Training non-peer staff

A number of studies agree that non-peer staff training facilitates the integration of YPSWs in treatment teams and organizations (7, 13, 20, 22). Staff training results in a better understanding of the YPSW roles and gives non-peer staff a supported space to ventilate their concerns and hopes for youth peer support (13). Successful training also provides non-peer staff with an understanding how they can utilize their personal lived experience to complement and support YPSWs (13, 20).

Added value YPSWs for the organization as a whole

Various studies underlined that when successfully implemented, YPSWs have the ability to change the atmosphere of the service to become more youth-friendly and drive forward recovery-oriented change (2, 3, 5, 13, 15, 21, 22, 24). This shift from a traditional medical model to a recovery-oriented system with YPSWs can improve training of clinicians, refine choices of care for young service users, and result in system wide policy changes (10). Moreover, involving YPSWs in services can decrease relapse rates and improve the quality of life of young service users (10, 13, 17, 22), which can consequently result in more (cost)-effective care (10, 13, 17, 22).

Discussion

This systematic review aimed to identify what we know so far about YPSW roles in treatment settings, and the barriers and facilitators for implementing and pursuing the employment of YPSWs in practice. Overall, the diversity of roles, barriers and facilitators highlight that the implementation and pursuit of youth peer support services is a multifaceted operation that requires careful planning. The variety of youth mental health services included in this review underline YPSWs can be a valuable addition to numerous youth treatment contexts, including: child and adolescent psychiatry services, community services for youth with mental health problems, youth offending services, and community services for homeless youth. This is further underlined by the numerous roles YPSWs can take on to add value to the support of young people with mild to severe mental health problems. The inclusion of YPSWs in youth mental health services can be effective in reducing disparities; YPSWs promote a diverse and inclusive workforce that is more representative of the young service users seeking help (Ojeda et al., 2021a; Ojeda et al., 2021b). YPSWs are valid role models for marginalized young people, as YPSWs commonly have lived experience being marginalized themselves (Ojeda et al., 2021a; Ojeda et al., 2021b). This is a large contrast to traditional clinical roles, requiring many years of expensive tertiary education, which is unattainable for many marginalized young people. The section below discusses the most commonly reported roles, barriers and facilitators in light of previous research.

In all roles, YPSWs actively utilize their age and lived experience to support the development and delivery of high-quality youth mental healthcare. The six roles outlined in this review describe the diverse perspectives and positions in which YPSWs act, with each role requiring different competences. The roles with the greatest strength of evidence in our review were the engagement role, the emotional support role, and the navigating and planning role. The findings for the engagement role and emotional support role are consistent with previous studies on peer support in adult mental health services. In both youth and adult mental health services (Y)PSWs promote hope, improve self-esteem, and facilitate treatment engagement of service users (Ojeda et al., 2021a; Repper & Carter, 2011; Pettitt, 2003; Gopalan et al., 2017; Hiller-Venegas et al., 2022; Lenkens et al., 2021). However, the young age of YPSWs means they often have additional impacts in the engagement role and emotional support role, impacts such as the ability to engage young people through facilitating youth friendly atmospheres and the ability to provide developmentally appropriate support (Ojeda et al., 2021a; Gopalan et al., 2017; Simmons et al., 2020; Creaney et al., 2020; Erangey et al., 2020; Hiller-Venegas et al., 2022; Lenkens et al., 2021; Simmons et al., 2017; Douglas et al., 2019). Within the navigating and planning role, YPSWs have the unique ability to facilitate young persons in their transition to adult mental health services (Lambert et al., 2014; Hiller Venegas et al., 2022). This role for YPSWs seems unique to youth mental health services.

Barriers and facilitators within the subtheme's role clarity, supervision, and identity transition were most often reported and appear to be interrelated. Role clarity seems crucial for a



successful implementation of YPSWs in practice (Hopkins et al., 2020; Oldknow et al., 2014). Echoing prior work on adult PSWs, our review pointed that a lack of role clarity results in a difficulty to maintain role related boundaries and leads to blurred perceptions of youth peer support by non-peer staff and service users (Hopkins et al., 2020; Oldknow et al., 2014; Simmons et al., 2020; Erangey et al., 2020; Delman & Klodnick et al., 2017; Kemp & Henderson et al., 2012). Our review pointed that supervision by mentors from (peer) staff facilitates YPSWs in establishing clear role boundaries (Lambert et al., 2014; Delman & Klodnick et al., 2017). Besides, in agreement with previous research on adult PSWs, our review stressed that supervision facilitates the personal and professional development of YPSWs, and supports YPSWs in processing and understanding complex interactions and relationships with service users and (non-peer) staff (Gopalan et al., 2017; Kemp & Henderson et al., 2012). Finally, multiple studies in our review stressed that mental health services need to pay attention to the identity transition that many YPSWs experience. The young age and shift from (ex-) service user to a more professional status can be an anxiety inducing time for YPSWs (Simmons et al., 2018; Simmons et al., 2020). Time and resources to guide and supervise newly hired YPSWs facilitates the readiness of YPSWs to fully embrace their newly achieved professional status (Simmons et al., 2018; Simmons et al., 2020).

The subtheme 'Concerns and attitudes of YPSWs and non-peer staff' warrants further discussion. Our review addressed that professional stigma and power dichotomy constitutes a barrier in the collaboration process between YPSWs and non-peer staff (Hopkins et al., 2020; Vojtila et al., 2021; Simmons et al., 2020; Hodgson et al., 2019; Delman & Klodnick, 2017). In agreement with a recent narrative review by Mirbahaeddin & Chreim (2022), the power dichotomy and professional stigma of non-peer staff is influenced by the underlying dominance of medical model culture that prevails in numerous mental health services. Within the medical model culture, a hierarchical structure exists whereby having a clinical or medical background is favored, and treatment is highly protocolized (Mirbahaeddin & Chreim, 2022). This medical model culture opposes the core principles of peer support based on experiential expertise, empowerment of service users, the self-determination philosophy and recovery (Mirbahaeddin & Chreim, 2022; Byrne et al., 2016). These opposing values form a barrier to the implementation of YPSW roles in organizations (Mirbahaeddin & Chreim, 2022). While training of YPSWs and non-peer staff by trainers with clinical expertise and experiential expertise facilitates the implementation of YPSWs in practice (Hopkins et al., 2020; Oldknow et al., 2014; Simmons et al., 2018), a deeper understanding on how experiential expertise can be legitimized next to clinical expertise is required (Mirbahaeddin & Chreim, 2022; Gillard, 2019).

Recommendations for employing YPSWs in practice

Overall, the results on the barriers and facilitators of this review allow for several practical recommendations to implement YPSWs in practice. We discuss these recommendations in depth below.

**Recommendation 1: Set clear and realistic expectations for YPSWs**

First, to fully benefit from the (experiential) expertise and authenticity of YPSWs, we advise services to set clear and realistic expectations for YPSWs. The barriers, facilitators and numerous YPSW roles outlined in this review demonstrate that the level of experience and skills required for delivering youth peer support work is high (Lambert et al., 2014; Oldknow et al., 2014; Gopalan et al., 2016; Hodgson et al., 2019). Given the young age of YPSWs and lack of standardization of youth peer worker credentials, these high expectations may be unrealistic and can lead to exclusion of potentially successful YPSWs (Gopalan et al., 2017). Allow for a certain level of flexibility in guidelines to meet the (personal) needs of YPSWs and services (Vojtila et al., 2021).

Future research should investigate the extent to which YPSW roles can be professionalized while simultaneously protecting the authenticity of YPSWs. Professionalization of YPSWs roles ensures more clarity and direction around the expectations for YPSWs, and allows YPSWs to be legitimized in services favoring a traditional medical model (Gillard, 2019). However, professionalization of YPSW roles can also push YPSWs into more generic ways of working. With these generic ways of working comes the risk of YPSWs losing their authenticity (Rebeiro et al., 2016).

Recommendation 2: consider potential power imbalances in the collaboration process between YPSWs and (non)-peer staff

Second, when implementing YPSWs into existing youth mental health services, consider potential power imbalances in the collaboration process between YPSWs and other (non-peer) staff. YPSWs and (non-peer) staff both utilize different sets of expertise (experiential expertise versus clinical expertise). To ensure a successful collaboration between YPSWs and other (non-peer) staff, all staff must place equal value on both clinical expertise and experiential expertise (Oldknow et al., 2014; Erangey et al., 2020). Team preparation sessions, training of YPSWs, and training of (non-peer) staff can allow for a successful collaboration between YPSWs and other (non-peer) staff Oldknow et al., 2014).

While adequate financial compensation for YPSWs also ensures they are treated as full team members (Simmons et al., 2020), the core principles of fostering mutuality and the ability of YPSWs to address power imbalances are compromised. When YPSWs are employed as full team members, they have to comply with demands and expectations of their employees, this puts pressure on their role and the ability for peer support to occur (Gillard, 2019). Practice would benefit from deeper insights into the factors influencing the collaboration process between YPSWs and (non-peer) staff.

Recommendation 3: provide adequate time and resources to assist the personal and professional development of YPSWs

Third, we recommend services to provide adequate time and resources to assist the personal and professional development of YPSWs. YPSWs have added value for services based on

their young age, developmental stage and lived experience (Ojeda et al., 2021a; Gopalan et al., 2017; Simmons et al., 2020; Creaney, 2020; Eranegy et al., 2020; Lenkens et al., 2021; Delman & Klodnick, 2017; Douglas et al., 2019). Due to this young age, ongoing development to adulthood, and lack of professionalization of YPSW credentials, YPSWs often require substantial guidance and training (Gopalan et al., 2017; Hodgson et al., 2019). Adequate time, resources and supervision on the job support YPSWs to reach their full potential (Hodgson et al., 2019; Delman & Klodnick, 2017).

An extensive evaluation into which characteristics differentiate YPSWs from adult PSWs would be beneficial to create developmentally appropriate support structures and trainings for YPSWs (Gopalan et al., 2017). In addition, 12 studies in our review disclosed information on whether supervision was provided by clinical staff, experienced peer staff or both. Studies indicate that receiving supervision from experienced peer staff facilitates YPSWs to adhere to their unique values and core objectives of peer support (Erangey et al., 2020; Erangey et al., 2022). A more extensive comparison of the experiences of YPSWs who were supervised by clinical staff and those supervised by experienced peer workers would provide valuable insight into the supervisory needs for YPSWs on the job. It would also provide insight in whether or not experienced peer staff are better at recognizing and addressing barriers faced by YPSWs.

Recommendation 4: approach the implementation of YPSWs with a growth mindset

Finally, we recommend that organizations, its culture and all people working within it approach the implementation of YPSWs with a growth mindset. The implementation of YPSWs impacts all levels of the organization (Lambert et al., 2014). Once successfully implemented YPSWs can facilitate a shift from a traditional mental health system to a recovery-oriented system (Hopkins et al., 2020; Lambert et al., 2014). Among others, this transition can impact staff training, treatment options and result in system wide policy changes (Hopkins et al., 2020). Hence, it is crucial to embrace change and prepare all people within the organization for the change process (Lambert et al., 2014).

Strengths and limitations

Our study has several strengths. First, this study was conducted in collaboration with a YPSW specialized in research. The active role of the YPSW in screening process was beneficial for the YPSW himself; it allowed him to broaden his knowledge on the topic of youth peer support. Moreover, the advisory role of the YPSW during the data synthesis provided the review team with valuable insider perspective into youth peer support, which deepened our understanding of the results (Erangey et al., 2020). In addition, to our knowledge this is the first study that systematically reviews the globally available peer reviewed literature on youth peer support in youth mental health services. Through designing the search strategy with an information specialist, and registering the research protocol in PROSPERO, we were able to systematically identify and review the available literature on youth peer support. The qualitative and descriptive nature of our review allowed for deep insight into the nuances and process of implementing and pursuing youth peer support.

This study also comes with some limitations. To start, our review provides insight into the existing knowledge on YPSW roles in treatment settings and gives recommendations for implementing YPSWs in practice. However, as pointed by Gillard (2019), we should be careful not to see valuable youth peer support as YPSWs that fit well within the traditional medical model commonly promoted by mental health services. When we take youth peer support from the real world and mold it into existing mental health services, we risk YPSWs become another type of mental health worker there to fix the broken mind (Gillard, 2019). The added value of youth peer support opposes this medical model and is grounded within the authenticity of YPSWs, focusing on a strength based model and non-judgmental reciprocal relationships there to help others grow and find meaningful places within society. Thus, future research should focus on the values underpinning youth peer support, and should explore how we can support YPSWs to bring their unique set of experiential expertise and values to different practices. In line with Gillard (2019), we as researchers need to resist the allure of the evidence base, the need to replicate YPSWs roles in para-clinical roles as the superior peer support for different settings. It is important that we gain deeper insight in what youth peer support can be in the context of existing mental health services. We must consider that the purpose and outcome measures of research should differ depending on the outcomes important to young people and YPSWs in different settings (Gillard, 2019).

Moreover, in spite of our efforts to include a wide range of culturally diverse studies, the studies on youth peer support included in this review were all conducted in high-income westernized countries, such as: Australia, the United Kingdom, the United States, Canada, Germany, Denmark, and the Netherlands. Therefore, the cross-cultural generalizability might be limited. A deeper understanding on how youth peer support is implemented in low-income countries and different cultural contexts, is essential to capture how the core principles of peer support can be translated to various low income and culturally diverse settings (Simmons et al., 2022). Besides, it allows for more insight into the relational, psychosocial and organizational benefits of peer support (Simmons et al., 2022).

In addition, our review is the first effort towards describing the existing evidence base for youth peer support for young people with a variety of mental health problems. However, the diverse array of youth serving contexts and mental health problems included within this review could have diluted some of the unique impacts YPSWs have in different settings. Besides, we were unable to find studies set in substance abuse services. This is surprising as peer support has a lengthy history in addiction treatment and has become an accepted part of treatment for substance use disorders (Shalaby & Agyapong, 2020). Yet, to date studies on peer support in substance abuse services mainly concerns adults (Du Plessis et al., 2020). Case studies should be undertaken to provide nuance and clarity around the goals and importance of youth peer support for YPSWs and young people with diverse mental health challenges in different youth serving contexts.



Finally, our review specifically focused on YPSWs for young people with mild to severe mental health problems. Our review did not include evidence on (youth) peer support for parents and caretakers. We acknowledge that parents and caretakers can play an important role in the treatment of young people with mild to severe mental health problems (Shalaby & Agyapong, 2020). Therefore, we recommend future studies to review the roles, implementation and outcomes of (Y)PSWs for parents and caretakers of young people with mild to severe mental illness.

Conclusion

This systematic review identified the available knowledge on YPSW roles in treatment settings, and the barriers and facilitators for implementing and pursuing youth peer support in practice. Our review demonstrated that the roles of YPSWs, barriers and facilitators for implementing YPSWs seem applicable to a variety of youth mental health services. YPSWs have the ability to offer authentic and developmentally appropriate support to young people with mental and behavioral problems. To guide the involvement of YPSWs in practice, we recommend services to set realistic and clear expectations for YPSWs, consider potential power imbalances in the collaboration process between YPSWs and (non-peer) staff, provide adequate time and resources to assist the personal and professional development of YPSWs, and to approach the implementation of YPSWs with a growth mindset.

Statements

Data availability: The datasets generated and analyzed during the current study are available from the corresponding author on reasonable request.

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Chapter 2

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Appendix A

Search Strategy

The search strategy was developed in collaboration with information specialist. The search strategy was originally developed for PsycINFO (EBSCOhost), and subsequently adapted for the other databases. Details of the complete search strategy can be obtained from the authors. See also figure 1 for a PRISMA flowchart with more information on the search strategy and included databases.

PsycINFO Search Strategy

Filter: Publication date 1-1-2000 to 10-6-2022

((TX("experts by experience" OR "expert by experience" OR "experience expertise" OR "experts by experienc*" OR "expert by experienc*" OR "experience expert*" OR "Patient expertis*" OR "Patients expertis*" OR "Patient's expertis*" OR "Patients' expertis*" OR "Client expertis*" OR "Clients expertis*" OR "Client's expertis*" OR "Clients' expertis*") OR TI("youth peer advocate" OR "peer helper" OR "peer specialist" OR "peer educat*" OR "peer counselor" OR "peer led" OR "peer lead*" OR "peer-to-peer" OR "peer support*" OR "peer facilitat*" OR "peer outreach" OR "peer assist*" OR "near peer" OR "peer mentor" OR "peer counseling" OR "peer counselor*" OR "PYA" OR "peer advocate*" OR "peer youth counselor") OR SU("youth peer advocate" OR "peer helper" OR "peer specialist" OR "peer educat*" OR "peer counselor" OR "peer led" OR "peer lead*" OR "peer-to-peer" OR "peer support*" OR "peer facilitat*" OR "peer outreach" OR "peer assist*" OR "near peer" OR "peer mentor" OR "peer counseling" OR "peer counselor*" OR "PYA" OR "peer advocate*" OR "peer youth counselor") OR DE(peer counseling) OR TI(("patient*" OR "client*") AND "expertis*") OR SU(("patient*" OR "client*") AND "expertis*") OR TX("formal peer support" OR "peer support worker" OR "peer support workers" OR "peer support intervention" OR "peer support interventions" OR "peer support provider" OR "peer support providers" OR "peer support program" OR "peer support program*" OR "peer support specialist" OR "peer support specialists" OR "peer support staff" OR "peer support team" OR "peer worker" OR "peer workers" OR ("peer" N3 ("worker" OR "workers"))) OR (("formal support" OR "formal support*") AND ("Peer Group" OR "peer" OR "peers")))) AND (TI("Child Psychiatry" OR "Adolescent Psychiatry" OR "Psychology, Child" OR "Psychology, Adolescent" OR "Child Mental Health Services" OR "Youth Mental Health Services" OR "Adolescent Mental Health Services" OR "Child Mental Health Service" OR "Youth Mental Health Service" OR "Adolescent Mental Health Service" OR ("Mental Health Services" OR "Mental Health" OR "Mental Health" OR "Mental Disorders" OR "mental disorder*" OR "mental disease*" OR "psychiatr*" OR "psychological illness" OR "anxiety" OR "stress" OR "Depression" OR "Behavioral Symptoms" OR "Affective Symptoms" OR "Affective Symptom" OR "Aggression" OR "Agonistic Behavior" OR "Agonistic Behaviour" OR "Bullying" OR "Burnout" OR "catatonia" OR "Compassion Fatigue" OR "Delusion" OR "Delusions" OR "Depersonalisation" OR "Depersonalization" OR "Depression" OR "Encopresis" OR "Enuresis" OR "Functional Hearing Loss" OR "functional hearing loss" OR "Malingering" OR "Mental

Fatigue" OR "Obsessive Behavior" OR "Obsessive Behaviour" OR "Paranoid Behavior" OR "Paranoid Behaviour" OR "Problem Behavior" OR "Problem Behaviour" OR "Psychogenic Polydipsia" OR "Schizophrenic Language" OR "Self Mutilation" OR "Self-Injurious Behavior" OR "Self-Injurious Behaviour" OR "Stalking" OR "Suicide" OR "Wandering Behavior" OR "Wandering Behaviour" OR "Acquired Dyslexia" OR "Adjustment Disorder" OR "Adjustment Disorders" OR "Affective Disorder" OR "Affective Disorders" OR "Agoraphobia" OR "Alcohol-Related Disorder" OR "Alcohol-Related Disorders" OR "amnesia" OR "Amphetamine-Related Disorders" OR "Anorexia Nervosa" OR "Antisocial Personality Disorder" OR "Antisocial Personality Disorders" OR "Anxiety Disorder" OR "Anxiety Disorders" OR "Attention Deficit" OR "Attention Deficits" OR "autism spectrum disorder" OR "autism spectrum disorders" OR "autism" OR autistic* OR "Asperger Syndrome" OR Asperger* OR "Kanner's Syndrome" OR "Kanner Syndrome" OR "Child Development Disorders, Pervasive" OR "PDD-NOS" OR "pervasive developmental disorder not otherwise specified" OR "pervasive child development disorders" OR "Avoidant Restrictive Food Intake Disorder" OR "Binge-Eating" OR "Bipolar Disorder" OR "Bipolar Disorders" OR "Body Dysmorphic" OR "Body Dysmorphic Disorders" OR "Body Integrity Identity" OR "Body Integrity Identity Disorder" OR "Borderline Personality" OR "Borderline Personality Disorder" OR "Bulimia Nervosa" OR "Capgras Syndrome" OR "Child Behavior Disorder" OR "child behavior disorders " OR "Child Development Disorders" OR "cocaine related disorder " OR "Cognition Disorder" OR "Cognition Disorders" OR "Communication Disorder" OR "Communication Disorders" OR "Compulsive Personality Disorder" OR "Compulsive Personality Disorders" OR "Conduct Disorder" OR "Conduct Disorders" OR "Consciousness Disorder" OR "Consciousness Disorders" OR "Conversion Disorder" OR "Conversion Disorders" OR "Cyclothymic Disorder" OR "Cyclothymic Disorders" OR "Delirium" OR "Delusional Parasitosis" OR "Dementia" OR "Dependent Personality Disorder" OR "Dependent Personality Disorders" OR "Depressive Disorder" OR "Depressive Disorders" OR "Developmental Disabilities" OR "Developmental Disability" OR "Diabulimia" OR "Disruptive Behavior" OR "Disruptive Behaviour" OR "Disruptive Disorder" OR "Disruptive Disorders" OR "Dissociative Disorder" OR "Dissociative Disorders" OR "Dissociative Identity Disorder" OR "Dissociative Identity Disorders" OR "Dyspareunia" OR "Dyssomnia" OR "Dyssomnias" OR "Eating Disorder" OR "Eating Disorders" OR "Elimination Disorder" OR "Elimination Disorders" OR "Encopresis" OR "Enuresis" OR "Erectile Dysfunction" OR "Exhibitionism" OR "Factitious Disorder" OR "Factitious Disorders" OR "Feeding Disorder" OR "Feeding Disorders" OR "Fetishism" OR "Firesetting Behavior" OR "Firesetting Behaviour" OR "Food Addiction" OR "Gambling" OR "Gender Dysphoria" OR "Gender Dysphorias" OR "Histrionic Personality Disorder" OR "Histrionic Personality Disorders" OR "Hypochondria" OR "Hypochondriasis" OR "Impulse Control Disorder" OR "Impulse Control Disorders" OR "Inhalant Abuse" OR "Intellectual Disabilities" OR "Intellectual Disability" OR "Learning Disabilities" OR "Learning Disability" OR "Marijuana Abuse" OR "Marijuana Use" OR "Masochism" OR "Mood Disorder" OR "Mood Disorders" OR "Morgellons Disease" OR "Motor Disorder" OR "Motor Disorders" OR "Motor Skills Disorder" OR "Motor Skills Disorders" OR "mutism" OR "Neonatal Abstinence Syndrome" OR "Neurasthenia" OR "Neurocirculatory Asthenia" OR "Neurocognitive Disorder" OR "Neurocognitive Disorders"

OR "Neurodevelopmental Disorder" OR "Neurodevelopmental Disorders" OR "Neurotic Disorder" OR "Neurotic Disorders" OR "Neurotic Disorders" OR "Night Eating Syndrome" OR "Obsessive-Compulsive Disorder" OR "Obsessive-Compulsive Disorders" OR "Paedophilia" OR "Panic Disorder" OR "Panic Disorders" OR "Paranoid Disorder" OR "Paranoid Disorders" OR "Paranoid Personality Disorder" OR "Paranoid Personality Disorders" OR "Paraphilic Disorder" OR "Paraphilic Disorders" OR "Parasomnia" OR "Parasomnias" OR "Passive-Aggressive Personality Disorder" OR "Passive-Aggressive Personality Disorders" OR "Pedophilia" OR "Personality Disorder" OR "Personality Disorders" OR "Phencyclidine Abuse" OR "Phobic Disorder" OR "Phobic Disorders" OR "Pica" OR "Premature Ejaculation" OR "Psychoses" OR "Psychosis" OR "Psychotic Disorder" OR "Psychotic Disorders" OR "reactive attachment disorder" OR "Relative Energy Deficiency in Sport" OR "Rumination Syndrome" OR "Sadism" OR "Schizoid Personality Disorder" OR "Schizoid Personality Disorders" OR "Schizophrenia" OR "Schizophrenia" OR "Schizophrenia Spectrum and Other Psychotic Disorders" OR "Schizotypal Personality Disorder" OR "schizotypal personality disorders" OR "Sexual Dysfunction" OR "Sexual Dysfunctions" OR "Sleep Wake Disorder" OR "Sleep Wake Disorders" OR "Somatoform Disorder" OR "Somatoform Disorders" OR "Stereotypic Movement Disorder" OR "Stereotypic Movement Disorders" OR "Stress Disorder" OR "stress disorders" OR "Substance Abuse" OR "Substance Withdrawal Syndrome" OR "Substance-Related Disorder" OR "Substance-Related Disorders" OR "Tic Disorder" OR "Tic Disorders" OR "Tobacco Use Disorder" OR "Tobacco Use Disorders" OR "Transvestism" OR "Trauma and Stressor Related Disorders" OR "Trichotillomania" OR "Vaginismus" OR "Voyeurism" OR "Psychiatry" OR "Psychiatric Nursing" OR "Psychology")) OR SU("Child Psychiatry" OR "Adolescent Psychiatry" OR "Psychology, Child" OR "Psychology, Adolescent" OR "Child Mental Health Services" OR "Youth Mental Health Services" OR "Adolescent Mental Health Services" OR "Child Mental Health Service" OR "Youth Mental Health Service" OR "Adolescent Mental Health Service" OR ("Mental Health Services" OR "Mental Health" OR "Mental Health" OR "Mental Disorders" OR "mental disorder*" OR "mental disease*" OR "psychiatr*" OR "psychological illness*" OR "anxiety" OR "stress" OR "Depression" OR "Behavioral Symptoms" OR "Affective Symptoms" OR "Affective Symptom" OR "Aggression" OR "Agonistic Behavior" OR "Agonistic Behaviour" OR "Bullying" OR "Burnout" OR "catatonia" OR "Compassion Fatigue" OR "Delusion" OR "Delusions" OR "Depersonalisation" OR "Depersonalization" OR "Depression" OR "Encopresis" OR "Enuresis" OR "Functional Hearing Loss" OR "functional hearing loss" OR "Malingering" OR "Mental Fatigue" OR "Obsessive Behavior" OR "Obsessive Behaviour" OR "Paranoid Behavior" OR "Paranoid Behaviour" OR "Problem Behavior" OR "Problem Behaviour" OR "Psychogenic Polydipsia" OR "Schizophrenic Language" OR "Self Mutilation" OR "Self-Injurious Behavior" OR "Self-Injurious Behaviour" OR "Stalking" OR "Suicide" OR "Wandering Behavior" OR "Wandering Behaviour" OR "Acquired Dyslexia" OR "Adjustment Disorder" OR "Adjustment Disorders" OR "Affective Disorder" OR "Affective Disorders" OR "Agoraphobia" OR "Alcohol-Related Disorder" OR "Alcohol-Related Disorders" OR "amnesia" OR "Amphetamine-Related Disorders" OR "Anorexia Nervosa" OR "Antisocial Personality Disorder" OR "Antisocial Personality Disorders" OR "Anxiety Disorder" OR "Anxiety Disorders" OR "Attention Deficit" OR "Attention Deficits"



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Appendix B

Study Characteristics

Study number	Study	Design (method)	Country	Setting	Description of peer support intervention or service	Type of peer support	Position of YPSW (paid/ volunteer) diagnosis	Respondents (n)	Quality ¹	
1	Coulombe et al.(2020)	Analytic (Prospective cohort study)	Canada	Community mental health setting	Adapted peer-clinician led young adult DBT program.	Individual and group peer support	No details provided.	Young people aged 16-29 (mean age 24.7 years) with suicidal ideation and symptoms of borderline personality disorder.	Young people (n = 76)	Fair
2	Creaney (2020)	Descriptive (Interviews & literature review)	England	Youth offending service	Exploratory interviews on youth peer support with young people and non-peer clinical staff.	Not applicable	Not applicable.	Young people on court orders.	Young people aged 13 - 18 (n = 20) Non-peer clinical staff (n = 20)	Good

Study number	Study	Design (method)	Country	Setting	Description of peer support intervention or service	Type of peer support	Position of YPSW (paid/volunteer)	Principal problem or diagnosis	Respondents (n)	Quality ¹
3	Delman & Klodnick (2017)	Descriptive (Focus groups)	USA	Community mental health treatment settings for young people with serious mental illness	YPSWs were implemented in various roles in two community mental health settings. Job focus varied from peer bridging and peer navigating, to providing vocational support.	Individual and group peer support	YPSWs were employed and paid.	A variety of serious mental health conditions, including: bipolar disorder, major depression, and schizophrenia.	YPSWs aged 21 -26 (n = 7) Supervisors of YPSWs (n = 7)	Good
4	Douglas et al. (2019)	Descriptive (Interviews)	Australia	Community service for at risk young people	Community peer mentoring program for at risk young people, the program offers weekly support groups and second monthly weekend Camps.	Group peer support	Volunteer program for YPSWs.	At risk youth with (past) trauma(s).	YPSWs aged 18 – 23 (n = 12)	Good

Study number	Study	Design (method)	Country	Setting	Description of peer support intervention or service	Type of peer support	Position of YPSW (paid/volunteer)	Principal problem or diagnosis	Respondents (n)	Quality ¹
5	Erangye et al. (2020)	Descriptive (Participatory research, journaling, and semi-structured interviews)	USA	Community program for homeless youth	Community-based program called Recovery Support Services (RSS) in which YPSWs engage and build relationships with young people experiencing homelessness.	Individual and group peer support	YPSWs were paid and employed	Young people aged below 25 experiencing homelessness and addiction or mental health problems.	Program manager (n = 1) Peer supervisor (n = 1) Non-peer clinician and supervisor (n = 1) YPSWs (n = 2)	Good
6	Erangye et al. (2022)	Descriptive (Participatory research, journaling, and semi-structured interviews)	USA	Community program for homeless youth	Community-based program called Recovery Support Services (RSS) in which peer support specialists engage and build relationships young people experiencing homelessness.	Individual and group peer support	YPSWs were paid and employed	Young people below the age of 25 experiencing homelessness and addiction or mental health problems.	Program manager (n = 1) Peer supervisor (n = 1) Non-peer clinician and supervisor (n = 1) YPSWs (n = 2)	Good



Study number	Study	Design (method)	Country	Setting	Description of peer support intervention or service	Type of peer support	Position of YPSW (paid/volunteer)	Principal problem or diagnosis	Respondents (n)	Quality ¹
7	Gopalan et al. (2017)	Descriptive (Scoping review)	USA	Variety of settings in the child serving system	Studies on youth peer led, peer delivered and peer-to-peer services in the child serving system	Reviews both individual and group peer support.	Not applicable	Young people 25 years or younger with mental, behavioral and/or emotional problems.	Published and unpublished studies on youth peer support (n = 30)	Good
8	Hiller-Venegas et al. (2022)	Descriptive (Focus groups)	USA	Six county funded mental health programs serving transition aged youth with serious mental illness.	Focus groups to investigate transition aged youth perception of support received by YPSWs.	Individual and group peer support	YPSWs were employed within six programs. No details on whether they were paid or volunteered.	Young people aged 16 – 24 with serious mental illness.	Young people (n = 24)	Good
9	Hodgson et al. (2019)	Descriptive (Participatory research and interviews)	England	Community service for young people involved in offending	Employment scheme and training for YPSWs. The YPSWs helped engage, co-produce and run the service.	Individual and group peer support	Employment scheme.	Young people involved in offending.	Non-peer clinical staff (n = 4) YPSWs (n = 2)	Good

Study number	Study	Design (method)	Country	Setting	Description of peer support intervention or service	Type of peer support	Position of YPSW (paid/volunteer)	Principal problem or diagnosis	Respondents (n)	Quality ¹
10	Hopkins et al. (2020)	Descriptive (Survey and interviews)	Australia	Clinical child and adolescent mental health service	This study follows the implementation of peer support workers. Peer support workers were part of the recovery program and had several roles, including but not limited to mentoring, providing advice, and organizing social activities.	Individual and group peer support	Paid	Young people aged 12–25 years with psychosis.	Survey: Non-peer (clinical and management) staff: round 1 (n = 38), round 2 (n = 24). Interviews: Youth peer support workers, clinical staff and management staff (n = 9)	Fair



Study number	Study	Design (method)	Country	Setting	Description of peer support intervention or service	Type of peer support	Position of YPSW (paid/volunteer)	Principal problem or diagnosis	Respondents (n)	Quality ¹
11	Kidd et al. (2019)	Descriptive (Cohort study, quantitative descriptive metrics, interviews and fieldnotes)	Canada	Multiagency tertiary prevention program for youth who have experienced homelessness	Peer support workers were full team members within the multidisciplinary teams. Peer support workers engaged, mentored, ran a drop-in service and facilitated social outings.	Individual and group peer support	Paid	Young people aged 18 – 26 who have experiences homelessness.	Young people (n = 31) Case managers (n = 2) Psychologist (n= 2) YPSWs (n = 2)	Good
12	King and Simmons (2022)	Descriptive (Interviews)	Australia	Tertiary youth mental health service	Groups facilitated by two clinicians and a trained YPSWs.	Group peer support	Reimbursed as volunteers at an hourly rate.	Young people aged 15 – 25 receiving care for clinically significant and complex mental health challenges.	Young people (n = 13)	Good

Study number	Study	Design (method)	Country	Setting	Description of peer support intervention or service	Type of peer support	Position of YPSW (paid/volunteer)	Principal problem or diagnosis	Respondents (n)	Quality ¹
13	Lambert et al. (2014)	Descriptive (Interview, focus groups and surveys)	England	Three clinical child and adolescent mental health services	YPSWs supported young people in the process of transitioning to adult mental health services.	Individual peer support	Paid	Young people with mental illness transitioning to adult mental health services.	YPSWs (n = 6) Non-peer staff: (n = not reported) Peer support trainer (n = not reported)	Good
14	Lauridsen et al. (2022)	Descriptive (Interviews and survey)	Denmark	Community program for youth experiencing symptoms of anxiety and/or depression	Group-based intervention called "Coping with anxiety and Depression" led by YPSWs.	Group peer support	volunteer	Young people aged 15 - 25 with self-assessed or previous symptoms of anxiety and/or depression.	Young people (n = 483)	Good



Study number	Study	Design (method)	Country	Setting	Description of peer support intervention or service	Type of peer support	Position of YPSW (paid/volunteer)	Principal problem or diagnosis	Respondents (n)	Quality ¹
15	Lenkens et al. (2021)	Descriptive (Interviews)	The Netherlands	Variety of youth services providing peer support to young people (16 – 30) in the criminal justice system	The YPSWs worked at a variety of (volunteer) organizations that assisted young people in the criminal justice system in the Netherlands.	Individual and group peer support	Mixed, some were paid some had unpaid volunteer positions.	Young people aged 16 – 30 involved in criminal behavior.	YPSWs (n = 20)	Good
16	Mayer & McKenzie (2017)	Descriptive (Interviews)	England	Youth community mental health charity for youth with mental health problems and criminal backgrounds	YPSW were involved in co-producing the mental health charity services.	Utilizing lived experience to co-produce a mental health charity service with other healthcare professionals.	Paid position	Young people with mental health difficulties and psychosocial problems such as a criminal record.	YPSWs (n = 5)	Good

Study number	Study	Design (method)	Country	Setting	Description of peer support intervention or service	Type of peer support	Position of YPSW (paid/volunteer)	Principal problem or diagnosis	Respondents (n)	Quality ¹
17	Mulfinger et al. (2018)	Analytic (Randomized controlled trial)	Germany	Three departments of child and adolescent psychiatry	"Honest, Open, Proud" is a peer-led group program that supports both inpatient and outpatient participants with disclosure decisions to reduce self-stigma.	Group peer support	No details provided	Young people aged 13 to 18 with axis-I or axis-II disorder according to ICD-10.	Young people with mental illness (n = 91)	Good
18	Ojeda et al. (2021a)	Analytic (Evaluation of administrative data)	USA	Administrative data of the Los Angeles County Department of Mental health services and the San Diego Department of Behavioral Health Sciences on young people receiving mental healthcare	Examines whether differing roles of YPSWs impacts service utilization of young people.	Individual and group peer support	The programs included employed YPSWs - no details rearing pay.	Young people 16 - 24 with serious mental illness.	Administrative data of youth mental health programs with YPSWs. (n = 76)	Good



Study number	Study	Design (method)	Country	Setting	Description of peer support intervention or service	Type of peer support	Position of YPSW (paid/volunteer)	Principal problem or diagnosis	Respondents (n)	Quality ¹
19	Ojeda et al. (2021b)	Analytic (Evaluation of administrative data)	USA	Administrative from YPSWs in the Los Angeles County Department of Mental Health Services and the San Diego Department of Behavioral Health Sciences. The data examines young people receiving mental healthcare from YPSWs.	Examines if racial concordance with YPSWs increases service use by young people.	Individual and group peer support	The programs included employed YPSWs - no details rearing pay.	Young people aged 16 – 24 with serious mental illness.	Young people (n = 6194)	Good

Study number	Study	Design (method)	Country	Setting	Description of peer support intervention or service	Type of peer support	Position of YPSW (paid/volunteer)	Principal problem or diagnosis	Respondents (n)	Quality ¹
20	Oldknow et al. (2014)	Descriptive (Interview, focus groups and surveys)	England	Three clinical child and adolescent mental health services	The goal of the YPSW's was to assist young people in their transition to adult mental health services.	Individual peer support	Employed and paid as YPSWs	Young people with mental illness transitioning to adult mental health services.	Non peer staff (management) (n = 2) YPSWs (N = 6) Non peer clinical staff (n = not reported)	Good
21	Simmons et al. (2017)	Analytic (Case-control study)	Australia	Enhanced primary care youth mental health service	The implementation process of a combined peer work and shared decision-making intervention by YPSWs.	Individual peer support	Paid	Young people aged 12–25 years old with mental health problems.	Historical comparison group: Young people (n = 80) Intervention group: Young people (N = 149) YPSWs (n = 6)	Good



Study number	Study	Design (method)	Country	Setting	Description of peer support intervention or service	Type of peer support	Position of YPSW (paid/volunteer)	Principal problem or diagnosis	Respondents (n)	Quality ¹
22	Simmons et al. (2018)	Descriptive (Service evaluation and surveys)	Australia	Enhanced primary care youth mental health service	The implementation process of a combined peer work and shared decision-making intervention by peer support workers.	Individual peer support	Paid	Young people aged 12–25 years old with mental health problems.	YPSWs (n = 8) Non-peer staff: (n = not reported)	Poor
23	Simmons et al. (2020)	Descriptive (Focus groups)	Australia	Enhanced primary care youth mental health service	The implementation process of a combined peer work and shared decision-making intervention by YPSWs.	Individual peer support	Paid	Young people aged 12–25 years old receiving services for a variety of mental health problems.	YPSWs (n = 8)	Good
24	Vojtila et al. (2021)	Descriptive (Selective review of the literature, evaluation of service, and narrative of YPSWs).	Canada	Centre for Addiction and Mental Health – focus on psychosis	Focused on the experience of an expert by experience working in treatment, research, and policy.	Providing lived experience insight in research team and collaborative care team	Paid	Young people aged 16–29 with early psychosis.	YPSWs (n = 1)	Fair

¹Quality study - based on critical appraisal (CASP checklists).

Appendix C

Strength of evidence subthemes

Main theme	Subtheme (number of studies)	Study numbers	Quality ¹	Context	Consistency	Strength of overall evidence
YPSW roles in treatment settings	Engagement role (n = 21)	1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 21, 22, 23, 24	Good quality: 17 Fair quality: 3 Poor quality: 1	General	Consistent	++++ Very strong
		+	+	+	+	
YPSW roles in treatment settings	Emotional support role (n = 17)	1, 2, 4, 5, 6, 7, 8, 10, 12, 13, 14, 15, 16, 17, 20, 23, 24	Good quality: 14 Fair quality: 3 Poor quality: 0	General	Consistent	++++ Very Strong
		+	+	+	+	
YPSW roles in treatment settings	Navigating and planning role (n = 11)	6, 7, 8, 11, 13, 15, 20, 21, 22, 23, 24	Good quality: 9 Fair quality: 1 Poor quality: 1	General:	Consistent	++++ Verry strong
		+	+	+	+	
YPSW roles in treatment settings	Advocacy role (n = 10)	3, 7, 11, 12, 13, 15, 16, 20, 23, 24	Good quality: 9 Fair quality: 1 Poor quality: 0	General	Consistent:	++++ Very strong
		+	+	+	+	
YPSW roles in treatment settings	Research role (n = 3)	5, 7, 24	Good quality: 2 Fair quality: 1 Poor quality: 0	General	Consistent.	++(+/-)- Medium/ strong
		-	+/-	+	+	



Main theme	Subtheme (number of studies)	Study numbers	Quality ¹	Context	Consistency	Strength of overall evidence
YPSW roles in treatment settings	Educational role (n = 6)	1, 7, 8, 15, 20, 24	Good quality: 4 Fair quality: 1 Poor quality: 0	General	Mixed	+++ Strong
		+/-	+	+	+/-	
Needs of YPSW's	Supervision (n = 12)	3, 5, 6, 7, 9, 11, 12, 13, 18, 22, 23, 24	Facilitators (n = 12) Good quality: 10 Fair quality: 1 Poor quality: 1 <u>Barriers (n = 4)</u> Good quality: 4 Fair quality: Poor quality: 0	General	Consistent	+++ Very strong
		+	F: + B: +	+	+	
Needs of YPSW's	Training and education (n = 10)	3, 7, 9, 10, 13, 18, 20, 22, 23, 24	Facilitators (n = 10) Good quality: 7 Fair quality: 2 Poor quality: 1 <u>Barriers (n = 0)</u> Good quality: 0 Fair quality: 0 Poor quality: 0	General	Consistent	+++(+/-) Strong/very strong
		+	F: +/-	+	+	

Main theme	Subtheme (number of studies)	Study numbers	Quality ¹	Context Consistency Strength of overall evidence		
Needs of YPSWs	Flexibility (n = 6)	3, 5, 9, 22, 23, 24	Facilitators (n = 6)	General	Consistent	+++ Strong
			Good quality: 4			
			Fair quality: 1			
			Poor quality: 1			
			Barriers: (n = 2)			
			Good quality: 1			
			Fair quality: 0			
			Poor quality: 1			
		+/-	F: +/- B: +/-	+	+	
Experiences of YPSWs	Identity transition (n = 12)	2, 3, 4, 9, 11, 13, 16, 20, 22, 23, 24	Facilitators n=11	General	Consistent	++++ Very strong
			Good quality: 9			
			Fair quality: 1			
			Poor quality: 1			
			Barriers: (n=0)			
			Good quality: 0			
			Fair quality: 0			
			Poor quality: 0			
		+	F: +	+	+	
Experiences of YPSWs	Control (n = 2)	15, 16	Facilitators (n = 2)	Specific	Consistent	Medium +++
			Good quality: 2			
			Fair quality: 0			
			Poor quality: 0			
			Barriers: (n = 2)			
			Good quality: 2			
			Fair quality: 0			
			Poor quality: 0			
		-	F: + B: +	-	+	



Main theme	Subtheme (number of studies)	Study numbers	Quality ¹	Context	Consistency	Strength of overall evidence
Experiences of YPSWs	Personal factors associated with job success of YPSWs (n = 7)	3, 4, 5, 11, 13, 20, 23	Facilitators (n=7)	General	Consistent	Strong/very strong +++(+/-)
			Good quality: 7			
			Fair quality: 0			
			Poor quality: 0			
			Barriers: (n=0)			
			Good quality: 0			
			Fair quality: 0			
			Poor quality: 0			
			F: +			
Relationship young service users and YPSWs	Boundaries (n = 10)	2, 5, 7, 8, 10, 12, 13, 14, 15, 23	Facilitators (n = 8)	General	Consistent	+++ Very strong
			Good quality: 7			
			Fair quality: 1			
			Poor quality: 0			
			Barriers: (n = 8)			
			Good quality: 7			
			Fair quality: 1			
			Poor quality: 0			
			F: + B: +			
Relationship youth and YPSW's	Non-judgmental (n = 7)	10, 18, 30, 31, 36, 40, 42	Facilitators (n = 7)	General	Consistent	+++(+/-) Strong/very strong
			Good quality: 6			
			Fair quality: 1			
			Poor quality: 0			
			Barriers: (n = 0)			
			Good quality: 0			
			Fair quality: 0			
			Poor quality: 0			
			F: +			
				+	+	

Main theme	Subtheme (number of studies)	Study numbers	Quality ¹	Context	Consistency	Strength of overall evidence
Collaboration YPSW's and clinicians	Concerns and attitudes (n = 9)	2, 3, 9, 10, 13, 20, 22, 23, 24	Facilitators (n = 3) Good quality: 3 Fair quality: 0 Poor quality: 0 Barriers: (n = 9) Good quality: 6 Fair quality: 2 Poor quality: 1	General	Consistent	+++(+/-) Strong/very strong
			F: + B: +/-	+	+	
Collaboration YPSW's and clinicians	Co-production (n = 8)	3, 5, 7, 9, 11, 16, 23, 24	Facilitators (n = 7) Good quality: 6 Fair quality: 1 Poor quality: 0 Barriers: (n = 4) Good quality: 4 Fair quality: 0 Poor quality: 0	General	Consistent	+++(+/-) Strong/very strong
			F: + B: +	+	+	
Collaboration YPSW's and clinicians	Role clarity (n = 12)	3, 5, 7, 9, 11, 10, 13, 15, 20, 21, 22, 23	Facilitators (n = 6) Good quality: 5 Fair quality: 0 Poor quality: 1 Barriers: (n = 11) Good quality: 9 Fair quality: 1 Poor quality: 1	General	Mixed	+++(+/-) Strong/very strong
			F: +/- B: +	+	+/-	



Main theme	Subtheme (number of studies)	Study numbers	Quality ¹	Context	Consistency	Strength of overall evidence
Organizational readiness	Organizational requirements (n = 14)	2, 3, 7, 9, 10, 11, 15, 16, 17, 20, 21, 22, 23, 24	Facilitators (n = 13) Good quality: 10 Fair quality: 2 Poor quality: 1	General	Mixed	+++ Strong
			Barriers (n = 2) Good quality: 1 Fair quality: 1 Poor quality: 0			
			F: +/- B: +/-			
Organizational readiness	Training non-peer staff (n = 4)	7, 13, 20, 22	Facilitators (n = 4) Good quality: 3 Fair quality: 0 Poor quality: 1 Barriers: (n = 0) Good quality: 0 Fair quality: 0 Poor quality: 0	General	Consistent	Strong +++
			F: +			
			-			
Organizational readiness	Added value of YPSWs for organization as a whole (n = 10)	2, 3, 5, 10, 13, 15, 17, 21, 22, 24	Facilitators (n = 10) Good quality: 7 Fair quality: 2 Poor quality: 1 Barriers: (n = 0) Good quality: 0 Fair quality: 0 Poor quality: 0	General	Consistent	Strong/ very strong +++(+/-)
			F: +/-			
			+			

¹Quality individual study level – based on critical appraisal (CASP checklists).

