

Peer support in mental health services: Familiar and brand new

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SUMMARY

In recent years, it is widely accepted that the experiences of individuals who benefit from mental health services are reflected in the treatment and rehabilitation process in the field of mental health. Transferring the experiences of individuals to the treatment process has put the concept of peer support at the forefront. Peer support means that individuals with personal experience in mental health use this experiential expertise to help other individuals with mental health problems during the recovery process. Peer support is a system that allows individuals with mental health problems to partner, feel understood by each other, and build emotional intimacy. It is known that peer support contributes in a positive direction to both those who provide peer support and those who benefit from this support. Peer support is handled in a wide framework ranging from individual friendship relations to employment of support service providers in institutions. In many countries, peer support practices are used as a component of mental health services. It is recommended to use peer support during treatment throughout the world. This article discusses the birth, definition, types and contributions that the concept of peer support can make to the healing process.

Key Words: Peer support, mental health, social support, mental health services

INTRODUCTION

Peer support is a contemporary approach used in the provision of mental health services, especially in developed countries. The approach is based on individuals with mental health problems providing support to each other. Peer support emerged in the field of mental health in the 1970s and has been widely used in the last two decades. Peer support constitutes an important component of the treatment system. Since individuals with mental health problems often feel that they are not understood by others, peer support gains particular importance.

In general terms, peer support is defined as a process in which people who share common experiences and face similar difficulties come together as equals to give and receive help based on information coming through common experience (1). Peer support, which finds its equivalent in Turkish in the

expression “He who falls from the roof knows the condition of the one who falls from the roof” (2), is a useful method used in many fields. In the field of mental health, the concept stands out especially in two aspects: (a) people who share similar experiences can share a common understanding about these experiences and help each other in this regard, and (b) they feel mutually understood (3).

Peer support is a system of giving and receiving help based on the basic principles of respect, shared responsibility and mutual agreement about what is helpful to them. Thus, it is not based on psychiatric models and diagnostic criteria, but is more about empathic understanding of another's situation through the shared experience of mental suffering. Individuals feel an emotional closeness to the other person by identifying with others they feel are similar to themselves. This closeness involves a deep, holistic understanding based on mutual expe-

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rience, where people can be with each other without the constraints of traditional (expert/patient) relationships (4).

Basset et al. (5) state the 12 principles of peer support as reciprocity, solidarity, synergy, building trust and sharing, comradeship, optimism, focusing on strengths and potential, equality and empowerment, being oneself, independence and reducing volatility. With these aspects, peer support is a unique experience for individuals with mental health problems. Unlike traditional treatment approaches that emphasize the symptoms and findings of individuals, it is an orientation that prioritizes the individual, takes into account their positive aspects, their ability to function effectively and supportively, allows the individual to recognize themselves, and focuses on strengths and recovery (6). The use of peer support in the field of mental health functions as a process of offering and receiving help based on shared understanding, respect and mutual empowerment among individuals with similar mental illness (4). In this article, what peer support is, its history, types and benefits will be discussed.

History of Peer Support

Peer support has an important history for individuals with mental health problems (7). Although it was officially included in community-based mental health services in the 1990s, as Shalaby and Agyapong (8) pointed out, the origin of peer support dates back even earlier than mental health hospitals. The first examples of peer support were found in France at the end of the eighteenth century in some practices under “moral treatment”. The Lunatic Friends' Society, founded in England in the mid-nineteenth century, is known as the oldest peer support group in the field of mental health. It is known that some peer-led groups were established in Germany in the late nineteenth century and protested against involuntary hospitalization laws (8).

The concept of peer support came to public attention in 1969 and 1970s with the human rights movement of African Americans, women and homosexuals and individuals with mental health problems

started to find each other (9). It was also influenced by the Independent Living (IL) movement of people with physical, sensory and cognitive disabilities (10).

In the nineteen seventies, especially with the closure of large mental hospitals, which were known as warehouse institutions, individuals with mental health problems started to live in the community, which brought many problems to the agenda. Due to lack of resources, there have been problems in providing social support to these individuals. Since the level of stigmatization of individuals with mental health problems was quite high, people did not want these individuals to live in their neighborhoods, towns or cities. Individuals with mental health problems who had been released from hospitals, i.e. “ex-patients”, were seen as dangerous, unstable members of society.

The peer support movement was formed when “ex-patients” found each other, built relationships and started to support each other by sharing experiences. After finding each other, “ex-patients” started to raise their voices, voiced the mistreatment of individuals, human rights violations and advocated for individuals with mental health problems (9). Although the mental health world has been slow to adopt the idea of peer support, both in the community and in professional mental health settings, “ex-patients” have easily adapted to the philosophy of peers supporting each other.

Peer support emerged in a political context in response to negative experiences with mental health treatment and dissatisfaction with the boundaries of the “mentally ill” role (7). Peer support, commonly referred to as “self-help” in the nineteen nineteen seventies, was generally conducted in an informal and unstructured manner. Individuals met in informal settings such as apartments, church basements and libraries. Peer support groups rarely met in spaces connected to the mental health system (11).

In the nineteen eighties and nineties, independent, non-profit mental health organizations emerged (12). Many of these organizations began to offer more structured peer support services, often with

some government support. With government funding of peer support, the vision, principles and practices of peer support needed to be more clearly defined. Shery Mead has been a pioneer in this field by developing an approach called Intentional Peer Support (IPS), which she has been working on for over 20 years. Intentional Peer Support has evolved from informal peer support practices. However, unlike them, it is theoretically based, structured, has clear goals and is a guide for practitioners (13).

In the nineteen nineties, peer support found its place in traditional mental health treatment services under different names such as peerspecialist, mentor, peermentor, or supportspecialist, and found its place as a job or profession. Individuals in this job are defined as workers with a history of psychiatric disorders, working in paraprofessional roles in traditional mental health programs, and often performing the same tasks as non-peer staff. Peer support workers could serve as clerical staff or van drivers, or have undefined roles depending on the individual's ability or skill (7). These peer workers in traditional programs generally did not provide peer support and rarely received training on the principles and practices of peer support (14). They were generally expected to openly disclose their psychiatric background and be role models for the people they served. Relationships between peers were generally hierarchical, similar to professional-service user relationships within the mental health system (14, 15, 16).

Over the last two decades, the practice of peer support has become widespread around the world, with many people in recovery being hired to provide peer support more than ever before. The number of peer support staff employed is now estimated to be over ten thousand in the United States of America (USA) alone, and this number continues to grow at an astonishing rate despite the global recession and high unemployment rates (15). Today, the service system in continental Europe and the USA supports the engagement of 'ex-patients' in the treatment process, both through civil society and the public sector. Although there is less evidence on the use of peer support in low- and middle-income countries, there are several examples of countries where peer support programs are

used (17). For example, Brain Gain projects in Uganda developed a peer support program serving urban and semi-urban communities (17, 18). In India, the Quality Rights Gujarat project funded by Grand Challenges Canada trained peer support workers as part of a broader package of mental health system reform aimed at improving compliance with the Convention on the Rights of Persons with Disabilities (17, 19).

The concept of peer support, which gained momentum with the human rights movement in the nineteen seventies, has gradually become an integral part of the treatment system, especially in developed countries. With the widespread acceptance of the recovery-oriented approach, peer support will find more place in the provision of mental health services in the coming years.

Types of Peer Support

The types of peer support range from informal support provided by acquaintances to structured or formally defined (formal) peer support in an institutional setting. However, one of the key factors determining whether a support offered is peer support or not is the principle of mutual benefit resulting from an equal and sharing relationship. Another key factor is the intention or plan to make some conscious preparation for peer support (Figure 1). At one end of the spectrum is 'informal peer support', where acquaintances recognize the similarity of their experiences with mental health problems and therefore listen and support each other. This kind of interaction is more than a typical friendship can be. At the other end of the spectrum is structured peer support, where peer support workers in a clinical setting connect with diagnosed individuals based on the similarity of their experiences and offer the opportunity for a supportive, empowering relationship (20).

Although peer support can be considered in a wide range of contexts as described in Figure 1, three main models are mentioned in the literature. The first model is informal and ad hoc support, which many service users consider as important as, or even more valuable than, support from health staff. The second is organized, but unpaid, peer support, often undertaken by volunteers acting as 'mentors'

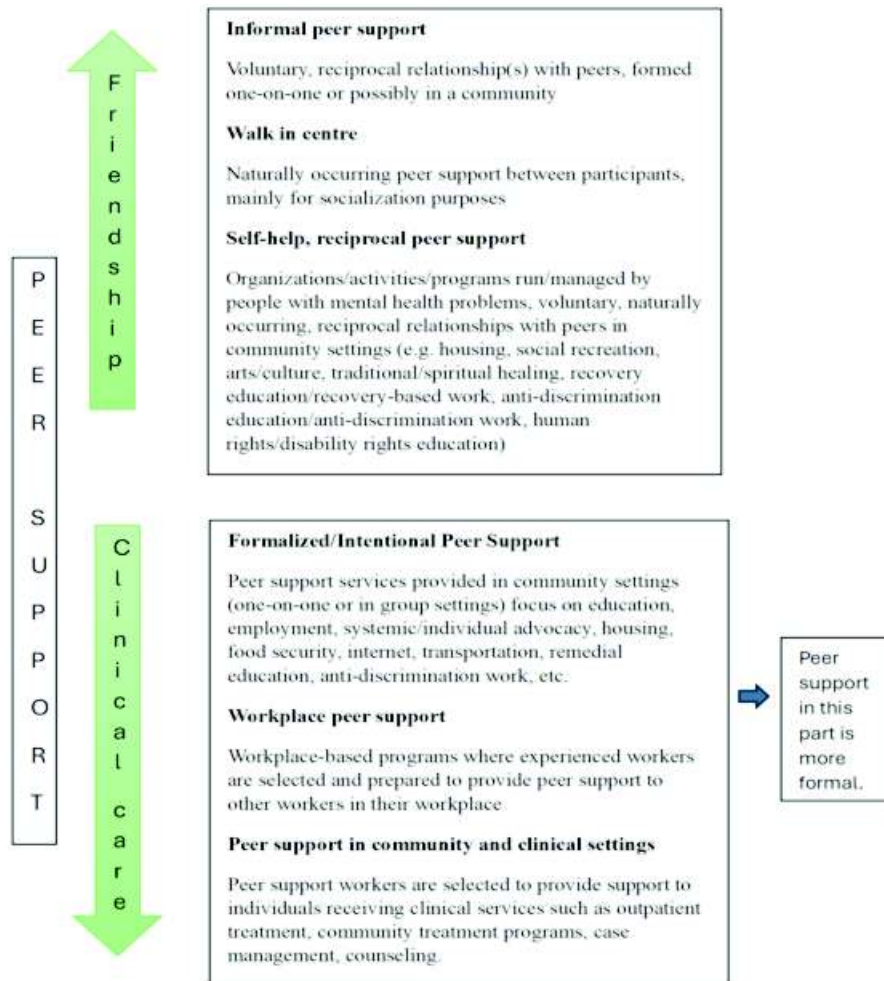


Figure 1. Types of peer support (Ref: 20, p.16)

or 'peer buddies'. The third is paid peer support offered as part of a structured team. The focus of these peers is on sharing their experiences to help each other, although in some cases they may be professionals (21).

Although peer support is offered in treatment settings and face-to-face, it has moved to new environments with the development of technology. Social media (22, 23), video games (24), asynchronous technologies (i.e., peers with technologies) (25), avatars (26) and chatbots (27) are examples of these new environments.

Social media represents a user-oriented environment where individuals with internet access via mobile devices or computers can have the opportunity to express themselves and connect to a larger online community (28). In this respect, social media is an environment where problems experi-

enced in interpersonal relationships such as interpreting social cues or non-verbal communication experienced in face-to-face communication are less common, especially for individuals diagnosed with severe mental illness (29, 30). As a result, through social media, individuals diagnosed with severe mental illness had the opportunity to meet more with individuals who had similar problems with them, and they could feel that they belonged to a group.

Today, social media has increasingly become a platform for individuals diagnosed with severe mental illnesses such as schizophrenia, schizoaffective disorder or bipolar disorder to seek advice and support each other (8). It has been reported that popular social media tools such as YouTube help individuals diagnosed with a severe mental illness to feel less lonely, find hope, support each other, share personal experiences, and cope with daily life difficulties.

Video games, another technological method for providing peer support in the virtual environment, provide opportunities for interpersonal interactions by encouraging voice and text exchange between players in different geographical locations and time zones (24). Short message correspondence, chat programs such as Whatsapp, video conferences, computer programs such as CommonGround (25), and smartphone applications such as “PeerTECH” (31) have also provided important opportunities in peer support with different synchronous and asynchronous technology applications (31).

Virtual reality applications are also utilized in the provision of peer support. Virtual peer support can be particularly useful for individuals with limited mobility, limited access to mental health services or living in rural environments. Geographically isolated individuals with mental health problems have been able to share their experiences in a virtual environment and offer hope and support to each other (31). Today, computer programs using artificial intelligence are also used for peer support applications. Computer-generated text messages and avatars are used to provide artificial peer support (31). In the future, peer support and the use of technology will most likely be on the agenda more and technological applications will be utilized more frequently. However, the effects of technology use on individuals and the mental health system need to be scientifically proven through research.

In our country, there does not seem to be a peer support model that includes individuals with mental problems, except for alcoholics anonymous and family-to-family support model. (32, 33, 34). The practices in the clubhouses affiliated to the Federation of Schizophrenia Associations and Mavi At Kafe Culture-Life Environment can be accepted within the scope of peer support to different extents (35, 36). Alcoholics Anonymous, which was first established in the mid-1930s with the idea that individuals with alcohol problems could be helped by starting from the experiences of individuals who also had alcohol problems and by providing unity, was established and became widespread in Turkey in 1988. It is known that there are 28 Alcoholics Anonymous groups in Turkey, including more than one in cities such as Ankara, Istanbul,

Izmir, Muğla and Bursa. Although it is the most well-known self-help group in the world with its positive effects, it can be said that the process of acceptance of Alcoholics Anonymous in Turkey was difficult and these difficulties continue today (34).

In the family-to-family support model, the aim is to train the families of individuals with mental problems by healthcare professionals and to ensure that families with similar problems support each other by training other family members (37). Studies have proven that the family-to-family support program reduces the care burden of the beneficiary families and is effective in developing coping and self-efficacy skills (32, 37). In this respect, it is thought that although this program addresses an important deficiency in the treatment system, it cannot be sufficient with the family dimension and that individuals with mental problems should also benefit from peer support. However, in the Mental Health Law planned to be enacted, peer support is only included under the title of protecting children and young people from addictions as “providing parent and peer education, strengthening personal and social skills, disseminating peer support and volunteering programs” (38). This suggests that peer support in the field of mental health is limited to the field of addiction. The use of different types of peer support systems in our country will make a significant contribution to the development of mental health services.

Contribution of Peer Support to Mental Health Services

Although peer support is offered in different types and with different structures, it provides significant benefits for individuals with mental health problems and the health system with the principles of mutual support and empowerment. Peer support provides a personal understanding of the frustrations that individuals with mental health problems experience with the mental health system and serves the healing process by making sense of what is happening and moving on, rather than identifying and eliminating symptoms. Both peer support workers and mental health service users feel empowered in their recovery journeys, have more

self-esteem and a more positive sense of identity; thus, they feel less stigmatized and more valuable, and tend to acquire more skills. Through this trusting relationship that offers friendship, empathy and empowerment, feelings of isolation and rejection are replaced by hope, a sense of usefulness and a belief in personal control (39).

Trachtenberg, Parsonage, Shepherd, and Boardman (40), in their study examining the relationship between the employment of peers and the use of beds in psychiatric hospitals, found that peer support workers reduced the length of hospitalization of the individuals they supported and led to financial savings for the health system well above the costs of additional wages. In another study (41) comparing peer-assisted treatment with usual treatment, it was reported that one-to-one peer support provided by trained peers and according to a defined role specification in addition to usual treatment for six months significantly increased the quality of life, social functioning and self-efficacy of individuals compared to usual treatment alone.

In a recent study comparing peer support and traditional clinical care in community-based inpatient mental health services, it was found that there was an improvement in disease symptoms and functionality as well as a decrease in negative symptoms (42). Again, a recent meta-analysis study revealed that peer support contributes to the recovery process of individuals with mental health problems; peer support is a potentially cost-effective and relatively easy to implement intervention and can complement the professional treatment process (43).

Providing peer support as well as receiving peer support has a positive effect on the well-being of individuals with mental health problems. In a qualitative meta-synthesis study in which twenty-seven studies were examined (44), the experiences of peer support workers, non-peer colleagues and peer support service recipients were examined. In this study, negative experiences of peer support workers included discriminatory and prejudiced attitudes from non-peer support staff, low pay, long working hours, and difficulty in managing the transition from patient role to peer support worker.

Positive experiences included collegial relationships with non-peer staff and other peers, and increased well-being during the working process. It was reported that the social support networks and well-being of individuals receiving peer support services increased.

Repper and Carter (45) listed the benefits of peer support for individuals with mental health problems as a decrease in hospitalization rates, empowerment, reduction in social isolation, development of empathy and acceptance, reduction of stigmatization and instilling hope. The benefits for peer support workers were as follows: increased self-esteem and confidence, feeling valued, increased ability to cope with their own mental health problems and increased employment opportunities. Contributions to the health system as a whole include a potential reduction in hospitalizations of people receiving peer support, a reduction in the workload of overstretched staff, and the opportunity to interact with people who might otherwise be difficult to engage (46).

It is stated that peer support has benefits such as providing the opportunity to reach hard-to-reach population groups such as individuals with severe mental illness within the health system. Evidence-based research confirms that peer support is a widely applicable, sustainable and cost-effective approach (47).

On the one hand, the fact that providing peer support has a significant potential to increase the well-being of individuals with mental health problems; on the other hand, the fact that peer support providers make significant gains in improving their own knowledge, skills and mental health status emphasizes the importance of employing appropriately trained and supported peer workers within mental health teams.

CONCLUSION

The practice of peer support in mental health services, which emerged in the 1970s on the basis of individuals with mental health problems supporting each other, has an important potential to increase the well-being of both the people who receive peer

support and those who provide peer support services. The types of peer support range from informal support from acquaintances to structured and formally defined peer support in an institutional setting. Today, as a component of a more inclusive and recovery-oriented approach, it is practiced as an integral part of treatment, especially in developed countries. In this respect, the employment of appropriately trained and supported peer workers in mental health teams is very important.

In Turkey, there is a significant need to develop such a service for the needs of individuals with mental health problems in mental health services. In particular, the use of different types of peer support systems in Turkey will make a significant contribution to the development of mental health services. In the implementation of peer support, it may be possible to benefit from the experiences of “former patients” in different psychiatric settings such as psychiatric hospitals, psychiatric clinics, community mental health centers. In addition to matching “former patients” with individuals as new peers, experience sharing meetings and self-help groups can be organized. Peer support workers can be hired at the institutional level, and these workers can carry out regular work in coordination with

the treatment team. For this purpose, cooperation can be made with the Federation of Schizophrenia Associations.

In our country, there is a need to make mental health services individual-oriented, inclusive and empowering. In order to do this, a comprehensive mental health law should be enacted, different disciplines should be allowed to work together, the experiences of individuals and families with mental health problems should be utilized, and services should be created to meet their needs. In addition, feedback should be obtained from previously implemented models such as family-to-family support programs or family trainings and from the practices of non-governmental organizations, and scientifically proven effective methods should be put into practice. In this way, mental health services will undergo a comprehensive transformation and the whole society will be positively affected by this transformation.

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REFERENCES

1. Riessman F. Restructuring Help: A Human Services Paradigm For The 1990's. New York, NY, National Self-help Clearinghouse, 1989.
2. Aksoy ÖA. Atasözleri ve Deyimler Sözlüğü 2 Deyimler Sözlüğü. İstanbul, İnkılâp Kitabevi, 1995.
3. Stratford AC, Halpin M, Phillips K, Skerritt F, Beales A, Cheng V, Hammond M, O'Hagan M, Loreto C, Tientom K, Kobe B, Harrington S, Fisher D, Davidson L. The growth of peer support: an international charter. *J Ment Health* 2019; 28:627-632
4. Mead S, Hilton D, Curtis L. Peer support: a theoretical perspective. *Psychiatr Rehabil J* 2001; 25: 134-141.
5. Basset T, Faulkner A, Repper J, Stamou E. Lived Experience Leading The Way: Peer Support in Mental Health. London, Together UK, 2010.
6. Carter M.L. Social support systems as factors of academic persistence for African American, lower-income, first-year college students and high school graduates not attending college. State University of New York, Dissertation Thesis. 2000.
7. Penney D. Defining “Peer Support”: Implications for Policy, Practice, and Research. https://www.ahpnet.com/AHPNet/media/AHPNetMediaLibrary/White%20Papers/DPenney_Defining_peer_support_2018_Final.pdf. Erişim tarihi: Temmuz 4, 2023.
8. Shalaby RAH, Agyapong VI. Peer support in mental health: literature review. *JMIR Ment Health* 2020; 7: e15572.
9. Hickney W. The early peer support movement. <https://cmwn.org/the-history-of-peer-support/the-early-peer-support-movement/#:~:text=Research%20suggests%20that%20peer%20support,and%20experiences%20to%20the%20public>. Erişim tarihi: Temmuz 4, 2023.
10. Deegan PE. The independent living movement and people with psychiatric disabilities: Taking back control over our own lives. *Psychiatr Rehabil J* 1992; 15: 3-19.
11. Chamberlin J. The ex-patients' movement: Where we've been and where we're going. *J Mind Behav* 1990; 11: 323-336.
12. Chamberlin J. User/consumer involvement in mental health service delivery. *Epidemiol Psichiatri Sci* 2005; 14: 10-14.
13. MacNeil C, Mead S. A narrative approach to developing standards for trauma-informed peer support. *Am J Eval* 2005; 26: 231-244.
14. Alberta AJ, Ploski RR, Carlson SL. Addressing challenges to providing peer-based recovery support. *J Behav Health Serv Res* 2012; 39: 481-491.
15. Davidson L, Bellamy C, Guy K, Miller R. Peer support among persons with severe mental illnesses: a review of evidence and experience. *World Psychiatry* 2012; 11: 123-128.
16. Rogers ES, Farkas M, Anthony WA, Kash M, Maru M, Brucker D. (2010). Systematic review of peer delivered services literature 1989-2009. Boston University Sargent College, Center for Psychiatric Rehabilitation. <http://www.bu.edu/drrk/>

research-syntheses/psychiatric-disabilities/peerdelivered-services. Erişim tarihi: Haziran 15, 2023.

17. Puschner B, Repper J, Mahlke C, Nixdorf R, Basangwa D, Nakku J, Ryan G, Baillie D, Shamba D, Ramesh M, Moran G, Lachmann M, Kalha J, Pathare S, Müller-Stierlin A, Slade M. Using Peer Support in Developing Empowering Mental Health Services (UPSIDES): Background, Rationale and Methodology. *Ann Glob Health*. 2019 Apr 5;85(1):53. doi: 10.5334/aogh.2435. PMID: 30951270; PMCID: PMC6634474.

18. Hall C, Baillie D, Basangwa D, Atukunda J. Brain Gain in Uganda: A case study of peer working as an adjunct to statutory mental health care in a low-income country, in *The Palgrave Handbook of Sociocultural Perspectives on Global Mental Health*. Edited by White RG, Jain S, Orr DMR, Read UM. London, Palgrave Macmillan, 2017, pp. 633–655.

19. Pathare S, Kalha J, Krishnamoorthy S. Peer support for mental illness in India: An under-utilised resource. *Epidemiol Psychiatr Sci* 2018; 27: 415–419.

20. Mental Health Commission of Canada. Guidelines for the Practice and Training of Peer Support. <http://www.mentalhealthcommission.ca>. Erişim tarihi: Haziran 1, 2023.

21. Lawton-Smith S. Peer support in mental health: where are we today?. *J Ment Health Train Educ Pract* 2013; 8: 152-158.

22. Naslund J, Grande S, Aschbrenner K, Elwyn G. Naturally occurring peer support through social media: the experiences of individuals with severe mental illness using YouTube. *PLoSOne* 2014; 9: e110171.

23. Naslund J, Aschbrenner K, Marsch L, McHugo G, Bartels S. Facebook for supporting a lifestyle intervention for people with major depressive disorder, bipolar disorder, and schizophrenia: an exploratory study. *Psychiatr Q* 2018; 9: 81–94.

24. Colder Carras M, Van Rooij A, Spruijt-Metz D, Kvedar J, Griffiths MD, Carabas, Y, Labrique A. Commercial video games as therapy: a new research agenda to unlock the potential of a global pastime. *Front Psychiatr* 2017; 8: 1-7.

25. Campbell S, Holter M, Manthey T, Rapp C. The effect of Common Ground software and decision support center. *Am J Psychiatr Rehabil* 2014; 17: 166–180.

26. Rehm I, Foenander E, Wallace K, Abbott J, Kyrios M, Thomas N. What role can avatars play in e-mental health interventions? Exploring new models of client-therapist interaction. *Front Psychiatr* 2016; 18: 1-6.

27. Medeiros L, Bosse T. An empathic agent that alleviates stress by providing support via social media. *AAMAS '17 Proceedings of the 16th Conference on Autonomous Agents and Multi Agent Systems 2017*; 1634-1636.

28. Naslund J, Aschbrenner K, Marsch L, Bartels S. The future of mental health care: Peer-to-peer support and social media. *Epidemiol Psychiatr Sci* 2016; 25: 113-122.

29. Mittal VA, Tessner KD, Walker EF. Elevated social Internet use and schizotypal personality disorder in adolescents. *Schizophr Res* 2007; 94: 50–57.

30. Highton-Williamson E, Priebe S, Giacco D. Online social networking in people with psychosis: a systematic review. *Int J Soc Psychiatry* 2015;61: 92–101.

31. Fortuna KL, Venegas M, Umucu E, Mois G, Walker R, Brooks JM. The future of peer support in digital psychiatry: Promise, progress, and opportunities. *Curr Treat Options Psychiatry* 2019; 6: 221-231.

32. Yıldırım A, Buzlu S, Aşlar RH, Camcıoğlu TH, Erdiman S, Ekinci M. Şizofreni Hastalarının Ailelerine Uygulanan Aileden Aileye Destek Programının Hastalık Hakkında Bilgi, Aile Yüku ve Öz Yeterlilik Üzerine Etkisi. *Türk Psikiyatri Derg* 2014; 25: 31-37.

33. Bademli K, Duman ZÇ. Aileden aileye destek programına ilişkin deneyimler. *Dokuz Eylül Üniv Hemşirelik Fak Elektronik Derg* 2014; 7: 115-118.

34. Yıldız A. Dünyada ve Türkiye'de Adsız Alkolikler. *Bağımlılık Derg* 2021; 22: 187-207.

35. Yıldız M, Tural Ü, Kurdoğlu S, Önder ME. Şizofreni rehabilitasyonunda aile ve gönüllülerle yürütülen bir kulüp-ev denemesi. *Türk Psikiyatri Derg* 2003; 14: 281-287.

36. Soygür H, Yüksel MM, Eraslan P, Attepe Özden S. Mavi At Kafe'nin 6 yılda öğrettikleri: şizofreni hastalarının gözünden iyileşmeye katkıda bulunan etmenler-nitel bir analiz. *Türk Psikiyatri Derg* 2017; 28: 75-80.

37. Bademli K, Çetinkaya Duman Z. Şizofreni hastalarının bakım verenlerine uygulanan aileden aileye destek programları: sistematik derleme. *Türk Psikiyatri Derg* 2011; 22: 255-265.

38. Türkiye Büyük Millet Meclisi. Ruh Sağlığı Kanunu Teklifi. <https://cdn.tbmm.gov.tr/KKBSPublicFile/D27/Y6/T2/WebOnergeMetni/7a6a8b84-2bf8-4db9-a39e-ada3200dbdea.pdf>. Erişim tarihi: Temmuz 4, 2023.

39. Repper J. Peer support workers: theory and practice. London, Centre for Mental Health, 2013.

40. Trachtenberg M, Parsonage M, Shepherd G, Boardman J. Peer support in mental health care: is it good value for money?, http://eprints.lse.ac.uk/60793/1/Trachtenberg_etal_Report-Peer-support-in-mental-health-care-is-it-good-value-for-money_2013.pdf. Erişim tarihi: Temmuz 4, 2023.

41. Mahlke CI, Priebe S, Heumann K, Daubmann A, Wegscheider K, Bock T. Effectiveness of one-to-one peer support for patients with severe mental illness—a randomised controlled trial. *Eur Psychiatr* 2017;42: 103-110.

42. Parker S, Arnautovska U, Korman N, Harris M, Dark F. Comparative effectiveness of integrated peer support and clinical staffing models for community-based residential mental health rehabilitation: a prospective observational study. *Community Ment Health J* 2023; 59: 459-470.

43. Smit D, Miguel C, Vrijnsen JN, Groeneweg B, Spijker J, Cuijpers P. The effectiveness of peer support for individuals with mental illness: systematic review and meta-analysis. *Psychol Med* 2023; 53: 5332-5341.

44. Walker G, Bryant W. Peer support in adult mental health services: A meta synthesis of qualitative findings. *Psychiatr Rehabil J* 2013; 36: 28–34.

45. Repper J, Carter T. A review of the literature on peer support in mental health services. *J Ment Health* 2011; 20: 392-411.

46. Repper J, Carter T. Using Personal Experience to Support Others With Similar Difficulties: A Review of the Literature on Peer Support in Mental Health Services. London, University of Nottingham, 2010.

47. Fisher EB, Tang PY, Coufal M, Liu Y, Luu SL, Evans M, Jia W. Peer support, in *Chronic Illness Care*. Edited by Daaleman TP, Helton MR. Cham, Springer, 2023, pp. 113-127.