

Peer support in behavioral health care (PRCH)

Why it can work in the Latin context

Apoyo de pares en el cuidado de la salud conductual (PRCH): por qué puede funcionar en el contexto Latino

Apoio de pares em cuidados de saúde comportamental (PRCH): Por que pode funcionar no contexto latino



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Resumen

Las personas de origen latinoamericano tienen menos probabilidades de participar en el cuidado de la salud mental y subutilizar los servicios de salud mental en comparación con otros grupos raciales y étnicos. Las bajas tasas de participación en servicios de salud mental de la comunidad Latina en los Estados Unidos (EE.UU), se pueden atribuir en parte a los sistemas de cuidado que no son sensibles a la cultura Latina y al español. Las investigaciones han demostrado que las intervenciones centradas en la cultura que promueven los valores culturales de la comunidad latina, reportan una mayor participación y satisfacción en el tratamiento y los servicios de atención de salud mental. Un enfoque culturalmente informado para la participación efectiva es utilizar el apoyo de pares; es decir, se contratar a personas con experiencias vividas de salud mental y adicciones como compañeros de apoyo para ayudar a quienes atraviesan experiencias similares. Los estudios de investigación que miden la efectividad de los enfoques de apoyo entre pares, han mostrado mejoras en las vidas de quienes reciben apoyo de compañeros, ayudando con un mayor sentido de esperanza, calidad de vida y bienestar. También han mostrado disminución de hospitalizaciones, de visitas a los servicios de urgencias y menor uso de sustancias y de participación en actividades criminales. El apoyo entre pares dentro del contexto Latino parece un ajuste natural, dados sus valores colectivos compartidos (por ejemplo, simpatía, personalismo, respeto, confianza, familismo). Este artículo discute cómo los valores de apoyo entre pares se relacionan con los valores colectivistas; y cómo se pueden infundir más los valores latinos en el entrenamiento, desarrollo y supervisión de los compañeros de apoyo para mejorar la atención de salud mental culturalmente receptiva

Abstract

Individuals of Latin American background are less likely to engage in mental health care and underutilize mental health services than other racial and ethnic groups. The low rates of service engagement among the Latinx community in the United States (U.S.) can partially be attributed to service systems that lack culturally and linguistically responsive healthcare approaches. Research has shown that culturally centered interventions promoting Latinx cultural values report improved engagement and satisfaction in mental health care treatment and services. One culturally informed approach to effective engagement is using peer support; that is, the hiring of people with lived experiences of mental illness and addictions as peer supporters to assist those going through similar lived experiences. Research studies measuring the effectiveness of peer support approaches have shown improvements in the lives of those receiving peer supports, such as an increased sense of hope, quality of life, and well-being; decreased hospitalizations and ER visits; and decreased substance use and criminal justice involvement. Peer support within the Latinx context seems a natural fit given its shared collective values (e.g., simpatía, personalismo, respeto, confianza, familismo). This paper will discuss how peer support values map onto collectivistic values; and how Latinx values can be further infused in the training, development, and supervision of peer supporters to enhance culturally responsive care

Resumo

Pessoas de origem latino-americana têm menos probabilidade de participar de cuidados de saúde mental e subutilizam os serviços de saúde mental em comparação com outros grupos raciais e étnicos. As baixas taxas de participação em serviços de saúde mental na comunidade latina nos Estados Unidos (EUA) podem ser atribuídas em parte aos sistemas de atendimento que não são sensíveis à cultura latina e ao espanhol. A pesquisa mostrou que as intervenções focadas na cultura que promovem os valores culturais da comunidade latina, relatam uma maior participação e satisfação no tratamento e serviços de saúde mental. Uma abordagem culturalmente informada para a participação efetiva é usar o apoio dos pares; ou seja, pessoas com experiências vividas de saúde mental e vícios são contratadas como parceiros de apoio para ajudar aqueles que passam por experiências semelhantes. Os estudos de pesquisa que medem a eficácia das abordagens de apoio de pares mostraram melhorias nas vidas daqueles que recebem apoio de pares, ajudando com um maior senso de esperança, qualidade de vida e bem-estar. Também mostraram diminuição de internações, consultas em serviços de emergência e menor uso de substâncias e participação em atividades criminosas. O apoio dos pares dentro do contexto latino parece ser um ajuste natural, dados seus valores coletivos compartilhados (por exemplo, amizade, personalismo, respeito, confiança, familismo). Este artigo discute como os valores de apoio dos pares estão relacionados aos valores coletivistas; e como os valores latinos podem ser posteriormente infundidos no treinamento, desenvolvimento e supervisão de apoiadores de pares para melhorar o atendimento à saúde mental culturalmente responsivo.

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In the United States (U.S.), 40% of Latinxs (Latinx, individuals of Latin American background) between the ages of 26 and 49 with a serious and persistent mental illness (MI) (e.g., schizophrenia, major affective disorders, personality disorder) are not participating in traditional mental health treatment. For young Latinx adults, ages 18 and 25, the unmet need approximated 57% (McCance-Katz, 2018). Despite the noted vulnerability, even when care is available, Latinx people are less likely to engage in mental health care, underutilize mental health services, prematurely drop out of treatment, and report dissatisfaction compared to other racial and ethnic groups (Alegría et al., 2007; May et al., 2017; Zuvekas & Fleishman, 2008). The low rates of service engagement among the Latinx community can particularly be attributed to service systems that lack culturally and linguistically responsive healthcare approaches. Research has shown that culturally centered interventions promoting Latinx cultural values show improved engagement and satisfaction of mental care treatment and service (e.g., Paris et al., 2018). One culturally informed approach to effective engagement is using peer support; that is, hiring people with lived experience of mental illness and addictions as peer supporters to assist individuals going through similar experiences. Research studies, within a U.S. cultural context, measuring the effectiveness of peer support approaches have shown improvement in the lives of those receiving peer support, such as an increased sense of hope, quality of life, and well-being; decreased hospitalizations and emergency room visits, and decreased substance use and criminal justice involvement (Chinman et al., 2014; Bellamy et al., 2017). Peer support within the Latinx context seems a natural fit given shared collective values (e.g., *simpatía*, *personalismo*, *respeto*, *confianza*, *familismo*). This paper will discuss how Latinx collective values map onto peer support values and how Latinx values can be further infused in the training, development, and supervision of peer supports to enhance culturally responsive care within a U.S. cultural context.

Latinx in the U.S.

Today, Latinx people represent 18% of the United States population and are projected to account for 28.6% of the populace by 2060 (Colby & Ortman, 2015; Noe-Bustamante et al., 2020). In the last decade, the Latinx community made up approximately 52% of all U.S. population growth, making them the country's second-largest racial or ethnic group, behind non-Latinx Whites (Noe-Bustamante et al., 2020). At nearly 37%, Mexicans are considered the largest origin group and make up 62% of Latinxs, followed by the Caribbean community (e.g., Puerto Rico, Cuba, Dominican Republic) at 16%, Central Americans (e.g., Guatemala, El Salvador, Nicaragua) at 9.1%, and South Americans (e.g., Columbia, Ecuador, Venezuela) representing 5.7% (Noe-Bustamante, 2019). The significant demographic shifts among Latinxs in the United States have been correlated to immigration, as 35% are foreign-born (Flores et al., 2017). The Latinx community remains a vital part of the nation's overall demographic story, with migration patterns now shifting from coastal urban areas to rural regions of the South and Midwest (Noe-Bustamante et al., 2020; Terrzas, 2011). While statistics suggest an increase in Latinx representation between 2010 and 2019, the community's growth is said to have slowed as a result of anti-immigrant policies, low employment opportunities, and low annual numbers of births to Latinx women (Zong & Batalova, 2018).

Latinx mental health

Research shows that mental illnesses (MI) are common in the United States, affecting the lives of millions of individuals and their families each year. Prevalence rates show that an estimated 11.2 million adults, representing 4.5% of the U.S. population, aged 18 or older, are diagnosed with mental illness (Abuse, 2017). In 2018 the Latinx community made up 3.2% of adults with MI in the United States (McCance-Katz, 2018). The healthcare concerns of individuals with SMI are worsened by ethnic health disparities (Ezell et al., 2013). People of Latinx background with MI experience significant health problems compared to the non-Latinx White population and the European American population with MI (Alegria et al., 2011; Cabassa et al., 2013). Research studies measuring access to mental healthcare have shown that Latinxs are less likely than non-Latinx Whites to access care, and when they do obtain care, it is more likely to be of poor quality (Cabassa et al., 2006; Institute of Medicine [IOM], 2003; Rastogi et al., 2013; Raymond-Flesch, 2014; United States Department of Health and Human Services [USDHHS], 2001). For Latinxs, disparities in mental health care treatment may be a factor why they experience elevated levels of psychological distress, more chronic psychiatric disorders, and more frequent use of emergency psychiatric services compared to non-Latinx Whites (Krieger et al., 2011; Breslau et al., 2006; Snowden et al., 2009). Given the high personal and societal costs of untreated mental illness among Latinxs, modifications must be made to the healthcare system to meet the need of the second largest ethnic group in the U.S.

Latinx engagement in treatment

Despite the behavioral health needs of the Latinx community, their representation in treatment continues to lag behind that of the general

population (Alegria et al., 2008). Latinxs are more likely to delay and be less active in treatment. Studies examining barriers to behavioral health treatment among underrepresented groups in the United States (e.g., Latinxs) have been identified on two levels, individual/attitudinal and structural/systemic (Fortuna et al., 2010). Individual cultural barriers include cultural mistrust of the mental health system and providers (especially the undocumented population), desire to overcome problems on one's own, and experiences of racial and ethnic discrimination by providers (Alegria et al., 2008; Andrade et al., 2014; Ojeda et al., 2006). System-level barriers encountered by the Latinx community include, but are not limited to, lack of racial and ethnic availability and match between patient and provider, poor or lack of insurance coverage, limited availability of bilingual providers, economic challenges, lack of transportation, lack of childcare, difficulty with taking time off from work, and limited educational attainment (Alegria et al., 2008; Bridges et al., 2012; Lanouette et al., 2009; Marsh et al., 2009). Additionally, cultural stigma has been identified as a barrier to engagement and retention to behavioral health care among Latinxs and additional immigrant communities (Gary, 2005; Nadeem et al., 2007).

There is substantial evidence to support the importance and effectiveness of culturally centered and responsive care to address the Latinx population's unique needs, yet debates surrounding cultural adaptation of interventions remain. Broadly, treatment adaptation is described as a systemic modification of an evidence-based intervention that considers language, culture, and the context in a unique approach congruent with the individual's cultural norms, meaning, and values (Bernal et al., 2009). Research has found culturally tailored interventions for the Latinx community to effectively foster behavior changes across various mental health concerns, including major depression and substance use (Interian et al., 2008; Lee et al., 2013). Additionally, a meta-analysis comparing evidence-based treatments with culturally adapted programs found the latter to be better regarding effect size on target outcomes (Griner & Smith, 2006). While there are various prominent models and frameworks describing approaches to treatment adaptation, there is an agreement that frameworks, theories, and models need to consider risk and resilience factors impacting the population of interest (Castro et al., 2010). As such, the application of Latinx cultural values to peer support practices can increase treatment engagement and, therefore, address the issue around access and disparities in treatment for Latinxs.

Latinx values

Advocates in favor of cultural adaptation stress the importance of incorporating aspects of culture into interventions and care, such as cultural values. Cultural modifications of interventions are both important and necessary to increase the transportability of treatment to Latinx populations and other racial and ethnic communities (Calzada et al., 2010). Evidence highlighting the underutilization of mental health services among Latinx strengthens this argument (Garland et al., 2005). As a result, approaches to care addressing the unique needs of Latinx populations must consider that Latinx culture has numerous values that need to be recognized in clinical settings and when engaging in treatment. These include, but are not limited to, familismo (strong identification with family kin relationships; Arredondo et al., 2014); personalismo (friendliness, priority, and preference for interpersonal relationships; Arredondo et al., 2014); simpatía (amicable and polite approach towards others despite a

state of hardship or disagreement; Dana, 1997); respeto (**respect, attentive concern for patients and respect of their personhood and age, especially if the patient is older; Flores et al., 2000**); and, confianza (**trust; Flores et al., 2000**). The integration of Latinx cultural values into interventions and treatment engagement can increase the utilization of mental health services among Latinxs. Furthermore, the incorporation of cultural values creates a collective healing experience that may help Latinx individuals move away from an “I” individualistic orientation (e.g., I am alone in this experience) to a “We” collectivistic orientation (e.g., We are together in our experience), which is central to Latinxs (**Cervantes et al., 2019; Latina Feminist Group, 2001**). Collective identity shift from the I to the WE is at the crux of peer support.

Peer support

Peer support interventions involve hiring people with lived experience to support others (**Davidson et al., 2006**). In the larger recovery movement, peer support has been rooted in a person-centered approach and outcome, emphasizing social inclusion and empowerment, rather than traditional clinical expectations (e.g., reduction in symptomatology) (**Puschner et al., 2019**). Through an almost parallel process, peer supporters provide support to service users on their recovery journey by offering practical and emotional support, empowered self-disclosure, the embodiment of hope, liberation/empowerment, self-efficacy, and improving social networks (**Davidson et al., 2006; Fuhr et al., 2014; Repper & Perkins, 2003; Shepherd et al., 2008**). In addition to the psychosociocultural support provided by peers, there is evidence supporting their effectiveness in providing services ranging from counseling to advocacy through specially-designed peer positions (e.g., peer advocates, consumer case managers, peer specialists) in various settings (**Simpson & House, 2002; Solomon, 2004; Chinman et al., 2014; Bellamy et al., 2017**), and across cultures (**Dahl et al., 2015; O’Hagan et al., 2010; Simpson et al., 2014**). Findings from these studies highlight the importance and benefits of integrating peers into mental health systems. Yet, up to this point, what we know about peer support has been developed in Anglophone and high-income countries. As a result, it is important to consider how the cultural context can influence both practice and implementation of peer support, in particularly in low-and-middle income countries such as those in South and Central America. To date, there have been several training models on recovery and peer support that have been translated into Spanish and Portuguese, but it is uncertain how they have been adapted to fit the cultural context.

Evidence of Peer Support

One of the reasons why peer support services are effective is due to the emphasis on the belief that ‘peers’ are considered to be equal, challenging the traditional healthcare model of service, differentiating between the expert (e.g., provider) and consumer (e.g., people with SMI and families) (**Dennis, 2003; Repper, 2010**). What sets peer support services apart from other types of interventions and consumer services is their collaborative nature and mutual and equal partnership of individuals who share their lived experience and expertise of their

recovery journeys (**Repper, 2010**). Research studies investigating the positive effects of peer services have shown improved empowerment, hope, quality of life, self-esteem, social inclusion, and engagement with care for service users (**Davidson et al., 2006; Repper & Carter, 2011; Resnick & Rosenheck, 2008; Ochocka et al., 2006**). Findings also suggest improved functioning, recovery, employment for peer support workers (PSW), improved attitudes of staff towards consumers, and cost-saving for service providers (**Chinman et al., 2014; Hutchinson et al., 2006; Repper & Carter, 2011; Sledge et al., 2011; Stant et al., 2011; Walker & Bryant, 2013**). Additionally, evidence from two systemic reviews showed that PSWs achieved similar outcomes to professionals employed in similar roles and were more effective at reducing inpatient service use and engaging other individuals with lived experience in care than other professionals (**Chinman et al., 2014; Pitt et al., 2013**). In sum, there is significant evidence to support the effectiveness and contributions of peer support services, therefore, showing promise to work within a Latinx cultural context.

Evidence on Peer support values with Latinx Cultural values

The theory and framework of peer support are founded on three key principles: (1) respect, (2) shared responsibility, and (3) mutual agreement (**Mead et al., 2001**). Peer support encompasses the practice of deep empathy, connectedness, affiliation, trust, respect that comes from the heart, accountability, and holistic understanding based on mutual experience without limitations (**Mead et al., 2001**). As in any culture, interventions, or service of care, some values serve as pillars. For peer support services to be effective and produce a different recovery outcome, the values and concepts must remain true to themselves (**Mead & MacNeil, 2004; Solomon, 2004**).

Researchers and service users strongly endorse and advocate for access to peer support services. However, there is limited research on the application and effectiveness of peer support within a Latinx cultural context, both in the United States and Latin America. While narrow in scope, evidence from focus groups composed of Latinx participants stressed the importance of having access to peer navigators who were not only Latinx but also in recovery (**Corrigan et al., 2017**). Furthermore, participants noted that having peer navigators that were Latinx with consumer knowledge of the service system would greatly benefit other Latinxs. Similarly, among a sample of Latinx women with breast cancer and community advocates, it was important for peer counselors to share the same ethnic identity and language, and display simpatía, confianza, and an understanding of fatalismo (**Nápoles-Springer et al., 2009**); and among Latinxs with SMI, peer navigators needed to display confianza and accessibility (**Sheehan et al., 2018**). Findings from these studies point to the importance of ethnic matching between peers and service users, in addition to the display and understanding of Latinx cultural values. Although limited in scope, these studies indicate the importance of understating peer support within a U.S. Latinx cultural context and adaptation of peer support to increase treatment engagement among Latinx with MI.

A union of Peer and Latinx values

Although each of the recognized Latinx and peer values can influence engagement and treatment to varying degrees, we have chosen to focus our present discussion on three Latinx values we believe to map onto peer support values that can further enhance the engagement practices facilitated by peers. The three Latinx values we will be discussing include personalismo, respeto, and confianza. The three peer support values central to the discussion include mutuality and reciprocity, respect that comes from the heart, and trust.

Personalismo

Personalismo is described as «a style of communication that facilitates the development and maintenance of warm and friendly exchanges and an overall preference for relationships with individuals rather than with institutions» (Añez et al., 2008). The emphasis of personalismo is on interpersonal and social interaction wherein people make a mindful effort to engage in pleasant and conflict-free exchanges, as caring compassionate people. Individuals who adhere to personalismo are often described as «friendly people» or «a likable person» (Santiago-Rivera et al., 2002). The cultural value of *simpatía* often intersects with personalismo, as both display a preference for personal, pleasant, and conflict-free interpersonal relationships (Añez et al., 2008; Triandis et al., 1984).

From a peer support perspective, personalismo can be mapped onto the peer value and practice of mutuality and reciprocity, which emphasizes building mutually empowering relationships with the understanding that conflict can further strengthen relationships (Mead et al., 2001). Latinxs who adhere to personalismo put much stock in trusting relationships, characterized by sincerity and authenticity, and grounded on a reciprocal perception between two individuals who deeply care about each other and their well-being (Davis et al., 2019). Personalismo can create a safe space between two or more individuals where vulnerability, asking for assistance, and sharing of personal information is encouraged and welcomed without judgment. Additionally, Latinxs who value personalismo may engage in behaviors that may produce positive experiences and emotions due to new relationships and social connections that feel secure (Davis et al., 2019).

The display of personalismo within a peer support context may first entail engaging in *pláticas*, personal and relaxed conversations for treatment engagement. Through the practice of *pláticas*, peers are slowly building trust and rapport, which can eventually lead to discussions about recovery. Establishing trust and rapport may involve respectful listening and caring interactions on behalf of the peer. Caring interactions may involve asking about the consumer's family, sharing personal information about oneself, or small gestures that display *cariño* (affection). It is important to note that it may take time for Latinx receiving peer support to feel comfortable before sharing or disclosing recovery concerns due to concerns of stigma, and therefore, peers may be required to spend more time engaging in informal discussions. Once trust and rapport have been established, peers may work on cultivating a safe space to enhance a consumer's sense of security, which may be salient for Latinxs with SMI who may identify as undocumented. To foster a safe space, peers may promote an open-door policy that supports informal dialogue and encourages genuine and caring conver-

sations. Engaging in such behaviors may enhance personalismo and positive emotions, motivating Latinx consumers to follow peer advice and continue to receive guidance.

Respeto

Broadly, respeto is “knowing the level of courtesy and decorum required in a given situation in relation to other people of a particular age, sex, and social status” (Harwood et al., 1995, p. 98). The highly esteemed value of respect serves to maintain harmony within the immediate and extended family (Marin & Marin, 1991). Respeto stresses the importance of hierarchical structures, in which individuals defer to those with more seniority, status, or life experience. There is also admiration for individuals with status or life experience, and they tend to be perceived as knowledgeable and wise (Añez et al., 2008).

From a peer support perspective, respeto can be mapped onto the peer value and practice of respect from the heart (Mead et al., 2001). By convention, respeto promotes “equality, empathy, and connection” in every relationship (Torres et al., 2002; p.166). An intricate aspect of respeto is its emphasis on mutual and reciprocal deference in interpersonal relationships, which play a significant role in establishing trust and rapport.

The display of respeto within a peer support context, for treatment engagement, may first entail the use of formal titles (i.e., Don, Doña, Señora) and the formal pronoun (i.e., Usted) (Añez et al., 2008). It is of utmost importance to be cautious to avoid unintentionally disrespecting a service user, as the display of disrespect may impact the relationship, the level of receptiveness to recommendations, and engagement on services. Once trust and rapport have been established, which can be done through the exchange of pleasantries and shared common interests, peers may share information on recovery with service users and even offer advice, of course, after obtaining permission. Once a degree of confianza is achieved, it is also likely that individuals may look to the peer for guidance and directions. The act of asking for advice and guidance is a display of respect, which communicates to the peer that their opinion is valued and highly regarded. Engaging in behaviors that display respeto may enhance and motivate Latinx consumers to engage in recovery-oriented service.

Nevertheless, it is important to recognize that individuals who adhere to the value of respeto may not openly disagree with individuals who hold higher status or with life experience (Añez et al., 2008). As a result, individuals may not question advice or suggestions provided or may refrain from challenging individuals of high status or life experience. Peer supporters may encounter this experience in assisting service users in developing self-advocacy skills in traditional medical settings. Thus, engagement and speaking with individuals about the importance of asking questions to their healthcare providers and understanding how respeto may be influencing the activation of these skills is important for peer supporters working in the Latinx context.

Confianza

The value of confianza can be described as experiencing a sense of trust and confidence in interpersonal relationships (Bracero, 1998). Confianza can be found in day-to-day interactions and is framed around reciprocity and constant reconfirmation of social relations (Baud, 2018; Fitt & McClure, 2015). The display of confianza can be seen through behaviors that reflect fairness and quality (Baud, 2018).

Establishing confianza takes time to build and is strengthened through various positive interactions (Añez et al., 2008; Baud, 2018).

From a peer support perspective, confianza can be mapped onto the peer value and practice of trust, which prompts a non-judgmental understanding of individuals as “whole” people with vast experiences (Mead et al., 2001). Latinx who adhere to confianza are likely to look for qualities in others that display trustworthiness, consistency, and respeto. Given its relational roots, Latinxs are more likely to seek assistance from family, close friends, or a persona de confianza (trustworthy person) than state institutions (Baud, 2018). As a result, Latinx who adhere to confianza are likely to follow recommendations or seek referrals to services trusted by family and friends (Lara-Cinisomo et al., 2014). This is because confianza is strongly based on personal relationships grounded on the idea that the person of confianza “knows us” or “is one of us” (Foster, 2010). In the peer support perspective, this may present itself as an individual deciding to engage in treatment only after being referred by a trusted peer.

The display of confianza within a peer support context may be shown through behaviors that reflect respeto and personalismo. Confianza may also be established through actions that demonstrate vulnerability and openness. Cultivating confianza may also include becoming an advocate or getting involved in tasks that go beyond simple acts of courtesy. Peer supporters in their role can attend treatment appointments if the individual they are working with requests for them to be at the appointment, whether to be in the room with the doctor or waiting for the person in the waiting room. Engaging in these acts of service and additional behaviors that communicate care may prompt the individual to experience a sense of intimacy and security, therefore, fostering confianza. Through behaviors that communicate being a persona de confianza, peers are also conveying a genuine commitment to the well-being of the individual.

In sum, peer support can be used to enhance the mental health of Latinxs. Improving mental health in Latinx may require peer support approaches that incorporate components directly related to social connectedness, community and family involvement, and healthful interpersonal relationships that focus on empowerment. Peer support that focuses on client empowerment and strengths might focus on religious/spiritual strengths and practices for this population. Finally, peer support that is Latinx centric that speaks to the Latinx experience has the potential to advance Latinx mental health, research, and clinical practice, which can be used to inform policy targeting disparities in Latinx mental health.

Conclusion

Peer support is a natural fit in the Latinx culture. We began this paper discussing mental health in the Latinx community within the United States and some of the challenges to engagement and access to treatment, including the lack of culturally appropriate services. We offered the intentional use of Latinx cultural values in practice and peer support interventions to better engage Latinx people with mental illness. We presented ways in which peer support values map onto three Latinx cultural values: personalismo, respeto, and confianza, and serve as critical ways to connect and engage individuals. These values can inform the work of peer supporters and practitioners.

Although we present ways in which peer support values map onto Latinx cultural values from a U.S. context, the integration discussed can serve as a model or foundation from which to further adapt peer

support in non-U.S. contexts. In addition, the current approach can enhance ongoing efforts in other parts of the world, including Latin America, to integrate and implement peer support into mental health services. Ultimately, the integration of peer values and Latinx cultural values can destigmatize mental illness and improve acceptance of peer support services in non-U.S. countries, which can enhance services provided by mental health organizations and possibly improvements in mental health for those served. Finally, given that there is limited consensus on best practice and variability in peer support models, we hope that this discussion served as a pillar from which to ground adaptation guidelines for culturally responsive peer support services.

Several questions remain as to why there is a slower uptake of this emerging workforce. Possible challenges to implementation might be in part how mental illness has been defined and perceived for centuries. More education and advocacy are needed to address the stigmatization and discrimination of mental illness in the Latinx context to encourage more people with lived experiences to “come out.” Otherwise, it will continue to be a challenge to find people willing to take on peer support employment roles. Traditional mental health settings will also need to address their own internalized organizational stigma; otherwise, working in settings that have not engaged in organizational readiness to integrate peer supporters may present more problems, particularly for the peer supporters.

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