J. Psychosoc. Rehabil. Ment. Health (2026) 13:239–252
https://doi.org/10.1007/s40737-025-00452-4

ORIGINAL ARTICLE

Stakeholders' Perspectives on the Landscape of Peer Support in Swedish Mental Health Services: A Qualitative Study

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Received: 2 July 2024 / Accepted: 29 January 2025 / Published online: 25 February 2025
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Abstract The integration of peer support workers (PSW) into the mental health services workforce has offered additional avenues to strengthen service provision. In Sweden, the availability of peer support workers has grown significantly over the past decade, yet there has been insufficient investigation into their organization and implementation. Consequently, there is a growing need for further research into the current state of peer support within the Swedish context. To examine stakeholders' perspectives on the current state of peer support within the context of Swedish mental health services. In this qualitative study, a purposeful sampling method was employed in order to recruit 30 stakeholders, including peer support workers (n = 17) within mental health services, county council and municipal officials (n = 8), and representatives from user organizations (n = 5). The informants took part in focus groups or semi-structured individual interviews. The results highlight key factors from stakeholders for advancing peer support, providing PSWs with career paths and skill development, and advocating to top-level authorities. Organizational structures need to support sustainability, with Sweden's user organizations playing a crucial role to mitigate peer drifting. Long-term success relies on secure employment and a clear implementation strategy. The physical work environment shapes peer support implementation and requires clearly defined work roles. Navigating mental health services was viewed as challenging. According to the results, it requires stakeholders to balance perspectives and address feelings of inadequacy among PSWs, underscoring the need to legitimize the PSW profession in mental health care. To ensure genuine progress in the current organization of peer support, this work role must become a foundational aspect of service delivery, rather than merely an add-on, to foster the development of a more recovery-oriented mental health service in Sweden.

Keywords Peer support · Recovery · Mental health · Stakeholders' perspectives

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Background

The utilization of peer support as an intervention has gained prominence as a means to improve service provision for mental health service users. Peer support involves a service that is delivered by a trained person with lived experiences of mental illness, providing support during the treatment process to facilitate long-term recovery for persons who are going through similar experiences (Chinman et al. 2014). Peer support is also linked to a broader initiative aimed at redirecting existing mental health services towards a more recovery- and person-centered approach, rather than the traditional clinical focus on psychiatric symptomatology (Davidson et al. 2006; Fuhr et al. 2014).

The research literature on the efficacy of peer support indicates that it can improve a variety of recovery-oriented outcomes, primarily in the sphere of personal recovery, where an increased sense of hope for the future, empowerment, social inclusion, and quality of life are in focus (Høgh Egmose et al. 2023; Lyons et al. 2021). The concept of personal recovery is a deeply individual process, centered on redefining one's attitudes, values, emotions, goals, skills, and roles. In addition, it focuses on building a fulfilling, hopeful, and meaningful life despite the challenges of illness. As such, personal recovery involves finding new purpose and meaning while moving beyond the impact of mental illness (Anthony 1993). Overall, peer support is anticipated to contribute to more empowering mental health services (Moran et al. 2020; Puschner et al. 2019). Nevertheless, there remains uncertainty regarding the role and specific work tasks of peer supporters, which in some cases, has led to the underutilization of PSWs, as emphasized in prior research (Grim et al. 2022a, b; Ibrahim et al. 2020). Davidson and colleagues (2012) have proposed the need for identifying essential components of peer support and understanding its fundamental aspects, including optimal settings and modes of delivery. Similarly, a number of international initiatives are currently investigating peer support and the potential for specific peer support interventions (Moran et al. 2020; Poulsen et al. 2022). For example, a recent systematic review concluded that there is a need for additional qualitative research to understand various forms of current PSW service delivery and the mechanisms that bring about change (Høgh Egmose et al. 2023). The need for this knowledge is critical to developing context-appropriate and peer support specific interventions that can be tested in larger trials (Krumm et al. 2022; Ramesh et al. 2023).

The training for and delivery of peer support varies in different countries, often relying on many different forms of education and peer run initiatives (Haun et al. 2024). In Sweden, the user-run umbrella organization Swedish Partnership for Mental Health (NSPH) (https://nsph.se) has developed a distinctive model for peer support based on the user movement, which includes recruitment, training, and continuous supervision. The regional NSPH organizations deliver the model within their local and regional contexts, while the national NSPH drives policy change and supports the regional implementation of peer support. The importance of ongoing collaboration between the user movement, PSWs, and the implementation context is emphasized in order to facilitate crucial knowledge exchange (Grim et al. 2022a, b). Consistent with this perspective, Ibrahim et al. (2020) proposes that implementation significantly benefits from a well-structured peer supporter program. This entails providing comprehensive training for PSWs, ensuring access to support from a peer network, and clearly defined work roles. These implementation factors have further been highlighted to mitigate peer drifting (i.e., the tendency for PSWs to conform to the behaviors and attitudes of clinical personnel, leading to a loss of recovery-oriented practice) (Mutschler et al. 2022). The recent expansion of PSWs in various Swedish settings and target groups has yet to be extensively researched. A study conducted in Sweden that focused on the experiences of service users who received peer support found that the positive outcomes were not limited to individual benefits, but also extended to the development of a more trusting relationship between service users and the Swedish psychiatric services (Rosenberg and Argentzell 2018). A more recent qualitative study, as seen from the perspective of managers in a Swedish mental health service context, suggests the importance of considering staff roles, power dynamics, connection to the user movement, and reevaluating the value of experience-based knowledge for the sustainable implementation of peer support (Grim et al. 2022a, b). A recent co-production study similarly highlights the challenges of legitimizing user knowledge in mental health services and implementing peer support in clinical

settings. It found that the credibility of lived experience depends on its alignment with the group's views, organization and consistency, access to information and influence, and user involvement in decision-making (Grim et al. 2022a, b).

Despite a growing body of evidence suggesting that peer support has a positive impact on recovery-oriented outcomes (Bejerholm and Roe 2018), it is still unclear how peer support work is delivered and organized. Few research studies have been conducted in a Swedish context and are limited to qualitative investigations of managers´ perspectives and service users' experiences of peer support (Grim et al. 2022a, b; Rosenberg and Argentzell 2018). The present study aimed to expand upon the perspective of stakeholders by offering a more comprehensive understanding of the role of peer support within mental health system. If left unaddressed, this gap in knowledge may hinder the ability to develop acceptable peer support interventions that can be embedded in practice. Therefore, engaging stakeholders who are involved in peer support on different levels within mental health services was the next logical step to better understand the current landscape of peer support and to contribute to the development of culturally appropriate interventions. Thus, exploring stakeholders' perspectives is vital to inform the future development of interventions and implementation strategies.

Aim

The aim of this study was to examine stakeholders' perspectives on the current state of peer support within the context of Swedish mental health services, in order to uncover conditions critical for the further sustainable development of peer support.

Methods

Study Design

This study is part of a larger research program, UserInvolve, with the aim of developing sustainable practices for service user involvement within mental health services. The national collaboration of user organizations in mental health (NSPH) was part of the original research grant application and have been engaged as a co-production partner throughout all phases of the research program (Markström et al. 2023). The peer support project, part of the UserInvolve program, additionally engaged stakeholders from local user organizations, social psychiatry, and psychiatric services to further foster a relevant co-production model. This steering committee contributed at various levels, helping to identify pathways for developing the project and supporting research tasks, such as developing the interview guide for this study. This qualitative descriptive study aimed to depict the current state of peer support in the Swedish context. It involved conducting semi-structured individual and focus group interviews with important key stakeholders for the development of peer support in a Swedish setting. The results were analyzed using bottom-up (inductive) thematic analysis according to Braun and Clarke (2022). Theoretically grounded in critical realism, this analytical focus posits that meaning making is shaped by various cultural and social contexts, thereby influencing how phenomena are experienced and interpreted (Moon and Blackman 2014). Enhancing our understanding of peer support can aid in comprehending the key features of service delivery and the factors influencing its implementation. Engaging stakeholders ensures that future peer support interventions are acceptable and tailored to the Swedish context. This study adhered to the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong et al. 2007).

Recruitment

Purposeful sampling was used as the recruitment method to intentionally select stakeholders who could provide in-depth and rich information related to the research topic (Palinkas et al. 2015). The recruitment procedure was initiated by contacting specific individuals, who were known to possess knowledge of the peer support context at regional and national levels in Sweden. This included three regions where peer support was most prominent: one in the south and two in the central part of Sweden. Subsequently, these individuals facilitated contact between participants and researchers by providing information about the current study in the form of a leaflet and a consent form to potential participants. Participants were then able to contact the research team via phone or email to receive further oral and written information about

the study and make an informed decision about participating. Following this, study participants signed the consent form, allowing the interviews to be conducted.

Three stakeholder groups were included. First, PSWs participated in focus group interviews. The inclusion criteria for PSWs were as follows: (1) having received formal education to facilitate the recovery journeys of others by drawing on their lived experiences with mental health problems, (2) being employed in either social psychiatry or psychiatry (i.e., municipal mental health services and regional specialized psychiatric services), and (3) providing continuous support to service users. Secondly, county council and municipal officials knowledgeable about peer support took part in individual interviews. These stakeholders included individuals in strategic or managerial positions in mental health services who had employed PSWs. The third and final stakeholder group included representatives of user organization representatives with a strategic or educational and supervisory role of peer supporters.

Data Collection

Data was collected both in the form of focus group and individual interviews. The focus group interviews were conducted with PSWs, and individual interviews were held with the other key stakeholders involved with peer support (Kvale and Brinkmann 2009). Both individual and focus group interviews were guided by a semi-structured protocol to ensure consistency during the data collection process. The interview protocol included questions regarding study participants' perspectives of peer support, covering its content, education, supervision, barriers, facilitators for implementation, and possible improvements. The interview protocol was used for both interview formats, only slightly adjusted for a better fit with the particular stakeholder group. Additionally, the interview protocol was co-produced and evaluated by user organization representatives to ensure the validity and clarity of the questions. Before the interviews, researchers informed the participants about the study and obtained informed consent from each respondent. Each interview was audio-recorded, and following each session, the interviewers completed fieldnotes to provide additional contextual support for the analysis process. Information power determined the decision to end data collection (Malterud et al. 2016). The somewhat broad aim and the high quality of the data set consisted of four focus group interviews and 13 individual interviews (Malterud et al. 2016). All data was collected between June and December 2023.

Four focus group interviews with PSWs were conducted by two authors across three county councils in Sweden. One researcher assumed the role of the moderator during the focus group interviews, while the other played a supporting role, documenting field notes and posing probing questions when necessary. The focus group interviews lasted approximately two hours and were audio-recorded. To ensure the quality of data collection, participants were encouraged to state their names prior to speaking during the interviews. The focus group interviews were conducted at user organization or county council locations. The individual interviews were conducted by one of the two authors with key stakeholders who could provide in-depth knowledge about peer support in the Swedish mental health service context. Given limitations in resources, primarily time, and the dispersed locations of study participants across Sweden, these interviews were conducted through online video conferencing using LU-zoom. Each interview lasted approximately one hour.

Data Analysis

The study utilized a bottom-up thematic analysis, following the inductive approach suggested by Braun and Clarke (2022). Given the explorative nature and focus on stakeholders' perspectives, the bottom-up and critical orientation were primarily employed and proved well-suited for identifying themes emerging from qualitative data, free from the constraints of imposing pre-existing, theoretical frameworks onto the data.

The audio-recorded interviews were initially transcribed verbatim. The analysis procedure, as outlined by Braun and Clarke (2022), began with readings of the material to obtain an overall understanding of the data corpus. Subsequently, data were extracted and data points corresponding to the research aims were tabulated. These data points were then highlighted and coded into words or smaller sentences still aligned with the research aim. We then proceeded by distributing codes into sub-themes that represent the overarching patterns or concepts emerging from the

data. The next step involved attributing sub-themes to main themes, which allowed for a higher degree of abstraction. Theme attributions were continuously discussed among all co-authors. To keep the themes and sub-themes relevant to the research question, all authors continuously reviewed and adjusted them throughout the analysis process. We presented the findings to PSWs and stakeholders who had participated in the interview to conduct member checking for accuracy and judge whether the interpretations were correct (Nowell et al. 2017). Finally, all authors worked together iteratively to generate a narrative representation of the material to ensure its accuracy and alignment with the research aim (Table 1).

Results

The participants included in this study totaled 30 (Table 2) individuals who took part in either focus groups or individual interviews. All stakeholders included in the study were actively engaged in peer support on different levels in the mental health organizations and were involved in the continuous development of peer support within mental health services in Sweden. All Stakeholders that were interviewed using focus groups were currently employed as PSWs (n = 17). All but one had received a peer support education and were also receiving frequent supervision in their peer support role from NSPH. Those interviewed individually included county council and municipal officials (n = 8), with a strategic or managerial position, and who employed PSWs in mental health services. The last stakeholder group who participated in the individual interview were representatives of NSPH (n = 5), with a strategic, educational or supervisory role.

The resulting main theme represents critical factors that might enable the progress of peer support within the current landscape. These factors are presented as four themes and their accompanying subthemes (Table 3). Each sub-theme can be found in cursive within the narrative representation of the findings.

Scaling Up Peer Support

To achieve progress in the current landscape, the participants expressed important factors related to the theme "Scaling up peer support". Foremost, the issue of financial backing was highlighted, which was viewed as crucial across all organizational tiers. In addition, it seemed pivotal to provide avenues for PSWs to establish feasible career paths and hone their professional skills. Similarly, all of the stakeholders expressed that influencing top-level authority and policymakers was critical for facilitating the growth of peer support in Swedish mental health services.

A recurrent finding underscores the imperative of *ensuring financial sustainability for the growth* of peer support. PSW participants acknowledge that low salary served as a hindrance to pursuing peer support as a legitimized occupation. Similarly, managers at various levels elaborated on the necessity for an increased financial budget to employ additional peer supporters. In times of financial difficulty, managers explained that PSWs are typically the ones deprioritized in terms of salary and employment provision

Table 1 Example of the analysis procedure

Data extract	Code	Identified theme	Sub-theme
The complexity lies in the fact that we have an economy to navigate, which isn't quite sufficient. If we were to say we need more funds, and when faced with limited resources while deciding on which professional role to hire, it's easy to think that we might not need a peer supporter. This could be due to a lack of awareness regarding what such a role entails	F2: Lack of funding generate complexity F2: Lack of PS awareness leads to deprioritize PS funding	Lacking funding Deprioritizing PS funding	Ensuring Financial Sustainability for Growth

Table 2 Demographic characteristics of participants (n = 30)

Characteristics	Participants
PSW (n = 17)	
Sex	
Female/Male/Non-binary	10/6/1
Age in years	
Mean (Range)	41,8 (28–58)
Educational level	
Middle school < 16	2
Upper secondary > 16	11
College/university > 18	4
Years employed as PSW	
Mean (Range)	3.9 (1–11)
Employment context	
Municipal social psychiatry	9
Outpatient psychiatry	2
Inpatient psychiatry	6
County council and municipality officials (n = 8)	
Sex	
Female/Male	3/5
Age in years	
Mean (Range)	53.3 (47–64)
Educational level	
Middle school < 16	0
Upper secondary > 16	0
College/university > 18	8
Years working with peer support	
Mean (Range)	9 (3–13)
Representatives for user organisations (n = 5)	
Sex	
Female/Male	4/1
Age in years	
Mean (Range)	50 (36–65)
Educational level	
Middle school < 16	0
Upper secondary > 16	2
College/university > 18	3
Years working with peer support	
Mean (Range)	7.2 (3–11)

PSW peer support worker

as their role is not considered essential compared to other professional groups. This issue was emphasized in the interviews for both PSW and managers:

> "While all my colleagues were granted a salary raise, I was left out. It's disheartening when personnel occasionally express sentiments like, 'What the hell would we do without you?' [...] It's not just about the wallet, it extends to a feeling of being stigmatized. It's as if one is unfairly targeted in that notion, 'Well, you're just a peer supporter."—Peer support worker 5.
>
> "The biggest obstacle for me, because I know there are many (peer supporters) in line, is money. Affording to hire them, and I haven't always been so kind to managers because I say that this is the icing on the cake [...] but it costs money, it's like other employees, they cost just as much as the nurse and the caregiver. I need that money to have the icing on the cake."—County council and municipality official 7.

In Sweden, the majority of PSWs have undergone an education in peer support provided by the user organization NSPH, which managers and PSWs generally considered well-regarded and mandatory to ensure quality and good practice of PSW. However, participants expressed that it was crucial to *fostering continuous professional development* once PSWs begin to work. By providing additional avenues that enhance the expertise of PSWs it was also described as essential for them to have a career ladder to climb. Representatives from user organizations described experienced and occupationally active PSWs as a catalyst for growth. They provide knowledge at various levels within mental health services, which can be utilized for peer learning in various contexts, including education, supervision, and internships.

> "To effectively develop peer support, we require experienced peer supporters who can transition from their initial peer roles to more supervisory and educational positions. Ensuring an adequate supply of expertise in this manner is crucial for the longevity of peer support initiatives in the long term."—Representative from user organization 2.

Impacting the highest level of authority was also viewed as crucial to scale up peer support in a Swedish mental health setting. Stakeholders described that skepticism was prevalent in the early stages when introducing peer support to the different mental health services across the country. For example, involving individuals with previous mental illness in the workforce, to work with other patients, was seen

Table 3 Themes, sub-themes, and the overall theme: crafting a recipe for progressing the current peer support landscape for sustainable development

Theme	Sub-theme
Scaling up peer support	Ensuring Financial Sustainability for Growth Fostering Continuous Professional Development Impacting the Highest Levels of Authority
Facilitating organizational structures for sustainability	Elevating User Organizations as Essential Partners Prioritizing Integrative Employment Formats Implementing a Robust Long-Term Strategy
Evolving role of peer support	Supporting Recovery Amidst Diverse Tasks Affecting the Evidence Base for Peer Support Mitigating Peer Drifting
Charting a Course Through the Biomedical Paradigm	Confronting the Biomedical Perspective Traversing the Mental Health Service Setting Grappling with the Inferiority Context

as problematic due to fear that the patient would fall victim to inadequate support. Over time, all participants expressed that this preconception had gradually shifted, with mental health professionals and first-level managers recognizing the value of peer support in enhancing the recovery process. However, county council and municipal officials explained, as we climbed through managerial levels and organizational structures, there is still uncertainty regarding peer supports work tasks, contributions, and significant value. Representatives from users' organizations explained that they had recognized this knowledge gap at a systemic level. Consequently, they were actively working to direct efforts toward garnering support and acknowledgment for peer support's substantial contributions throughout the entire organizational hierarchy.

> "At the systemic level, these effects of peer support slowly but steadily ascend to the uppermost echelons of leadership, influencing political structures. Presently, after a decade, we find ourselves at the pinnacle of political engagement, initiating dialog with the highest political authorities."—Representative from user organization 5.

Facilitating Organizational Structures for Sustainability

The theme "Facilitating organizational structures for sustainability" focused on the crucial need to establish peer support in organizations. The participants expressed that connection with the user organization NSPH in Sweden stands out as a critical countermeasure against peer drifting, providing a secure foundation for PSWs. Integral to long-term sustainability are secure employment formats and a pressing need for a more comprehensive implementation strategy.

Elevating user organizations as an essential partner was described by all participants as further enhancing the sustainability of peer support. According to the participants this connection provides a stable foundation for retaining existing peer supporters. It seemed like the user organizations serve the purpose of countering peer drifting, creating sustainable structures, and offering a form of "home" for peer supporters. They provide a sense of security in the PSW professional role, one that can help them to maintain their focus on lived experience and recovery, rather than adapting clinical roles.

> "I would say that they (user organizations) have been more crucial than we have been, and absolutely essential for peer support to work. I could argue that NSPH, which has overseen this, at least for our part, has been instrumental in creating good structures. They have also been employers, truly holding together the entire peer support work until now and being absolutely crucial for it to function and endure."—County council and municipality official 5.

Nevertheless, user representatives expressed that they still found a lack of acknowledgement of the NSPH contributions to the vitality of peer support as

well as being viewed as an equal partner in the mental health services.

> "Everyone talks about user influence, but they don't see us as equals in that way. We are all equal, but some are more equal than others."—Representative from user organizations 5.

Prioritizing Integrative Employment Formats was viewed as crucial for ensuring long-term sustainability of peer support. The objective, as described by the different stakeholders, is to reach a stage where the majority of unit managers have dedicated budgets to hire and integrate additional PSWs into mental health services. However, the participants expressed that due to the lack of financial means, alternative methods have been employed to ensure the continuity of peer support. This involves utilizing specific wage subsidy employments tailored for individuals with disabilities or other barriers to the labor market. While these options may be advantageous in obtaining financial support for hiring peer supporters, they come with the drawback of providing insecure employment formats. In other situations, user organizations have stepped in as employers to offer permanent employment positions. In extreme cases, PSWs described these different formats of insecure employment as being detrimental to their health.

> "We had some peer supporters who had to go on sick leave due to years of project-based employment and the ongoing uncertainty about the continuity of their positions, with extensions granted only for three months at a time."—Peer support worker 11.

Implementing a Robust Long-Term Strategy for securing peer support within mental health care was deemed necessary by managers, municipal, and county council officials, one that has previously been identified as lacking. This is, to some extent, a result of the desire for peer support to grow organically, without being directed by officials or public servants, in contrast to having user organizations and individuals with lived experiences shape the development of peer support. Nevertheless, officials emphasized the need for taking leadership, with long-term implementation plans and valid methods for evaluating peer support. The lack thereof was perceived as a threat to peer supports' survival.

> "It's like creating a baby, one hopes that someone will take responsibility. 'Look, we've created peer support, now it's your turn to take over.' This has been going on for several years, examining how this transition should take place and not finding any established structures for it. It has felt like no one really wants to take responsability (in mental health services)."—County council and municipality official 3.

The Evolving Role of Peer support

The theme "The evolving role of peer support" describes the essence of an evolving worker role that could contribute to mental health services that are more recovery-oriented.

Regardless of the stakeholder group, the main function of a peer supporter was described as *supporting recovery amidst diverse tasks* and structure. This function should fulfill the role of purveyor to service users, demonstrating that recovery is possible through what was referred to as the mirroring effect (i.e., seeing reflections of their own struggles and successes when encountering others who have overcome similar obstacles), and thereby instilling hope for the future, and strengthening service users' own voice. The activities and manner in which this was achieved depended on the individual peer supporter's own experiences and interests, the context in which the peer supporter was embedded, and the individuals they were meeting and supporting. On the one hand, flexibility in the peer support role was highlighted as a strength, but on the other hand, it was mentioned as an uncertainty and in need of clarification.

> "Flexibility in the role is both a strength and a challenge. There is a need to formalize the role to some extent, while preserving its inherent flexibility."—Peer support worker 1.

Commonly emphasized was the need to evaluate and *address the evidence base* for peer support to strengthen and clarify its professional role and contribution to mental health services. Moreover, county council and municipal officials called for more structured evaluations of peer support, increased research, and efforts to influence national guidelines on peer support for effectively communicating its benefits to policymakers.

"As a public servant, one appreciates these national guidelines precisely to support arguments for investing in certain things (peer support). After all, even if one doesn't always get a hearing, it still holds tremendous weight."—County council and municipality official 5.

A potential concern from PSWs and representatives from user organizations was raised when a peer supporter starts to deviate from the core values and principles unique to peer support, gradually resembling other healthcare professionals. *Mitigating Peer Drifting* was thus described as crucial, as peer support is intended to serve as a complementary approach to the medical paradigm. They expressed that the essence of this complementarity role of lived experience diminishes if a peer supporter begins to act and use clinical terminology. Concerns were raised that in instances where a PSW operated as a solitary peer supporter in a medical context, the absence of support from a PSW colleague could exacerbate peer drifting. This was described as fueled by the desire for acceptance and a sense of belonging within the group of medical professionals. Therefore, participants expressed that strategies to counteract peer drifting should be used, including having more than one peer supporter per setting, access to further peer support professional education and an established foundational base to obtain guidance and supervision to retain the core values that make peer support unique. PSWs with less work experience were more fearful of losing clarity as to their role and considered user organizations to play an important role in alleviating this concern.

"Perhaps undergoing continuous training ensures we don't drift into a staff role. I'm genuinely afraid of transitioning into a staff role instead of staying true to my role as a peer."—Peer support worker 12.

Charting a Course Through the Biomedical Paradigm

PSWs and representatives from user organizations explained that effectively working as a peer supporter involves the theme of "Charting a course through the biomedical paradigm", describing challenges such as balancing divergent perspectives adeptly. However, PSWs often grapple with feelings of inadequacy rooted in their experiential knowledge, calling for more tools to legitimize their profession.

Confronting the biomedical perspective was described as a daily reality by PSWs, yet deemed necessary to instigate lasting change in the mental health services. PSWs highlighted the importance of achieving a balance among diverse perspectives to promote more recovery-oriented mental health services. The included perspectives encompassing the biomedical, recovery, and lived experiences, were all recognized as vital aspects of service provision. However, the participants expressed that the medical perspective seemed to be heavily favored in the current Swedish mental health services. Therefore, PSWs emphasized the importance of mastering the art of cautiously balancing these perspectives when trying to influence the mental health system. This balance was considered as more challenging for novice PSWs, while the more experienced PSWs had learnt that focusing too narrowly on one perspective can lead to conflicts, which may contribute to burnout and work against moving mental health services in the direction of personal recovery.

"I have a lot of eyes on me, and the fear of making mistakes is heightened as someone with lived experience within the psychiatric system. Although I have acquired the skills to navigate it over the years, I've witnessed a few individuals, end up in a bad situation, which makes me tread cautiously."—Peer support worker 11.

"I used to be much more prone to conflict, but that approach doesn't work. I've come to understand that there must be a balance. This principle applies to the system as well, the obligation has to extend towards us (PSWs) as well. If we are to have a place, if our experience is to be included, space must be created for us. We must be invited in."—Peer support worker 14.

Traversing the mental health service setting presents challenges that according to PSWs and representatives from user organizations require varied approaches and skills, depending on the context. In the realm of inpatient care, it was typical to have shared spaces with service users moving in and out at shorter intervals, making spontaneous interactions with them more accessible. In outpatient care and social psychiatry, PSWs depended on other staff being informed about their roles and functions. This

enables service users to transition from staff to PSWs but also necessitates active engagement in outreach activities. Nevertheless, conducting structured study circle activities over an extended period was considered to be more feasible in outpatient care and social psychiatry contexts.

> Inpatient care is a very special environment, it is both the focus on safety and the temporary contacts that one usually has there, because you generally have no contact with the patients when they leave the ward. However, in outpatient care and social psychiatry, there is more long-term contact, or at least the possibility of it.—Representative from user organization 2.

While lived experiences were regarded as the primary asset of PSWs in aiding the recovery process of service users, relying solely on this experiential knowledge sometimes seemed to lead PSWs to *grapple with an inferiority context*. This sentiment was reciprocated by mental health professionals who, at times, were described as having difficulty placing complete trust in PSWs to perform satisfactorily with service users. Representatives from user organizations explained that lived experiences were not always considered a legitimate source of knowledge by personnel and managers, but respect for the experiential knowledge base had improved over the years since peer support was first implemented. PWSs expressed a desire to complement their existing expertise with more structured interventions, theoretical knowledge, and traditional education typically obtained from formal sources.

> "It is common among peer supporters that we may experience a bit of inferiority complex, questioning our professional role and what we can actually contribute, especially when we start comparing ourselves to our colleagues who have manuals and possess a wealth of theoretical knowledge."—Peer supporter 1.

Discussion

This study set out to describe stakeholders' perspective on the current state of peer support in Swedish mental health services. Despite notable progress made over the decade of PSW's presence, such as contributing to positive experiences for service users and fostering a more recovery-oriented Swedish mental health services (Rosenberg and Argentzell 2018), there is still much tension involved in implementing this worker role. The results, including perspectives from PSW, user organizations and managers at mental health services, offer a recipe for progress to incorporate peer support as a sustainable and basic ingredient in the Swedish mental health care services dish.

Generally, stakeholders' perspectives on Swedish mental health care and peer support showed that *scaling up and establishing sustainable structures for peer support* within a predominantly biomedical system faced significant challenges that could impede progress. Internationally, having a robust program for peer support has been acknowledged as a critical factor for success (Ibrahim et al. 2020). Part of the program to create a successful recipe for progress should involve a foundational base where PSWs can refill their experiential knowledge and thereby counter peer drifting as well as create sustainable structures. What seems somewhat unique to Sweden is the prominent role of a well-established user organization in providing an external critical perspective to prevent peer drifting, which has also been observed in earlier Swedish studies (Grim et al. 2022a, b). The result of the current study suggests that the national user association stands out as an innovator, offering a more or less unified model for peer support. The NSPH model may be seen as fostering a cohesive peer support workforce that resembles a professional association, one that advocates for the unique competence of the profession while also contributing to professional development. Even though few in number, the extent to which the Swedish PSWs are more unified in terms of training and supervision is an empirical question that needs to be further investigated. Even so, managers and organizations would do well to consider whether employed PSWs have access to a foundational base to recharge their peer support identity and enable their supplementary role in an otherwise biomedically-oriented mental health service. Otherwise, the strong medical paradigm in Sweden could be one factor that impedes PSWs from crossing the tipping point into more recovery-oriented services (Rosenberg and Argentzell 2018).

The *evolving role of peer support* is well-documented to be elusive (Crane et al. 2016; Silver and Nemec 2016). This uncertainty can be linked to the

necessity of performing diverse tasks to support recovery, which the current study suggests is influenced by peer supporters' personal experiences and interests, the specific context in which they operate, and the individuals they interact with during their work. The inherent flexibility of this arrangement can be viewed as both advantageous and challenging. On one hand, it enables PSWs to build relationships based on trust and draw upon experiential knowledge during service delivery. On the other hand, it presents difficulties in clearly delineating their work roles (Viking et al. 2022). A systematic review highlights that potential barriers to implementation include peer support with poorly defined work roles (Ibrahim et al. 2020). A disintegrated and broad training, on-the-job training, and supervision have raised questions regarding the potential conflicts within the PSWs' generally accepted values, unique contribution of their lived experience, and role definition more broadly (Cronise et al. 2016). It has been noted that the training for PSWs should clarify the foundational values guiding their approach, but it's the organization or team they are a part of that must precisely delineate their role and expectations within that setting (Repper 2013). As PSWs increasingly work across a wide spectrum of services, it may be advisable to clearly define their overall roles, guiding principles, and specific tasks within the context of their work. This clarity may enable their complementary skills and knowledge to enhance the team. Such clarification can help facilitate organizational integration and ultimately contribute to overall sustainability (Haun et al. 2024; Mirbahaeddin and Chreim 2022).

PSWs grapple with inadequacy rooted in their experiential knowledge, calling for more tools *to chart a course through the biomedical paradigm*. Peer support as an intervention has been noted to be complex to evaluate because of the uncertainty of what is actually being delivered and what its active ingredient is (Davidson and Guy 2012). As such, the current study's findings suggest the need for more structured interventions to assess its effectiveness, legitimize the profession of PSWs, and make its value more readily apparent and communicable. A recent systematic review similarly highlighted the need for developing future peer support interventions that are co-created with PSWs to utilize the peers' lived experiences, supplemented by qualitative study to explore its mechanisms of change (Høgh Egmose et al. 2023). The current study further indicates that the mirroring effect, whereby individuals see reflections of their own struggles and successes when encountering others who have overcome similar obstacles, may instill hope for the future. Similar qualitative studies have suggested that identification with a role model and the establishment of trusting relationships based on shared experiences are pivotal mechanisms for enhancing empowerment, self-efficacy, and social connections (Watson 2017). A PSW can serve as an inspirational role model by fostering hope and optimism through sharing their journey with mental health challenges, psychiatric treatment, and the path to recovery (Repper and Carter 2011; Rosenberg and Argentzell 2018; Viking et al. 2022). These findings may help formulate a program theory that facilitates a better understanding of the mechanisms that bring about change. Such a formulation might guide the process of designing future profession-specific and context-attuned peer support interventions to increase its legitimacy in the mainstream mental health services system.

Methodological Considerations

The purposeful sampling method has certain limitations, all stakeholders involved in the study actively participated in peer support and demonstrated a general commitment to its progress. They were deliberately chosen since they had great knowledge within the peer support field. Consequently, critical perspectives on peer support might not be adequately reflected in the study's findings. However, the insights gained may still be relevant in similar contexts. Future research could explore settings where peer support is less widely accepted. A key consideration in ensuring the trustworthiness of the analysis was the role of researcher subjectivity. As the first author primarily handled the coding process, the interpretations were inevitably shaped by prior knowledge and experiences. However, this subjectivity was embraced as a valuable aspect, contributing to depth and reflexivity during the analysis procedure (Moon and Blackman 2014). To enhance the rigor of the findings, co-authors played an active role in the formation of themes and the narrative representation of results, engaging in an iterative process that involved continuous discussion and movement between the data and

identified themes. In addition, to ensure the credibility of the results, stakeholders who participated in the interviews were invited to listen to a presentation of the results and review the manuscript independently to validate the interpretation (Nowell et al. 2017).

Conclusions

The results underscore essential factors for advancing peer support in the current landscape. Economic support is emphasized across all organizational levels, alongside the need to provide PSWs with viable career paths and skill development opportunities. Advocacy efforts directed at top-level authorities and policymakers are crucial. Organizational structures supporting sustainable peer support are pivotal, with strong ties to user organizations serving as a critical defense against peer drifting. Long-term sustainability hinges on secure employment models and a comprehensive implementation strategy. The physical work environment significantly shapes peer support implementation, necessitating flexibility and clearer role descriptions. Navigating the biomedical paradigm presents challenges, demanding that PSWs adeptly balance different perspectives during service delivery and grapple with feelings of inadequacy, which highlights the necessity for tools to legitimize their profession.

While our results suggest that experienced stakeholders see the necessity of peer support becoming a foundational aspect of mental health services in order to scale up and become a more sustainable member of staff, there are challenges when attempting to define the various professional and organizational issues involved in building this foundation. Future research could explore settings where peer support is less widely accepted to gain further insight into professional and organizational barriers for continued progress.

Acknowledgements We thank the respondents for their participation and the Swedish Research Council for Health, Working Life, and Welfare (FORTE), which made this research possible.

Author Contributions All authors contributed to the study conception and design. Data collection was performed by Patrik Engdahl, Elisabeth Argentzell, and Ulrika Bejerholm. Initial material preparation and analysis were conducted by Patrik Engdahl, with Elisabeth Argentzell, Ulrika Bejerholm, and Anneli Gustafsson becoming involved in the formation of themes. The first draft of the manuscript was written by Patrik Engdahl, and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

Funding Open access funding provided by Lund University. The research program UserInvolve, of which this study is a part, was funded by the Swedish Research Council for Health, Working Life, and Welfare (FORTE) under Grant Number 2021–01427.

Declarations

Competing interests The authors have no relevant financial or non-financial interests to disclose.

Ethics Approval In compliance with the 2008 revision of the Helsinki Declaration, approval has been granted by the Ethical Review Board in Lund, Reg. No: 2023–02060-01.

Consent to Participate Informed consent was obtained from all individual participants included in the study.

Consent to Publish The authors affirm that human research participants provided informed consent for the publication of the findings in research journals.

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