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

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Chapter 7

General Discussion

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Young people in treatment for severe and enduring mental health challenges often feel isolated in their experiences. The sharing of lived experiences by those who have walked similar paths can be a powerful way forward to facilitate understanding and offer hope to young people in need (Ojeda et al., 2021; Hopkins et al., 2021; Lambert et al., 2014). Youth peer support workers (YPSWs), young adults with lived experiences of mental health challenges, are uniquely positioned to offer support to other young people facing similar mental health challenges (Tisdale et al., 2021). As such they provide a promising approach for promoting more youth-centered and recovery-oriented care within specialist CAMHS. However, embedding YPSWs in CAMHS remains challenging (Tisdale et al., 2021).

In order to gain a deeper understanding of the challenges involved, including how lived experiences are valued within care settings, difficulties in collaboration between YPSWs and non-peer staff, limited organizational readiness, and inadequate support structures for YPSWs, this dissertation reviewed the existing literature on YPSWs in CAMHS and gathered insights into the perceived value of YPSWs, and barriers and facilitators linked to the implementation of YPSWs. The overall aim of this dissertation was to explore how YPSWs can be integrated in specialist CAMHS to be of value to the treatment of youth with severe mental illness.

In addition to exploring the integration of YPSWs in specialist CAMHS, this dissertation also aimed to examine the impact of mental health challenges and treatment on physicians. Although this examination may seem separate in focus from the research on YPSWs, both lines of research share a common goal: to understand how lived experiences of mental health challenges can be supported, understood and valued in (child and adolescent mental) health systems to enhance care. By investigating both the role of YPSWs in CAMHS and the experiences of physicians in treatment for mental health challenges, this dissertation contributes to the broader dialogue on viewing lived experiences not as a liability, but as a valuable source of knowledge (Sartor, 2023). Making space for lived experience in CAMHS requires more than having a separate role (YPSW role), it requires reflection on how lived experiences are acknowledged, expressed, and integrated across all professional roles.

In this general discussion, the main findings of the five studies are summarized, followed by a reflection on the methodology. Based on our findings, this Chapter then explores implications for theory, practice, policy and future directions.

Main findings

This dissertation includes seven Chapters, including a general introduction (Chapter 1) and general discussion (this present Chapter). For Chapter 2, a comprehensive systematic review was conducted to describe the existing evidence-base on youth peer support. This systematic review included and thematically analyzed 24 published peer-reviewed studies to gain insight in different YPSW roles in treatment settings, as well as barriers and facilitators for implementing

and pursuing youth peer support in CAMHS. Data extraction and thematic synthesis resulted in six YPSW roles and five themes with barriers and facilitators for implementing YPSWs. The six roles included: the engagement role, research role, educational role, advocacy role, navigating and planning role, and emotional support role. Five overarching themes related to barriers and facilitators were identified, including: organizational-level barriers and facilitators; factors influencing the relationships between YPSWs and young people; barriers and facilitators in the collaboration between YPSWs and non-peer staff; and the personal experiences and needs of YPSWs to operate effectively in their roles. Overall, the diversity of YPSW roles and the range of service contexts covered in the review, including child and adolescent psychiatry, community mental health services, youth justice, and homeless youth services, highlight the adaptability and value of the different YPSW roles across youth serving contexts. While the integration of YPSWs is a promising advancement, the implementation of YPSWs is a multifaceted operation that requires a careful planning and cultural change to more person-centered, recovery-oriented care. Based on the review, it is recommended that services clearly outline realistic expectations for YPSWs, remain mindful of potential power imbalances between YPSWs and non-peer staff, and approach implementation of YPSWs with a growth mindset.

Chapter 3 examined the barriers and facilitators in the collaboration process between YPSWs and their non-peer colleagues in CAMHS. Thematic analysis was conducted on data from 10 semi-structured interviews with YPSWs from the National Youth Council and/ or Experienced Experts (ExpEx), as well as 17 semi-structured interviews with healthcare professionals from various disciplines across three CAMHS locations in the Netherlands, including: LUMC Curium), Pluryn, and iHub. The results from the thematic and content analysis yielded several barriers and facilitators. These barriers included: condescending attitudes and professional stigma towards YPSWs; differences in language and communication styles between YPSWs and non-peer staff; lack of role clarity and formal guidelines regarding the YPSW role; tensions between experiential and clinical knowledge; and concerns from non-peer healthcare professionals about the wellbeing of YPSWs and boundaries in their relationships with youth. Facilitators included introductory and evaluation sessions, supervision for YPSWs, monitoring of YPSW activities, and guidelines regarding the YPSWs role in CAMHS settings to support their integration. While YPSWs can be a valuable addition to CAMHS, the dynamics influencing the collaboration between YPSWs and non-peer staff need to be addressed in order to integrate YPSWs in CAMHS. To ease the implementation of YPSWs, robust support structures, guidelines outlining the YPSWs roles, and thorough preparation of both YPSWs and non-peer staff to work collaboratively are essential. Ongoing evaluation of the implementation of YPSWs is important to ensure YPSWs are implemented effectively and to tackle problems when they arise.

Chapter 4 examined the unique socio-relational contributions YPSWs can make alongside clinicians in CAMHS, and how these contributions can be safeguarded in practice. For this purpose, 37-semi-structured interviews with young people in treatment for mental health

challenges, YPSWs, and clinicians were analyzed using a reflective thematic analysis. The analysis resulted in five overall themes related to the unique-socio relational contributions and the requirements to safeguard these contributions of YPSWs in practice. The results highlight that YPSWs have the ability to form authentic and trusting relationships with young people in treatment. YPSWs strengthen self-confidence in young people, and facilitate autonomy when young people lose hope and have reached a standstill in recovery. Moreover, YPSWs empower young people by recognizing their strengths and seeing them beyond their classification. To ensure YPSWs are successful in providing youth peer support to young people, it is important they have reached 'stability' in their own recovery and have recent lived experience with personal mental health challenges in CAMHS. Moreover, YPSWs should receive appropriate organizational support consisting of shared goals regarding youth peer support and sufficient time and resources to allow YPSWs to grow into their roles, especially when first starting out in the YPSW role. Chapter 4 illustrated that YPSWs view young people holistically and enable trusting bonds based on youthfulness and shared experiences. In doing so, YPSWs offer an alternative approach and perspective when supporting young people and can be of value next to clinicians in driving forward positive transformation within CAMHS.

In Chapter 5, a qualitative case study examined the integration of two YPSWs at LUMC Curium. The focus of this study was on the implementation of these two YPSWs on the autism spectrum disorder (ASD) unit for young people with ASD and comorbidities. This study reports on the findings from bi-monthly meeting notes between YPSWs and coordinating sociotherapists; interview transcripts from two rounds of interviews with three non-peer key stakeholders, seven members of clinical staff on the ASD unit, and two YPSWs; and a timeline documenting the integration process. Examination of the integration process underscored that successful YPSW integration on the ASD unit required providing YPSWs with autonomy, while also offering them appropriate support and a place within the multidisciplinary team to ensure their function and role remained clear and to reduce feelings of isolation. Additional skills training for YPSWs and connection based on shared interests, gender and experiences, helped reduce social challenges and improved rapport between YPSWs and young people. Participants described that limited guidelines and low visibility of the YPSW role within the organization hindered staff understanding of the YPSW role. However, staff members' prior experiences with YPSWs as former clients served as a facilitator for building rapport and promoting more collaborative working relationships between staff and YPSWs. Overall, for YPSWs to meaningfully contribute in specialized settings, additional skill training to support youth within specialized settings is sometimes required, as well as, ensuring that YPSWs are visible, actively promoted, and fully integrated into multidisciplinary teams.

In Chapter 6, 14 semi-structured interviews with physicians in treatment at AerreA, a specialist treatment facility for healthcare professionals with mental health challenges in the Netherlands, were examined thematically. The interviews asked participants about factors contributing to mental health challenges in physicians, barriers to finding and receiving suitable care, treatment needs of physicians, and whether their journey with treatment and mental

health challenges impacted their professional lives. The findings highlight that physicians experience significant mental pressure as part of their jobs. They described a hierarchical medical culture in which overstepping personal boundaries and suppressing emotions are common; and experienced feelings of responsibility associated with their job and confrontation with intense, emotionally charged situations of patients with limited time for emotional processing. During recovery and treatment, many physicians experienced an identity crisis: who am I outside of my role as a doctor? Through the encouragement of self-care, non-verbal therapies, and group interventions in treatment, they began to rediscover themselves outside of their professional roles and expectations. These forms of treatment allowed physicians to process unacknowledged emotions, feel understood by peers, and reconnect with themselves outside of their professional role. Physicians described their journeys to be valuable in their professional roles, as the journeys enabled increased empathy, more emotional availability, and more authenticity in relationships with patients. Overall, this study implies that specialized programs for physicians allows for more resilient health system, for both those receiving care and those providing it.

Together, these five chapters contribute to our understanding of how lived experiences of mental health challenges, whether through the role of YPSWs or through the experiences of physicians, can be recognized, understood, valued and integrated within (child and adolescent mental) health care.

Reflection on methodology

This section explores the following key methodological considerations relevant to this dissertation: (1) conceptual ambiguity around the term 'youth peer support workers'; (2) relevance of qualitative research methods; (3) three key sources of evidence and its integration in this dissertation; and (4) general limitations.

Conceptual ambiguity around 'youth peer support workers'

A central challenge in studying YPSWs lies within the ambiguity surrounding their role. What is it that YPSWs do? What constitutes lived experience in the context of providing youth peer support? What requirements and qualifications are necessary for someone to become a YPSW? While various efforts have been made to clarify and make sense of the role for YPSWs, including this dissertation, the role for YPSWs remains debated. A growing concern is that efforts to professionalize the role may lead to 'over-professionalism', potentially constraining the unique value of the YPSW role (Gillard et al., 2024; Adams, 2020). As a result, the role remains inherently vague and is loosely defined. While this ambiguity may seem like a limitation, and to some extent is (see limitations), it also allows for the role to be adapted across various settings and encourages innovation in practice. Hence, the role, requirements and intended outcomes for YPSWs depend on the context in which they are placed (Gillard, 2019).

With this ambiguity in mind, this dissertation adopted a broad working definition for YPSWs, and defined YPSWs as: "young adults with lived experiences of mental health challenges who

are often trained to offer support to other young people facing similar mental health challenges" (Tisdale et al, 2021; Repper & Carter, 2004). This definition was applied consistently across all the studies within this dissertation.

Moreover, in our systematic review, particular attention was given to the diverse roles that YPSWs can take on in practice. During data extraction, we systematically documented the context in which youth peer support occurred, the type of support provided, descriptions of the service and/or intervention, and whether YPSWs were paid or volunteered. This approach allowed us to track differences in an objective manner and stay true to the overall values, critical elements, and shared barriers and facilitators in the implementation process of YPSWs. Similarly in the interviews conducted for Chapters 3, 4 and 5, comparable methodological care was applied by using a structured topic list to ask participants about various roles for YPSWs, the added value, and what they perceived to be important requirements for the YPSW role. In the interviews we also asked YPSWs themselves to provide us with a description of what their role entailed. This approach enabled us to examine various aspects of the YPSW role, and to gain deeper understanding of the overall values of the role, and facilitators, and challenges associated with the integration process of YPSWs in clinical practice. As well as, the cultural and systemic challenge, such as pre-existing stigma and prevailing perceptions of mental health challenges and the use of lived experience, that arise when constructing youth peer support and its values within healthcare settings.

Relevance of qualitative research methods

Qualitative research explores the 'what, how and why' questions and provides insights into dynamics, relational components, personal narratives, and contextual nuances necessary for investigating both the role of YPSWs in CAMHS and the experiences of physicians in treatment for mental health challenges (Gaglio et al., 2020; McCusker et al., 2015). In this way, qualitative research is particularly suitable in the context of this dissertation. Qualitative methods used in this dissertation include semi-structured interviews with various stakeholders (Chapters 3, 4, 5, and 6), timeline documentation to capture the integration process (Chapter 5), and document analysis of meeting reports to gain context specific insights into the integration of YPSWs (Chapter 5).

To establish trustworthiness in qualitative research we adhered to the following criteria of qualitative research: (1) credibility, (2) transferability, (3) dependability, and (4) confirmability (Ahmed, 2024; Frambach et al., 2013). Credibility was strengthened through practicing triangulation and reflexivity (Ahmed, 2024; Frambach et al., 2013). Participants triangulation allowed us to study youth peer support from various perspectives, this was ensured by interviewing youth with mental health challenges, YPSWs, healthcare professionals and physicians. Method triangulation enabled us to identify consistent elements linked to youth peer support and was ensured through combining a systematic review, with semi-structured interviews, document analysis and timeline documentation (Ahmed, 2024). Throughout the research process we reflected consistently on our own findings in our research team

and engaged in discussions surrounding personal roles, personal lived experiences and its preconceptions linked to research to remain aware of personal biases (Ahmed, 2024; Finlay, 2012). Transferability was supported by detailing sampling strategies and providing thick contextual descriptions and information in Chapters 2, 3, 4 and 5 to enable readers to assess the transferability of our findings (Ahmed, 2024; Frambach, et al., 2013). To promote dependability, we applied various research guidelines, such as the PRISMA guidelines (chapter 2) and COREQ guidelines (Chapters 2, 3, 4 and 5) which enabled a structured and systematic approach throughout the research process (Liberati et al., 2009; Tong et al., 2007). Confirmability was addressed through peer debriefing with colleagues and experts in the field about findings. Additionally, for the case study (Chapter 4), both preliminary findings and final results were subject to member checking, helping to verify that the experiences and integration processes were accurately represented (Ahmed, 2024).

Three sources of evidence

Evidence-based practice in the mental health context relies on clinical expertise, research evidence and perspectives of individuals with lived experience of mental health challenges (Kuiper et al., 2016). A strength of this dissertation is that we ensured that these three sources of knowledge were well represented. This dissertation combined research evidence (Chapter 2), with insights from clinicians (Chapters 3, 4 and 5) and people with lived experience, including, young people with mental health challenges (Chapter 4), YPSWs (Chapters 3, 4 and 5), and physicians in treatment for mental health challenges (Chapter 6). In addition, throughout the entire research process we consulted and involved a YPSW as co-researcher. We collaborated with a YPSW during the development of the study, data analysis and application of the interviews with YPSWs and young people. This allowed for improved rapport during the interviews and provided valuable insider perspectives into youth peer support deepening our understanding of the results (Johnson et al., 2016; Brett et al., 2012; Banfield et al., 2018). As a result, this dissertation offers rich information on how YPSWs can be integrated into specialist CAMHS to enhance treatment of youth with severe mental illness. In addition to drawing on three sources of evidence, this dissertation contributes to the broader dialogue by challenging the perception of lived experience as a liability and instead positioning it as a valuable form of evidence. It actively advocates for the integration of lived experience in research, policy, and clinical practice to strengthen and inform evidence-based approaches.

Limitations

While each chapter in this dissertation discusses specific study limitations, there were also general limitations in this dissertation that should be considered. The first limitation was previously discussed in this chapter and refers to the conceptual ambiguity of the role of YPSWs. While this ambiguity was previously described as an advantage, it should also be considered as a disadvantage. The lack of a standardized framework for the YPSW role limits the interpretation and comparison of the findings. Complicating the replicability of the study's recommendations, as they may not apply consistently across different healthcare settings. This duality implies the need for future research to explore and define the YPSW role, in a way

that balances both flexibility with conceptual clarity. This will allow for development of both adaptable and evidence-based models for implementing YPSW roles across diverse contexts.

Another limitation is inherent to qualitative research methods. Although the use of such methods offers valuable and rich nuanced insights, the findings are still subject to participants perspectives, researcher interpretation and context specific nuances. Through qualitative research methods we were able to attain deeper insights into how lived experiences of mental health challenges can be supported, understood and valued in (child and adolescent mental) health systems to enhance care. However, we did not attain measurable insights into the impact and the effect of lived experience, and its associated barriers and facilitators in the integration process, on practice. As a result, although we have gained a broad picture of the barriers and facilitators, it remains unclear which elements are crucial for successful implementation of YPSWs and which elements are helpful but not critical. Future research would benefit from employing mixed-methods approaches to assess the practical impact and measure long-term implications of integrating lived experience in (child and adolescent) mental health settings.

An additional limitation is related to the setting and scope of our research. The qualitative studies on YPSWs were mainly focused on CAMHS in the Netherlands. Similarly, the study on physicians with mental health challenges was set in the Netherlands, and included studies within the systematic review, were also all set in high-income westernized countries. As result, the findings and implications of this dissertation may not be directly applicable to other cultures, with a different understanding on mental health and different healthcare systems. For instance, in some non-Western settings, mental health challenges may be more heavily stigmatized or perceived through spiritual or communal lenses, which could impact how lived experiences are valued and accepted in care. To address this limitation, future research should seek to expand and replicate our research to more diverse (international) contexts, where the understanding of mental illness may differ.

Moreover, while this dissertation consistently refers to "mental health challenges," it does not distinguish between specific types or diagnoses, which may influence the applicability of the findings. For example, while youth in high-intensity care settings might benefit from a YPSW who offers hope and emotional connection by helping them feel heard and understood, a young person with ASD might benefit more from support focused on transitioning back to home or school settings and managing daily challenges related their ASD, as described in Chapter 4 and 5. Future research should explore the impact of YPSW roles for young people with specific mental health needs and in diverse settings to gain more insight into how YPSWs can assist youth with different mental health challenges in various settings.

A final limitation concerns our study on physicians with mental health challenges. While exploring the experiences of physicians is essential for understanding prevailing cultures within (mental) health systems and contributes to the broader understanding of how lived experiences of mental health challenges can be supported, understood and valued in care.

This broader scope also limits the overall coherency of this dissertation and limits the direct comparability and integration of the findings within Chapter 6 to the other empirical chapters in this dissertation. The inclusion of physicians introduces a distinct line of research that warrants its own dedicated examination. Thus, future research should further expand upon our study on physicians with mental health challenges in separate, focused studies that examine their specific characteristics (e.g. age and occupation), needs, and the potential contributions of these experiences and characteristics in reshaping medical culture and practice.

Implications

Our study presents several theoretical, practical and policy implications. In this section, we explore and reflect on these implications.

Theoretical implication: *Youth peer support and lived experiences offer new pathways for promoting more patient-centered, strength-based and recovery-oriented care*

Collectively, the evidence from the chapters in this dissertation, whether from YPSWs or physicians, implies that the lived experience workforce challenges the centralization of illness narratives and offer new pathways for promoting more patient-centered, strength-based and recovery-oriented care that stimulates system transformation in CAMHS and broader healthcare contexts.

Within CAMHS, mental illness is often approached solely from a medical perspective. To date, treatment models for mental health complains commonly endorse illness narratives through diagnostic labeling, protocol driven treatment, and hierarchical structures favoring healthcare professionals with a clinical or medical background (Manchini, 2018; Gillard, 2019; Frieh, 2013). Our findings question these approaches and align with prior research suggesting that lived experience can disrupt traditional, illness-based paradigms in mental health care (Simmons et al., 2023; Frieh, 2013).

The values underpinning youth peer support, such as insight into a culture that enables a youth-centered approach, an emphasis on helping young people to see themselves beyond pathology, and the cultivation of trust through shared experiences, underscore the relational values and person-centered perspectives that YPSWs bring. These contributions suggest that mental health conditions of youth are not static problems in need of "fixing", but deeply personal and contextual experiences that need to be understood, valued and transformed into meaningful life experiences. Similarly, the findings from physicians in recovery highlight how deeply rooted illness-based narratives are within medical culture and how they shape approaches to care and help-seeking (Martin et al., 2020). Physicians, who prior to their own treatment journeys, had suppressed vulnerability and upheld rigid norms surrounding mental health, frequently reframed their personal mental health challenges and their perspectives toward patients facing similar struggles, seeing these lived experiences not as weaknesses, but as sources of insight and resilience.

Overall, the findings from this dissertation show how lived experience can contribute to a shift of how mental healthcare is viewed. Integrating these experiences in mental healthcare can help dismantle entrenched illness narratives, promote more holistic and compassionate understandings of mental distress, and support the development of more inclusive and responsive models of care.

Implications for practice and policy: ***Policy and practice should formally recognize YPSWs and develop guidelines and support structures for their integration in child and adolescent mental healthcare***

Whether it be in education, research or in practice, I encourage the integration of YPSWs. To support this integration, both policy and practice should have guidelines and support structures in place to formally recognize YPSW roles, guiding their integration in CAMHS. In this dissertation, several barriers linked to the integration process were identified, such as a lack of financial compensation, unclear role definitions, and YPSWs requiring additional on-the-job skills and training, as this job was often their first. By establishing clear descriptions of the YPSW role on a national level, we can ensure more recognition and acceptance of the YPSW role within CAMHS.

Recent developments, such as the Dutch registry for (Y)PSWs have been made to further professionalize and enhance the role by ensuring the competency of (Y)PSWs (Vereniging van Ervaringsdeskundigen, 2023). While this is a helpful step in recognizing YPSWs, certain groups of YPSWs might be left out. For example, the requirements for registry include an accredited training or a minimum of 2080 hours or working experience. Given their young age and the various backgrounds of the starting YPSWs, they may be unable to complete a formal training and attain the required working experience. Therefore, while such a register can be helpful, CAMHS must also have resources, protocols, and guidelines in place to ensure that the role of YPSWs is not overly professionalized and that YPSWs, who may be unable to register, can still meaningfully contribute to supporting young people in similar situations. Additionally, given that this dissertation suggests YPSWs in CAMHS provide valuable perspectives based on their youthfulness, resources and developmental opportunities must be in place to offer career prospects for when YPSW grow older and can no longer fit the role. Thus, CAMHS must ensure all YPSWs receive supervision, (additional) tailored training and feel supported in their careers. This requires balancing the professionalization of the role and its requirements with the unique values and perspective this YPSWs bring.

Moreover, both within CAMHS and at the broader policy level, such as within national youth mental health frameworks and guidelines, it is important not only to support the professional development of YPSWs, but also to prepare and train the existing non-peer workforce to work alongside YPSWs. This includes providing practical tools, structured training programs, and organizational support to prepare non-peer staff for working alongside YPSWs. These policies and resources should facilitate training non-peer staff on the values of youth peer support

by encouraging reflective practices to address barriers related to the discomfort of non-peer workers in working with YPSWs. In addition, within multidisciplinary teams in CAMHS, clear frameworks for collaboration should be established that not only support the role of YPSWs, but also encourage them to offer alternative perspectives to dominant medicalized and protocol-driven approaches. A good example of such integrated approach can be found in Flexible Assertive Community Treatment (FACT) teams in adult settings, where PSWs are embedded as active team members alongside other healthcare professionals (Lexén & Svensson; F-ACT Netherlands, 2021). Only through such comprehensive and inclusive efforts can the integration of YPSWs move beyond intention, making space for their structural and sustainable involvement in CAMHS.

Implication for policy: *Advocate for a human-rights based approach to youth mental healthcare by promoting age-responsive, person-centered and tailored care through YPSWs and lived experiences*

The inclusion of YPSWs, is not only a promising practice innovation, but a necessary step towards fulfilling the rights of young people in today's complex and uncertain world. Today, young people are increasingly confronted with crises and uncertainty. As such, it is imperative that child and adolescent mental health systems, nationally and globally, prioritize young people's voices, experiences, and participation in shaping care. In 2023, the World Health Organization (WHO) and the Office of the High Commissioner for Human Rights (OHCHR) jointly developed a publication entitled *"Mental health, human rights and legislation: guidance and practice"* (WHO & OHCHR, 2023). The publication underlines the importance of adopting a human rights-based approach to mental healthcare, and outlines:

> *"In recognizing and addressing underlying factors affecting mental health, we can contribute to building more equal, peaceful and sustainable societies. The World Health Organization (WHO) and the Office of the United Nations High Commissioner for Human Rights (OHCHR) envision a world where everyone can lead healthy lives and have access to affordable, high-quality mental health services that use a mental health paradigm based on rights, centred around each person; and where persons with mental health conditions and psychosocial disabilities can fully engage in their own recovery and participate in all areas of life. The Convention on the Rights of Persons with Disabilities is a crucial instrument in this regard, calling for a shift away from substituted decision-making and coercion, towards equality and non-discrimination, supported decision-making, free and informed consent, effective and meaningful participation, and community inclusion." (WHO & OHCHR, 2023, p. viii)*

The evidence presented in this dissertation underscores that the inclusion of YPSWs can be a critical component to providing care that aligns with a human rights-based approach to child and adolescent mental healthcare. The integration of YPSWs contributes towards age-responsive, non-discriminatory, and recovery-oriented care. Through personal lived experiences, YPSWs are equipped to understand the lived realities of young people with

mental health challenges. In various roles, YPSWs have the ability to represent, advocate for, and support young people, helping them feel heard and understood, emphasizing equality in care, and empowering young people to become autonomous. In doing so, YPSWs contribute to the realization of a human-rights based approach to care where young people's voices are heard and valued. To realize the potential of YPSWs, establishing dedicated positions for YPSWs in policy, practice, research and education is necessary. On a national level, funding should be allocated within the national youth mental health budget to encourage organizations to hire YPSWs and to enable organizations to invest in reformative programs to create cultures were YPSWs can meaningfully operate next to non-peer staff.

Implications for education: *Lived experience should play a central role in the education for future healthcare professionals*

Finally, the importance of incorporating lived experience in education of (future) mental health professionals needs to be addressed. The barriers and conflicts described in this dissertation, such as discomfort among non-peer healthcare professionals in working with YPSWs and challenges faced by physicians in seeking help for themselves, highlight a need to change how mental health care is discussed and taught. Through enhancing education with insights from YPSWs and other healthcare professionals with lived experience, the importance of caring for personal mental health can be normalized, mental health stigma can be reduced, and barriers to help-seeking can be broken down. Moreover, incorporating lived experiences in healthcare education, can shift the focus from illness narratives in (mental) healthcare towards more person-centered and resilient healthcare systems that values both lived experiences of patients and practitioners. A good example of the impact lived experience can have in educational settings is a study by Martin et al., (2020) which explored the impact of three senior physicians sharing personal experiences of vulnerability with second-year medical students. The students who participated in the intervention, delivered via videoconferencing and followed by an online group discussion lead by one of the senior physicians, reported reduced stigma and greater openness to seeking help for themselves.

Future research

In this final section of the general discussion, we offer recommendations for future research. First, we recognize that recovery may be an ongoing process even when youth are formally employed in YPSW roles. It was suggested by the research of Simons et al. (2020) that working as a YPSW often contributes to their personal recovery process. However, we should also remain critical that involvement in the YPSW role may reinforce dependency on the mental health system. In practice we see that the identity and stability derived from the YPSW role may provide a strong sense of belonging, but can also form a barrier to further recovery and personal growth. Future research should address this dilemma by examining the fine line between when YPSWs benefit from the role, and when they potentially become overly reliant on the role and the identity it provides. The aim of such examination would be to identify

supervisory support structures to help YPSWs navigate the role through encouraging personal growth without undermining the recovery journeys**.**

Second, this dissertation explored how YPSWs can be integrated to add value to young people in CAMHS; however, we recognize that caregivers of young people with mental health challenges can also benefit from talking to YPSWs or other caregivers with lived experience of raising children with mental health needs. A systematic review by Acri et al., (2017) identified that while caregivers may benefit from peer models, limited research exist on peer models for caregivers. In line with Acri et al., (2017) we recommend more research on this topic is needed to explore how we can develop peer models for caregivers of children with mental health needs.

In addition, as discussed in the Limitations section, although we have gained explorative insights in the barriers and facilitators linked to integrating YPSWs, it remains unclear which elements are crucial for effective implementation of YPSWs. Measurable insight into the value of YPSWs and the specific contributions they bring to services is lacking. Thus, future research should employ mixed-methods approaches to gain more insight into the impact and value YPSWs bring to youth with mental health challenges and key elements for successful integration. Such research will support more targeted and evidence-informed implementation strategies across mental health settings.

Finally, Karbouniaris (2023) explored the relevance of experiential knowledge used by mental health professionals and concluded that while the qualitative evidence to date is positive, further research is required to examine how these professionals, particularly psychiatrists and psychologists who remain reserved, can be supported in engaging with experiential knowledge in mental healthcare (Karbouniaris, 2023; Karbouniaris et al., 2023). Thus, we align with Karbouniaris et al. (2023) and recommend that additional research is needed to explore how the experiential knowledge and lived experiences of all healthcare professionals can contribute to better care systems. Of particular interest in this examination would be the impact of authentic self-disclosure by professionals on the therapeutic relationship in mental healthcare; how such disclosure can be supported and encouraged within healthcare settings; and how engaging with experiential expertise in practice may influence professional identity and enable both personal and professional growth (Bijkerk et al., 2024).

Conclusion

In conclusion, this dissertation gathered insights into the perceived value of YPSWs, as well as barriers and facilitators linked to the implementation of YPSWs in CAMHS. Overall, the dissertation highlighted the meaningful contributions YPSWs can make in transforming CAMHS by facilitating a more person-centered and recovery-oriented approach, which aligns with the values addressed in a human-rights-based approach to mental health care. Among other contributions, YPSWs have the ability to help young people feel heard and understood, form authentic and trusting connections with young people, and empower them to become

autonomous individuals. Yet, despite the values YPSWs bring, there are several barriers that hinder their integration in CAMHS. Therefore, robust policies and guidelines are needed to clearly define the roles of YPSWs and ensure they feel supported and valued in their careers.

Additionally, this dissertation explored the impact of mental health challenges and treatment on physicians. These insights underlined how medical culture can undermine well-being and discourage help-seeking. Yet, appropriate treatment can support recovery and enhance medical practice through more compassionate and reflective care. Overall, this dissertation calls for a cultural shift in (child and adolescent mental) healthcare that embraces lived experiences not as a liability, but as a valuable source of knowledge.

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