



# Peer Support in Prevention and Early Intervention

Insight Report 2

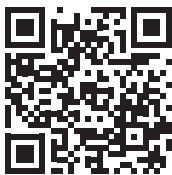
Part of The Future is Peer series



Photography in this report by Joe Dalton and Kevin Kerr.

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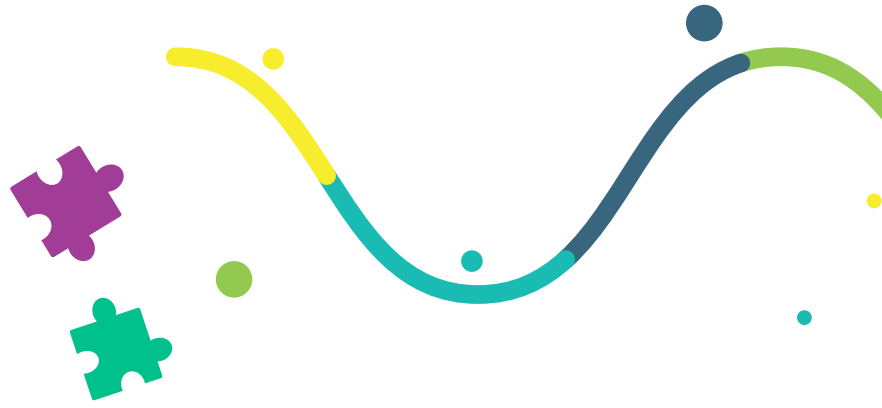
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Peer Support

#ILovePeerSupport

# Foreword



Scottish Recovery Network has produced this Insight Report to increase knowledge and understanding of the current and potential role of peer support in mental health prevention and early intervention in Scotland.

This report is part of a programme of work to champion peer support and peer working in mental health as set out in **Strategic Action 2.3** in the Scottish Government and COSLA Mental Health and Wellbeing Delivery Plan.

Peer Support in Prevention and Early Intervention is the second of four Insight Reports. The reports explore different themes with a view to growing peer support in Scotland. This Insight Report will set out:

- The role of peer support in mental health prevention and early intervention
- Examples of the impact of peer support in prevention and early intervention
- Opportunities to increase the positive impact of peer support in prevention and early intervention in Scotland

**Peer Support in Scotland (Insight Report 1)** sets out the case for peer support and outlines current mental health peer support activity in Scotland. Insight Reports 3 and 4 focus on the role of peer support in crisis and distress and the enablers and barriers to growing peer support in Scotland.

Our recent Growing Peer Support in Scotland Community Roundtable discussions highlighted the desire for the creation of a community-led mental health system focused on relational, human approaches to support and recovery. This radical vision is also one supported by government with the commitment to health and social care that is ‘people-led and value-based’. Achieving this transformative vision requires new thinking, new perspectives and new solutions. A much more significant role for lived experience leadership in designing and delivering the new future and for peer support to be an equally valued and integral part of our mental health system.

We want to thank all the people, groups, organisations and services across the country who continue to share their peer support learning, views, practice and innovation. Showing what’s possible when the knowledge and skills of people with lived experience are valued and invested in.

We also want to acknowledge key people who have supported Scottish Recovery Network in our journey to produce these reports, particularly Ruth Stevenson of Ruthless Research, Callum Ross and Lisa Androulidakis of Habitus Collective and Dr Simon Bradstreet of Simon Bradstreet Consulting.

## The Future is Peer.

Louise Christie  
Director, Scottish Recovery Network

## Scottish Recovery Network promotes and supports mental health recovery.

We believe that by working together, Scotland can be a place where people expect mental health recovery and are supported at all stages of their recovery. Our work brings people, services and organisations across sectors together to build a mental health system that embraces peer support and is powered by lived experience.

Scottish Recovery Network has a strong track record of promoting and supporting the development of peer support and peer worker roles in mental health. This has included:

- Connecting and learning from those involved in peer support
- Showcasing innovation and sharing learning through events and communications
- Developing and using resources to support the growth of peer support and the training and development of peer workers
- Providing mentoring and development support to people, groups, services and organisations growing, sustaining and expanding peer support

We strongly believe, and our networks and partners tell us, that the development of peer support is a two-fold opportunity:

1. Peer support can play a significant role in improving people's access to, experience of, and positive outcomes from mental health services and supports
2. Developing peer support is a way to transform culture and practice in mental health services. Embracing an approach focused on the whole person, which is trauma responsive, human rights-based and supports recovery

### Data sources

In writing this report we drew on a number of sources. As such our findings and recommendations are informed by Scottish experiences, opinions and practices as well as by international experiences and a broad range of published research:

- Learning from our extensive work with those developing, delivering and participating in peer support across Scotland and further afield
- **The Big Scottish Peer Support Survey**, commissioned by Scottish Recovery Network in 2024 to improve knowledge and understanding of peer support activity and workforce
- The discussions and findings from three **Growing Peer Support in Scotland** Community Roundtables held in February and March 2025. These participatory events brought people and organisations across sectors together to identify what is needed to grow peer support in Scotland
- **Peer Support Without Borders**, a review of international approaches to developing peer support in health and social care systems (with a particular focus on Canada, Denmark, England, Aotearoa New Zealand, Republic of Ireland and Wales) commissioned by Scottish Recovery Network
- Analysis of academic research on peer support

A woman with short brown hair and glasses is smiling and listening intently. She has her hands clasped together and is wearing a black watch on her left wrist. The background is softly blurred, showing another person's head in profile. The entire image has a warm, reddish-pink color cast.

**We believe that by working together, Scotland can be a place where people expect mental health recovery and are supported at all stages of their recovery.**

# 1. Prevention and early intervention



Why are we focusing on the role of peer support in prevention and early intervention?

There is a consensus that prevention and early intervention approaches are central to good mental health and wellbeing for all. As a result, they also reduce pressure on health and other services.

The Scottish Government and COSLA Mental Health and Wellbeing Strategy and, more recently, the Population Health Framework and Health and Social Care Service Renewal Framework commit to a shift to prevention and early intervention and to community-based services and supports. The commitment is not new but it is now seen as imperative if our health and mental health systems are to respond to the challenges we face. This means transforming our mental health system to ensure that everyone can live with good mental health and wellbeing.

So why has this shift not happened already? Prevention and early intervention approaches are by their nature non-clinical. They offer a different kind of support from that offered by traditional clinical services.

**A shift towards prevention and early intervention will require a significant shift in mindset to one where non-clinical approaches are equally valued.**

This is both a challenge and an opportunity. There are already many successful examples of preventative and early intervention services and supports that provide a solid foundation to build on. These are predominately developed and delivered by third sector organisations. Despite their success they are often insecurely funded, overly reliant on an unpaid workforce and not always adequately recognised or valued by the clinical services that people are advised to contact for help in the first instance. Giving equal value and resourcing to non-clinical approaches is essential if this critical shift is to happen.



**A preventative and early intervention approach is also essential when supporting people living with long-term mental health challenges, with or without a diagnosis.**

### **What do we mean by prevention and early intervention?**

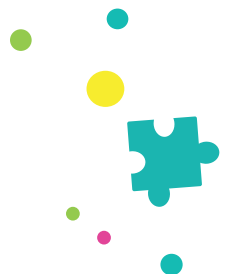
We all have mental health, it is shaped and affected by a wide range of factors. This includes societal factors as well as our personal and life experiences. Furthermore, inequalities in our society mean that some groups and communities are more likely to experience mental health challenges.

Prevention and early intervention play a vital role in mental health services and supports. By helping people stay well and take control of their mental health and recovery, these approaches can significantly enhance quality of life and reduce pressure on traditional services.

**“Peer support is an early intervention and prevention support mechanism that if funded appropriately could save £ms on unnecessary escalation of support required from statutory bodies at higher and more acute levels.”**  
(Stevenson, 2025)

Prevention and early intervention have a crucial role to play supporting people who are more likely to develop mental health challenges, often as a result of their life circumstances and experiences. This includes people with long term physical health conditions and people with experience of poverty, trauma, racism and other forms of hate.

It is, however, important to note that when talking about prevention and early intervention we are not just focusing on preventing people from initially developing mental health challenges and promoting good mental health and wellbeing. A preventative and early intervention approach is also essential when supporting people living with long-term mental health challenges, with or without a diagnosis. This enables them to stay well, build their confidence and social networks and have a good quality of life of their choosing. A prevention and early intervention approach significantly reduces the risk of crisis by ensuring that people have the supports they need in place and are able to use self-management strategies and tools to prevent escalation or crisis.



## 2. Peer support in prevention and early intervention

Peer support currently plays a significant but often under-recognised role in prevention and early intervention.

The Big Scottish Peer Support Survey (Stevenson, 2025) showed that peer support is available across Scotland and in 2024 supported at least 18,500 people, despite having a largely unpaid workforce. In the survey peer support groups and services reported that one of their key challenges was having the capacity to meet demand for peer support. Alongside this they highlighted the lack of recognition of and value given to peer support as a crucial factor which limited their ability to grow to meet demand and need.

Our engagement activities, together with similar efforts from other organisations, have consistently highlighted that people living with mental health challenges highly value peer support. They want to see more peer support opportunities and a meaningful presence of peer workers in mental health services. They emphasise the importance of support from people with shared experiences but also the benefits of a mutual relationship where they are supported to explore what a good life means for them and to identify how best to get there. This creates a safe and empowering environment and one where people tell us that they do not experience stigma and which helps them address issues of shame and self-stigma.

This section sets out the role of peer support in prevention and early intervention. It demonstrates how recognition of the equal value of peer support and investment in a peer workforce would not only meet demand but could play a vital role in enabling the cultural change and mindset shift needed to move our system to a focus on prevention and early intervention.

### What is peer support?

Peer support is a mutual relationship where people with shared lived experience support each other, particularly as they move through challenging times. Walking alongside someone who understands, who 'gets it' helps people to feel less alone. It offers them the opportunity to explore their feelings, gain insight and learning and identify what will help them live the life they choose. For more information on peer support see [Peer Support in Scotland \(Insight Report 1\)](#).

This report is focused on formalised mental health peer support such as:

- Peer support groups
- One-to-one support
- Peer-led recovery education and self-management
- Navigating the system and connecting with networks and opportunities

Peer support can be delivered in many different ways but all are firmly rooted in hope, shared experiences, mutuality and a supportive, intentional relationship.



We refer to those delivering peer support as peer workers, whether paid or unpaid. Peer workers are people with lived experience of mental health challenges who are trained and employed to use their lived experience intentionally to support others in their recovery. Shared lived experience enables peer workers to instil hope, model recovery and support people in their efforts to reclaim a meaningful life of their choice. (Anthony, 1993).

### Peer support fosters recovery

Peer support is widely acknowledged to be an integral part of a recovery promoting mental health system (World Health Organisation, 2022). What do we mean by mental health recovery?



This short **Let's Talk about Recovery animation** gives an overview.

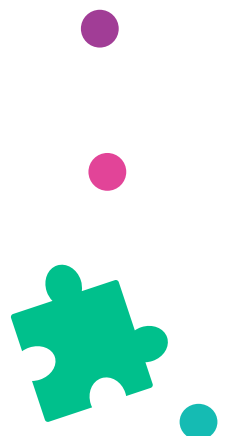
**Anyone can experience mental health challenges but with the right support people can and do recover. Recovery means being able to live a good life, as defined by you, with or without symptoms.**

Recovery is not necessarily easy or straightforward. Many people describe the need to persevere and to maintain hope through the most difficult times. A recovery approach is different from that of traditional or clinical mental health services (Anthony, 1993). Instead of a starting point of a patient with something wrong with them, a recovery-focused approach starts with the person and their life.

Specific treatments and therapies may alleviate symptoms but this is only part of a recovery approach. It should also include the opportunity for people to build on or reignite their strengths, skills and interests and to facilitate the support and networks needed for recovery. The primary goal in recovery is not to manage symptoms but the person being able to live the life they want (Repper & Perkins, 2006).

There is a wealth of research confirming that relationships are central to recovery and to the experience of mental health services (see for example Davidson et al, 2005). Experiencing relationships with mental health workers who respect and believe in you enables people to hold onto hope, believe in themselves and their own possibilities.

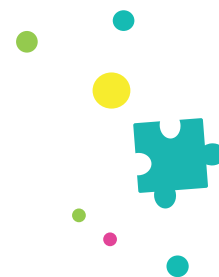
Peer support is a key component of a recovery-focused system and can contribute to creating the conditions for recovery promoting relationships to flourish.





**“It has meant a great deal to me to be working with someone with lived experience.”**

(Self-harm Network Scotland, 2025)



Peer support is inherently non-clinical. It is based on shared lived experience and mutual relationships rather than diagnosis and symptom management. Being a mutual relationship rather than a clinical intervention means that the approach can be grounded in empathy, providing space and time for the person to be heard, understood and validated. This enables a different type of conversation which is led by the person and empowers them to develop the insight, tools and networks needed to live the life they want.

There have been at least 23 systematic reviews of randomised controlled trials exploring the effectiveness of peer support working (Cooper et al, 2024). A common finding within and across reviews is that peer workers can play a particular role in building self-determination, self-efficacy, control or empowerment in the peers they support. A likely contributor to achieving these recovery outcomes is that the starting point for peer support, its practices and anticipated change mechanisms, are the principles of shared power and mutuality (Davidson et al, 2012; Gillard et al, 2014; Solomon, 2004; Watson, 2017).

### Peer support is lived experience in action

Peer support is designed and delivered by people with lived experience. This means that it can contribute to achieving the Scottish Government Mental Health and Wellbeing Strategy (2023) outcome of better informed support and services shaped by people with lived experience and the principle of ‘people-led’ services in the Health and Social Care Services Renewal Framework (2025).

It also means that it is developed by people who’ve been there and understand and so is designed to meet the support needs of people experiencing mental health challenges and to work with them where they are. This means that peer support is generally open and accessible and adaptable to people’s needs rather than fitting them into pre-set pathways.

### Peer support is accessible and adaptable

Peer support is available in every area of Scotland (Stevenson, 2025). Peer support groups and services often offer open access meaning that people can get help when they reach out. Peer support groups generally do not have eligibility criteria and welcome people seeking support from others. Many are very proactive in community engagement ensuring that they raise awareness as well as connecting with and understanding different communities of place, interest and experience. **This example** of social media posting from Bipolar Scotland demonstrates the open and encouraging approach to ensure that peer support is accessible to everybody.

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“Peer support can help support the growing demand for mental health support as it’s available now, no waiting lists and with people who really understand.”  
(Habitus Collective, 2025)

Peer support is a whole person approach with an understanding of the complex interaction of factors such as poverty, homophobia, racism and loss in people’s lives and with the capacity to adapt and be culturally relevant.

This is reflected in the wide range of peer support groups and services which mean that people often have a choice and are able to find one where they feel comfortable, understood and accepted.

### Peer support is safe and empowering

Knowing that the people involved in peer support have their own lived experience and ‘get it’ makes people feel more able to reach out for help and allays fears of feeling judged. Being with others who have shared experiences helps people feel less alone and validates their experiences and feelings, creating a safe space for them to explore and make sense of them.

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“It has meant a great deal to me to be working with someone with lived experience. In my case, I felt that my peer support worker genuinely understood what I was going through and it was brilliant to finally speak to someone who gets it. I never felt embarrassed talking to her because I knew she recognised what I was going through as a genuine problem rather than a reflection of myself or my character. I no longer felt alone with this problem. She has found recovery and now I had an opportunity to do the same with her help.”

(Self-harm Network Scotland, 2025)

**“Even sharing the most negative thing with her, after I’ve spoken about that, I don’t feel as bad. I don’t feel like I’m the only one that feels like that...I’ve got things I want to deal with rather than putting them under the carpet.”**  
(Bradstreet & Cook, 2021)

Peer support is also a mutual relationship which means that power is shared. People often feel that things are slipping or have slipped out of their control when they seek help. Being with others who have been there and understand how this feels but have managed to retain control over their life provides hope for the future. Traditional approaches to mental health services can leave people with little control as matters can seem to be taken out of their hands. This can inhibit people from seeking help or being fully honest about how they are feeling. Being with others who walk alongside rather than intervene can help the person to feel more in control and be able to identify what they need to recover a life of their choosing.

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“She took the time to listen when I felt others haven’t and she has never made me feel like I have to hide anything.”

(Bipolar Scotland, 2025)





## Peer support enables people to maintain good mental health

Peer support focuses on the person, not just their symptoms or challenges. It values their unique experiences, strengths, skills, and passions; even those that may need to be rediscovered or reignited. Support is provided from a position of empathy and compassion, understanding that this is the person's journey and that they have expertise in their own experiences.

*"You celebrated my strengths and made me feel inspired for the future."*

(Bipolar Scotland, 2025)

By starting from this strengths-based, whole person approach, peer support enables people to understand and build on their strengths and also to connect with others as equals. This basis of shared experiences and mutuality opens up space for different conversations where people can hear about strategies for staying well and consider what would work for them. Being with others who have found their own ways to manage their mental health and wellbeing instils hope for the future and increases confidence to try new things. The mutuality of the relationship also highlights to people that they have something to offer others which further increases their confidence and agency.

*"Seeing other people's lives and where they've made changes in their lives, I can look back at my own life and see where I can make changes."*

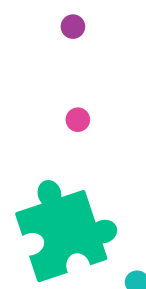
(Bradstreet & Cook, 2021)

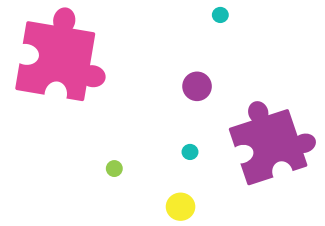
*"Peer support helped me take a step out of my comfort zone and get involved with a local amateur dramatics group, my initial idea being to help shifting the set around, however I ended up being offered an acting role."*  
(Bipolar Scotland, 2025)

Good mental health and wellbeing can be supported by using self-management tools such as WRAP (Wellness Recovery Action Planning) which emphasise self-advocacy. Using these tools and approaches brings direct recovery benefits, including increased hope, improved quality of life (Cook et al, 2012) and self-esteem (O'Keefe et al, 2016). It can also support shared decision-making in relation to treatments and service engagement (Jones et al, 2013) which is central to good practice and clinical guidelines in Scotland and more widely.

## Peer support adds significant value to clinical services

Peer support can also play a significant role in ensuring that clinical services provide whole person focused, trauma informed, relational support. There are peer workers in NHS Community Mental Health Teams, other cross sector mental health teams, in Primary Care, specialist mental health services and in-patient services. This is relatively underdeveloped in Scotland and much more prevalent in other countries. There is clear evidence that peer workers in clinical services not only greatly contribute to recovery outcomes such as increased self-esteem, hope for the future and empowerment but can also play a role in changing attitudes, practice and cultures (Cooper et al, 2024).





The relationship between peer workers and those they are supporting is different to that between a clinician and patient. Shared lived experiences and mutuality create a safe yet empowering space where people feel more open to exploring and trying out different approaches to maintaining good mental health (Bradstreet & Akinsanya-Ali, 2022).

Peer workers can also improve connections between people accessing services and service providers by emphasising through their approach the perspectives and recovery goals of people rather than the priorities of the service (Hunt & Byrne, 2019). The peer support approach of starting with the person and their life can support shared decision making and assists service providers to work in a more recovery-focused manner, supporting people to develop and use their own self-management strategies.

The benefits of peer support can be seen across different types of services including in specialist mental health services. A scoping review of peer support for people with a schizophrenia diagnosis identified twenty different types of peer intervention (Evans et al, 2023). The highly specific context of a first episode of psychosis means that matching people experiencing a first episode of psychosis with others who have had similar experiences may be particularly useful, particularly when matching peers of a similar age with similar service experience (Holzworth et al, 2024). The same applies to peer support for family members who find themselves negotiating the potentially confusing and distressing experience of supporting a young person experiencing a first episode of psychosis (Leggat and Woodhead, 2016).

One review of peer working in early intervention services in England identified improved service engagement through peer support, which was linked to better outcomes for people supported (White et al, 2017). Another (Nguyen et al, 2022) found that peer workers were symbols of hope and could provide motivation by alleviating pessimistic narratives and assumptions of chronic illness which can be associated with psychosis.

Peer workers engendered belief that recovery is possible and facilitated a willingness to act which motivated those receiving peer support to engage in activities and establish goals which may have previously seemed pointless.

The report noted that the support relationship rooted in shared experiences, empathy and mutuality results in a human connection. This connection reduces stigma, making it more likely that people seek and accept support. The human connection also ensures that people's feelings and struggles are validated, they have different conversations and can hear realistic but hopeful perspectives of recovery. By drawing on their own lived experiences and coping strategies, peer workers offer support in positive risk taking to help people build social relationships, live more independently and take control. This resembles real life interpersonal connections which people do not receive in the clinical context.

This insightful **short film** from Norfolk and Suffolk NHS Foundation Trust clearly outlines what peer support can bring to clinical services and to people experiencing psychosis.

Peer workers in early intervention settings are commonly part of multicomponent approaches, complementing workers from other disciplines with peer knowledge and practices. Approaches include promoting service engagement through peer-delivered decision-making support (Thomas et al, 2021), supporting recovery-focused symptom management (Chien, 2023) and participation in digital approaches (O’Sullivan et al, 2024).

### Peer support is cost effective

There is a strong theoretical argument for peer support contributing to cost savings for wider systems and services, as a result of the positive outcomes achieved by people in receipt of peer delivered services. Compelling evidence based economic arguments for recovery based approaches have been made (see for example Slade et al, 2017). Such economic arguments are necessary at a time when services are under immense financial pressure. However evidencing economic costs is a complex research area and efforts to do so in relation to peer support to date have been relatively limited (Randall et al, 2023).

Trials of peer involved self-management approaches have suggested cost savings through reduced reliance on services over an eight month follow up period (Cook et al, 2012). A UK based trial found a minimum 57% chance that a peer-delivered self-management approach was cost effective over 12 months (Le Novere et al, 2023).

There is also evidence to suggest that peer-involved recovery college approaches can bring cost savings through significantly reduced service use for college students (Bourne et al, 2018; Cronin et al, 2023).

A 2013 review of costs associated with peer support working found that four of the six included studies generated cost savings with a weighted average return on investment of almost 5:1 (Trachtenberg et al, 2013). Other studies have also found that peer support can result in cost savings to health and social care by contributing to improved mental health. For example **a peer support scheme** for people with mental health issues in Nottingham contributed to a 14% reduction in inpatient stays (Sin et al, 2014), with savings estimated at £260,000 for a cohort of 247 people. This means that the financial benefits of employing peer support workers exceed the costs, in some cases by a substantial margin. An economic analysis of the Side by Side project in England found better quality outcomes and reduced costs, including in relation to in-patient and community mental health services at six and 9 months (McDaid & Park, 2017).



# 3. Peer support in prevention and early intervention: what does it look like?

Peer support brings something different and positive to prevention and early intervention in Scotland and further afield. The examples in this section showcase innovation as well as tenacity and persistence.

Moving to a prevention and early intervention approach has been a Scottish policy goal for many years but is proving difficult to achieve. The peer support approaches shared demonstrate what's possible. However, too often their positive impact (to people supported and to the wider mental health system) is under-recognised and undervalued. This results in fragile and insecure resourcing of these much-needed services and supports and learning from them not being used to redesign our mental health system.

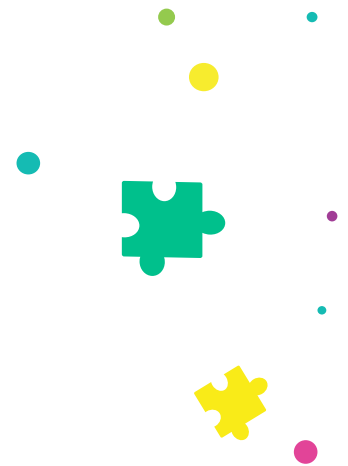
Peer support in prevention and early intervention can be found in different settings including:

- Community-based peer support groups
- Peer-led recovery learning
- Peer support organisations and services
- Peer support integrated with clinical approaches

## Peer support groups

There are a large number and wide range of community-based peer support groups across all parts of Scotland. These groups provide a safe space for people to come together, share their experiences and feelings, explore what can keep them well and support each other to sustain mental health recovery. Peer support groups enable people to access support from others who understand, often without the limitations of a set number of sessions. This means that people can move from surviving to thriving and maintain a good life of their choosing even in difficult times.

The range of peer support groups means that people often have a choice and are therefore able to find one where they feel comfortable, accepted and understood.



## Peer Support in Action

Some groups such as **Keep the Heid** are geographically based. They run peer support groups in Haddington, Tranent and North Berwick in East Lothian providing opportunities for people to meet together in a facilitated space where they feel safe and heard. As one of the peer group participants commented:

**“(Having) somewhere to be open and get things out there in a very trusting place is a true lifesaver for everyone who’s got difficulties.”**

There are also online and in-person peer support groups focused on specific conditions such as bipolar, anxiety, depression, obsessive compulsive disorder (OCD), psychosis and hearing voices. **Bipolar Scotland** offer 15 online and in-person peer support groups including one specifically for young people and one specifically for family and friends. **Bipolar Edinburgh** also offer a range of peer support groups including ones for young people and carers as well as organised social activities.

In Glasgow, Esteem Peer Support Group offers a space for people using the NHS Greater Glasgow and Clyde Esteem Service to connect with others with experience of psychosis. The group meets outwith NHS buildings and is facilitated by peer workers from the service.

Esteem Peer Support Group emphasise that providing a peer space for people who have experienced psychosis to be with others who understand helps them feel less alone and more understood.

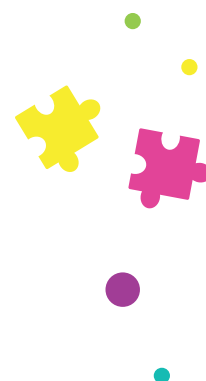
It also provides a safe space to open up and discuss what they are feeling without fear of being judged or hospitalised. Having the support of others who share your experiences also brings hope and a community where everyone is supporting themselves and others to sustain their mental health recovery.

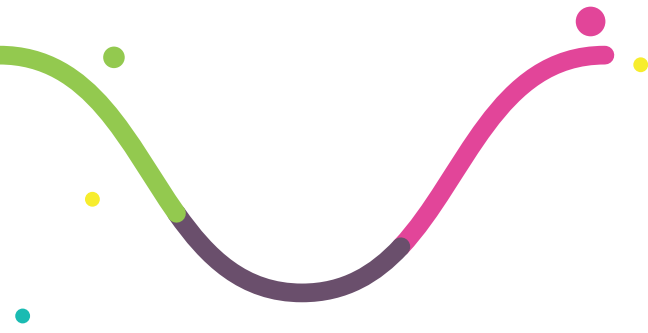
Other peer support groups and organisations have a focus on particular groups or experiences. Examples include **Andy’s Man Club**, Assertive Voices for people living with selective mutism, Thriving Survivors for people affected by trauma, **Clutter Chat** for people who hoard and **LATNEM** which provides support for mums and birthing people across Grampian and further afield through structured peer support groups, online and in-person.

Community-based peer support groups are largely founded, run and delivered by volunteers who are using their lived experience to provide spaces for others to receive and give support.

Their role can include securing venues, reaching out to potential participants, training and supporting peer group facilitators and other volunteers. On top of this they are often competing for short-term local funding support, the result of which can often mean continuing the group or closing.

Despite the number, range and spread of mental health peer support groups there has been little investment in evaluation to date. One example is the Side by Side project led by MIND in collaboration with Bipolar UK and Depression Alliance.





This was funded by Big Lottery to improve the lives of people experiencing mental health problems across England by increasing the availability of peer support. The evaluation (Billsborough et al, 2017) found that engagement with peer support groups resulted in people having improved levels of wellbeing. This was due to the connections with others and hope for the future that being involved in peer support brought. An important benefit of peer support for people living with mental health issues was an increased sense of empowerment and ability to make positive changes in their life. The evaluation found evidence of lower use of or diversion from secondary mental health services.

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“Our findings related to choice and control suggest that peer support enabled people to recover a sense of personal agency and usefulness within a peer community which was in turn beneficial to their wellbeing. People did not ‘use’ peer support like other mental health services, where access can be prescribed and time limited.”  
(Billsborough et al, 2017)

### Peer-led recovery learning

In Scotland there are a small number of recovery colleges – **North Ayrshire Wellbeing and Recovery College** (RAMH), **Mindspace Recovery College** in Perth, **Discovery College** (Centred) in Highland and the **Moray Wellbeing Hub Wellness College**. Recovery colleges support people’s recovery from mental health challenges through learning and education that is co-produced by people with lived experience and people with professional experience.

The recovery colleges in Scotland are community-based, open to all and run by third sector organisations. They offer a wide range of courses and group learning opportunities that are co-produced and delivered with or by people with lived experience. Courses are often focused on self-management, exploring experiences and feelings, learning new skills and using arts and creativity. Alongside courses students often have an opportunity to connect in with a peer worker who helps them plan and reflect on their learning journey.

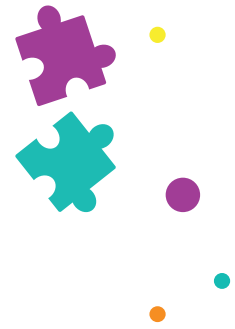
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“As a visitor of the Discovery College you will have the opportunity to build a community, experience personal and community empowerment and develop an underlying sense of hope. So why not drop in and take the first step to a brighter future.”  
(Discovery College website)

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“When I got my mental health diagnosis, I felt it defined who I was. It felt bleak. Now I am employed as a Peer Support Worker for the Discovery College. It’s not holding me back anymore; it’s driving me forward in a way where I can help others.”  
(Discovery College data 2026)

Recovery colleges are strengths-based and future focused. They offer peer-led learning opportunities where people are not seen as patients or service users but as students. Peer-led recovery learning provides a space and environment that enables people to make meaning of their lived experience, develop support networks and build their understanding of and confidence in tools and strategies for mental health and wellbeing. The change from patient or service user to student is powerful for many people and plays a key role in empowering them to value and use their lived experience to support their own and others’ recovery.





**“Our findings related to choice and control suggest that peer support enabled people to recover a sense of personal agency and usefulness...”**

(Billsborough et al, 2017)

**“Meeting people has helped me for sure and to know that I am not alone, everyone is the same with different problems and it helps to know that we are all in the same boat learning and developing together.”**  
(McQueen, 2021)

### Peer Support in Action

An evaluation of North Ayrshire Wellbeing and Recovery College (McQueen, 2021) reported evidence of significant positive changes in student’s wellbeing. Students value the peer support and sense of community they experience from being part of the recovery college. They reported that they experienced less mental health stigma attending the college as opposed to mental health services. Many welcome the opportunity to become peer trainers and peer volunteers which enhances their confidence and positive sense of identity. You can hear more from students and peer trainers about the experience and impacts of the North Ayrshire Wellbeing and Recovery College in this [short film](#).



This is reflected in early findings from data collected by Discovery College in Highlands. They have trained 48 peer workers since 2022 and currently employ 12 peer workers to deliver their learning activities. In 2025 there were nearly 2,500 visits to the college by existing and prospective students. Over 80 percent of those who visit come back because they find that it offers something that works for them and people’s reported wellbeing improves with engagement.

In addition, Discovery College, like North Ayrshire Wellbeing and Recovery College is growing its own community capacity with 22 percent of those engaging stating that they are considering becoming a peer volunteer.

“I can show up as I am. Messy or strong, and still be accepted. I feel listened to without judgement. The Discovery College reminds me that healing doesn’t have to be a lonely road.”  
(Discovery College data 2026)

Recovery colleges are much more prevalent in other countries such as England, Northern Ireland, Republic of Ireland, Scandinavia, Canada, Australia, Japan, Hong Kong and are being developed in Wales. They emerged in the USA with the first being set up in Arizona in 2000. recovery colleges arrived in England around 2010 and there are now over 70 recovery colleges across the country.

In these other countries investment in recovery colleges forms a core part of the development of more recovery-focused mental health services. They sit alongside and provide something different from mainstream mental health services and provide a bridge to mainstream education. In England many NHS Trusts fund recovery colleges enabling them to reach into NHS services and also to play a key role in reaching out to people, groups and organisations in the community.

There is strong evidence for the benefits of recovery colleges (Perkins et al, 2018). They are popular with students participating and help people set and make progress towards recovery goals such as improving self-esteem and self-confidence. Students report feeling more hopeful and connected with others and having more sense of control and agency in their lives. There is also clear evidence of improved self-management and reduced hospital and community service use among recovery college students.

## Peer Support in Action

**Wellbeing Works** in Dundee offers one-to-one support as well as a range of groups, activities and volunteering opportunities for anyone seeking support with their mental health and wellbeing. Their activities have a clear focus on prevention and early intervention. They see themselves as part of people's recovery journey ensuring that they have the tools and strategies to maintain their wellbeing and the connections and structure to continue their journey. Their peer workers are an integral part of a wider team and play a key role in getting to know people, supporting them to explore their aspirations, plans and what may help them. They then work with people to put this into action through involvement in activities, learning and volunteering with Wellbeing Works and other local organisations.

An evaluation of the impact of Wellbeing Works activities in 2023 found that

95% said that they felt listened to and heard

86% of people reported increased confidence

63% felt more optimistic about the future and 98% said they had something to look forward to

95% had learned something new

(Wellbeing Works Reflections and Impact 2022-2023)

**“I enjoy the groups and feel like my voice is heard and I am valued”**

(Wellbeing Works, 2023)

In addition to the benefits to students there are also opportunities for mental health practitioners to learn alongside people with lived experience. The evidence is that this not only improves their wellbeing but results in them being more positive about and more understanding of mental health recovery and bringing this to their role.

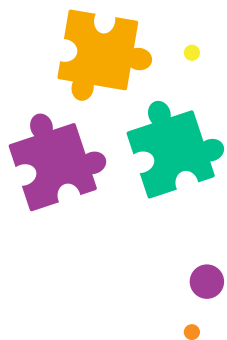
## Peer support organisations and services

Many third sector organisations offer mental health and wellbeing peer support including one-to-one support, peer support groups, peer-led activities including in arts, gardening and creativity. These peer support opportunities can be in-person, online or through digital messaging. This choice of peer support activity and the medium is important as it ensures that people can find the support that works for them.

“Being in this group with all the different lifestyles and personalities has improved my attitude on life enormously.”

(Wellbeing Works, 2023)

Other organisations offer support tailored to the needs of communities of interest and experience. **The Hive** LGBTQIA+ community hub in Kirkcaldy offers a range of wellbeing support including peer support alongside a café, gym and arts for their community across Fife and beyond. **Health in Mind** offer a range of peer support opportunities and services including for black people, people of colour and minority ethnic communities in East Lothian and Midlothian and for people affected by historic adoption across Scotland.



**Bipolar Scotland** offers a range of peer support for people living with Bipolar across Scotland. This includes support for people at the point of a new diagnosis and also support for those living with bipolar long-term but overlooked for support. An evaluation of their Peers Together service found that support is most meaningful when it is grounded in lived experience as this creates trust, emotional safety and space for open, honest conversations that people rarely or never experience elsewhere. The report stated:

“Many people wait up to 10 years to receive a correct diagnosis and are often not offered suitable support before and when diagnosed resulting in them never having the chance to reflect on their condition, how to manage it and how to feel truly understood. The peer support offered met this need and helped people to make meaningful changes in their lives which not only helped them better manage day to day challenges but improved their quality of life and ability to take on new opportunities.”

(Bipolar Scotland, 2025)

Those supported also shared their experiences of the Peers Together service:

**“...helped me to start on a journey of caring for myself and trying to be kinder to myself. She has helped me feel a lot more ‘normal’ and not alone.”**

“You have helped me feel like a person again rather than just my condition.”

(Bipolar Scotland, 2025)

**Self-harm Network Scotland**, a Penumbra Mental Health programme, provides peer support, resources, information and training to people aged 12 and above and also to friends, families and other professionals. Their support, resources and training are designed and delivered by people who have been trained to use their lived experience to support others on their recovery journey. Having a peer workforce means that they could form compassionate and purposeful relationships, providing a safe, hopeful space where people can be open and explore their feelings and behaviours. The sharing of experiences and the peer workers as evidence of recovery enable different kinds of conversations that inspire and motivate people to explore new approaches and understand what recovery means for them.

“I know how to listen not only to my peer for support, but I can accept what they showed me and how to listen to my true self.”  
(Self-harm Network Scotland, 2025)

Peer-led crisis services such as **The Neuk:** Mental Health Crisis & Suicide Prevention Centre and **Hope Point Dundee**, a Penumbra Mental Health & Dundee Health and Social Care Partnership, (further discussed in Insight Report 3) also embody a preventive and early intervention approach. They work in collaboration with local groups, organisations and services so that, once things have stabilised for people, they can be connected, not signposted, to appropriate longer term supports in the community. This ensures that people get the support they need to prevent future crisis and continue to manage their mental health recovery.

## Peer support within clinical services

While peer support is under-developed in statutory mental health services in Scotland there are some emerging examples of what can be achieved.

In Edinburgh peer workers are an integral part of the **Thrive Welcome Teams**, an innovative approach to community mental health that enables people to get support quickly and helps them get connected to appropriate longer term supports as needed. The Thrive Welcome Teams are part of Edinburgh Health and Social Care Partnership and work in collaboration with NHS Lothian, City of Edinburgh Council and third sector organisations. They are truly cross sectoral and multi-disciplinary comprising nursing, occupational therapy and social work alongside peer workers. This means that people can build a trusting relationship with a peer worker who can help them identify what will work for them and connect them with the supports they need. This not only reduces the pressure on secondary mental health services but diverts people from being stuck on waiting lists which can be very harmful to their mental health and wellbeing.

There are a small number of peer workers located in NHS Community Mental Health Teams in Scotland and in Early Intervention and Psychosis Services. An evaluation of the Peer Worker Test of Change in NHS Greater Glasgow and Clyde (Bradstreet & Akisanya-Ali, 2022) found that between April 2021 and March 2022 the 10 peer workers based in Community Mental Health Teams supported 114 people, 28% of whom were living with depressive disorders, 17% had a diagnosis of personality disorder, 17% had experienced psychosis and 12% had a diagnosis of bipolar disorder.

People were very positive about the support provided by peer workers and highlighted that they created a comfortable environment based on shared experiences and empathy where people felt understood and not judged. The evaluation stated:

**“Peer workers offered a wide range of support to a growing number of people, with relatively good levels of engagement. They adopted a broad range of interventions and there is good evidence that their practice is highly intentional, person-led and recovery-focused.”**

(Bradstreet & Akisanya-Ali, 2022)

People supported by the peer workers highlighted that the different relationship based on shared experiences and mutuality helped them to see themselves differently and embrace new approaches to wellbeing.

**“It’s helped me a lot. If you had met me before the peer group worker, I wouldn’t be the same person...It’s so good to have somebody, especially somebody who’s been through the trauma, who understands, who talks to me in a way that’s not like ‘do this, do this, do this’”**

(Bradstreet & Akisanya-Ali, 2022)

“My peer support worker supported me to attend tai chi classes; they came along with me to the first class giving me support. I would never have gone if they hadn’t come with me.” (Bradstreet & Akisanya-Ali, 2022)

Despite this positive evaluation the posts were not continued.

More recently in 2025 peer workers have been introduced to a Community Mental Health Team in Fife. Jointly funded by Fife Health and Social Care Partnership and delivered by SAMH this initiative aims to test how lived experience roles can support recovery-orientated care, strengthen relational practice and contribute to longer-term service transformation. This new development builds on a decade of peer support development in Fife including the establishment of a Peer Support Network facilitated by Fife Voluntary Action. Two peer workers are now embedded in West Fife Community Mental Health Team working alongside nursing, attending Multi-Disciplinary Team meetings and offering support to people referred by clinical staff. Early findings are positive with clinical workers engaging and acknowledging the role of peer workers in bringing a unique perspective and particularly in supporting people who are isolated or disengaged from services.

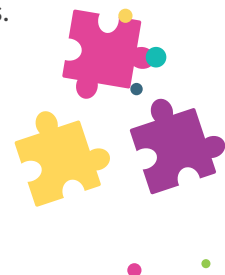
Peer workers have also been an integral part of the **Veterans First Point** Services which offer a one-stop shop for armed forces veterans and their families in six health board areas in Scotland. The peer workers meet with those seeking support to help them identify their needs and what will help them in their recovery.

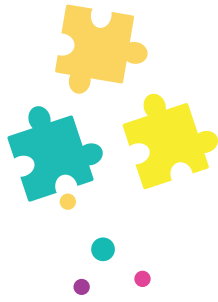
This can include therapies, other emotional support, practical support and help with getting back to or back into employment. A study of the role of peer workers in Veterans First Point found that having peer workers in the service enhanced veteran engagement (Weir et al, 2017).

Peer workers can also play a key role in Primary Care. The **South Angus Peer Support Service** enables people of all ages to access mental health peer support through their GP practice or secondary school.

It provides one-to-one support and self-management focused group programmes for adults and for young people aged 11 to 16 years. This service, which started in 2018, is delivered by Penumbra Mental Health and commissioned by Angus Health and Social Care Partnership and works alongside a similar peer support service provided by **Hillcrest Futures** in North Angus.

Peer workers work collaboratively with practice staff as part of a multi-disciplinary team ensuring that people get appropriate mental health support more quickly. There is evidence that this is preventing crisis and reducing referrals to secondary mental health services. The service is open to everyone experiencing mental health challenges and is not dependent on diagnosis. The focus is on providing space for the person to explore what’s going on for them and find their own solutions.





## Peer Support in Action

In 2025 South Angus Peer Support Service supported 1281 people and used the **Brief-INSPIRE-O** measure to identify people's experiences and outcomes from the support received. Over 70% of people supported showed a positive improvement in self-esteem, in meaning and purpose in life and in feelings of control and agency. In addition, over 60% showed positive improvements on hope and optimism and in their support networks. Feedback from people supported highlights that shared lived experience enabled people to connect, engage and feel listened to:

**“Having someone with similar lived experience to myself to talk through past and present experiences that were currently impacting my mental health, as it didn't feel like I was having to explain why they were challenging to someone who couldn't put themselves in my shoes or empathise with my situation. I also appreciated having someone who was genuinely engaged with what I had to say and was able to help me reflect on it in a more proactive way.”**

**“Having someone that understands life and listens well with also adding their own life experiences and how to work through it all.”**



This **short film** featuring team members from South Angus Peer Support Service highlights their approach and how they have had a positive impact on the GP surgeries and local multi-disciplinary working.



# 4. Growing peer support in prevention and early intervention



There is significant potential to recognise and invest in peer support as a way to drive the shift to prevention and early intervention across Scotland's mental health system, including focusing on people living with longer-term mental health challenges.

Peer support offers something very different:

- It fosters recovery and centres lived experience
- It is accessible and adaptable to different cultures, communities and needs
- It provides safe and empowering spaces with trusting relationships and without stigma
- It is focused on the person and their life and enables people to find their way to maintain a good life of their choosing
- It adds value to existing supports including traditional clinical services

Peer support is also what people with lived experience consistently say they value and would like to see more of, whether that is better access to peer support groups, more peer-led learning or peer workers in services.

At our Growing Peer Support in Scotland Community Roundtables in February and March 2025 there were clear messages about what needs to happen for peer support to reach its potential in mental health prevention and early intervention.

The findings of The Big Scottish Peer Support Survey and the Growing Peer Support in Scotland Community Roundtables along with international evidence show that for peer support to become a mainstream part of prevention and early intervention and reach its potential impact we need to promote and recognise the validity and benefits of peer support.

Responsibility for this rests with a wide range of organisations. The Scottish Government can play a key role by promoting peer support and peer working as an essential and integral part of mental health services reform and in addressing myths and misconceptions about peer support. NHS Boards and Health and Social Care Partnerships are well placed to ensure that the role of peer support in prevention and early intervention is both recognised and built on in service redesign and in decisions about funding priorities. Third sector organisations are well placed to promote their existing peer support services and to develop new peer-led approaches. By working together and embracing collaborative, cross-sectoral approaches all key players can embed much needed peer support and peer working in our mental health system and move towards a focus on prevention and early intervention.

Peer support works best when it is available in services and the community – it is not one or the other. Peer support can work across transitions, settings, sectors and other boundaries to ensure that people get appropriate support when and where they need it. While it may feel easier to have one approach or model, if we are to change cultures and move towards prevention and early intervention, further development of peer support approaches in both the community and services is essential.

### What will this look like in practice?

For services a key action will be to expand the peer workforce in community-based and clinical services. For communities, recognising and truly valuing the contribution of the many peer support groups is essential. However this is not enough. We need to look at different approaches to supporting people, moving away from a solely clinical approach and service ethos. Investing in peer-led learning through recovery colleges or other recovery learning approaches provides an opportunity to really redesign the way we support people and to ensure that it is whole person focused, relational and enables them to learn new skills and discover how they can live a good life of their choosing.

Three key actions to ensure a shift to prevention and early intervention and grow peer support are:

## 1. Significantly expand the peer workforce in mental health

There is significant potential to expand the peer workforce in a range of services:

- In NHS specialist services such as Early Intervention in Psychosis, and in care pathways for people living with complex mental health challenges who may, for example receive a diagnosis of personality disorder
- In Community Mental Health Teams
- In Primary Care settings including GP surgeries
- In third sector mental health services

Priorities may differ in different areas but what is important is adopting a collaborative approach with the third and public sectors working together with lived experience to identify key areas and design the approach to be taken.

The evidence demonstrates the value of peer workers and the power of this different relationship and approach. It encourages people to engage with support and reduces people's feelings of isolation. The peer approach instils hope and empowers people to move forward in their recovery and manage their wellbeing even through difficult times.

There is also strong evidence that peer support and peer working can play a role in enabling the culture change needed in our mental health system (see **Peer Support in Scotland, Insight Report 1**). Peer working brings a new lived experience perspective which will assist services to move towards a focus on prevention and early intervention and to having a strengths-based, whole person, trauma responsive and recovery-focused approach.

## 2. Invest in peer-led learning, whether through existing and new recovery colleges or through peer-led organisations and services

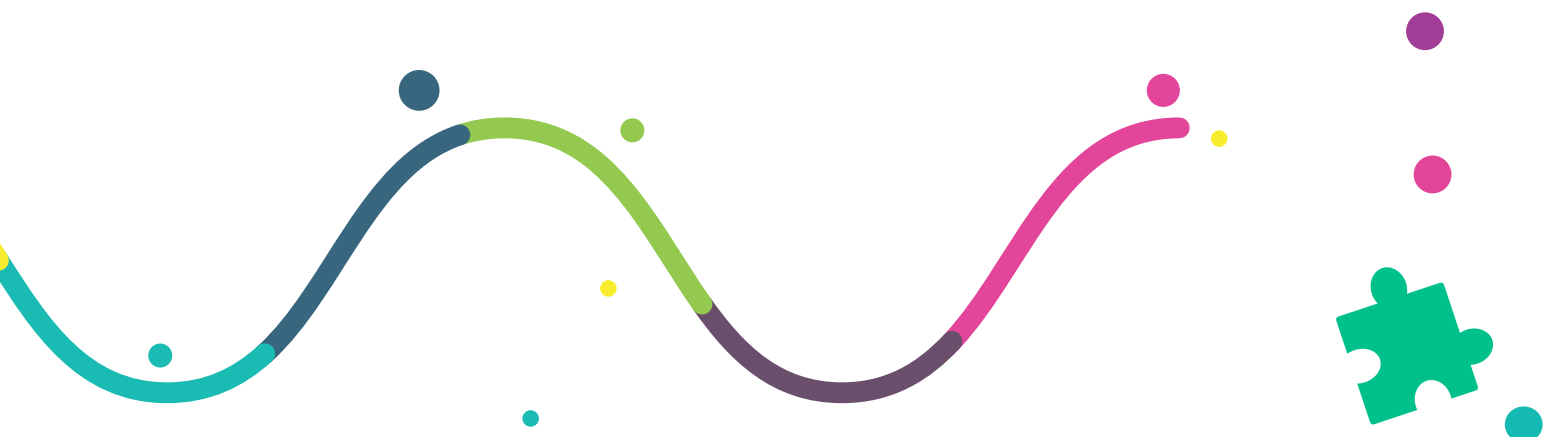
Investment in peer-led learning will contribute to meeting a number of policy goals by improving people's access to mental health support and by enabling a shift away from rationed clinical services to prevention and early intervention. This will ensure that services and supports are focused on working with people where they are in their lives and supporting them to develop the supports, tools and strategies they need to live well.

Peer-led learning is also a resource for our mental health system by providing a pathway for people with lived experience to engage in learning and training to enable them to support others in their recovery. Evidence from other countries with recovery colleges also highlights that they can play a significant role in enabling the meaningful engagement of people with lived experience of mental health challenges in strategy development and service design.

## 3. Truly recognise, value and invest in the many peer support groups delivering high quality prevention and early intervention support across Scotland

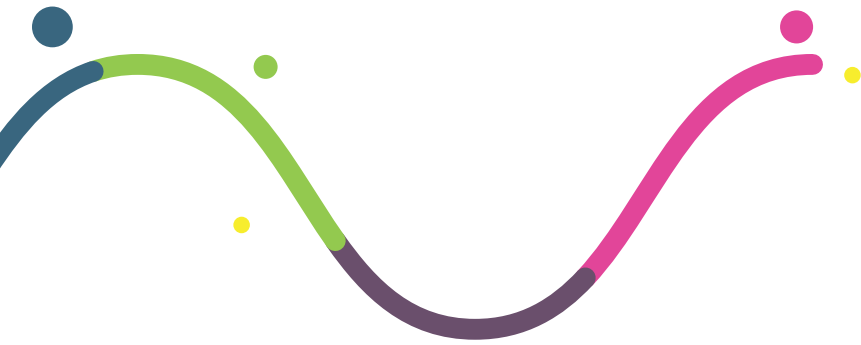
There are a range of basic supports which could make a tangible difference, including:

- Access to appropriate training and support for peer group facilitators and volunteers in peer support concepts, skills and practice
- Structures to enable networking and practice development
- Recognition of their role as key service providers in strategy development, service design and decision making
- Practical support such as better access to venues for in-person groups



A group of people are seated around a table in what appears to be a meeting or workshop. A man with a beard, wearing a black and white plaid shirt, is the central focus, holding a small glass vase containing several bright yellow and orange flowers. He is looking towards the left of the frame. Other people are visible around the table, some looking towards him. The background is slightly blurred, showing a wall with some papers or notices. The entire image has a soft, reddish-pink tint.

**Investment in peer-led learning will contribute to meeting a number of policy goals by improving people's access to mental health support.**



## 5. Next steps

This is the second of four Insight Reports in The Future is Peer series. We all have a part to play in creating the change needed in our mental health system to ensure that lived experience is centred, peer support embedded and people are supported to recover and live good lives of their choosing.





# A call to action

This report is designed to inform, inspire, and influence change. Here are practical ways you can use it:

## If you are a decision maker, civil servant, or politician

- ✓ Quote findings in parliamentary questions, debates, and briefings
- ✓ Champion peer support as a policy priority

## If you are a funder

- ✓ Share the report with your board or team as evidence of need
- ✓ Review funding criteria to ensure peer-led projects are supported
- ✓ Explore opportunities for long-term, sustainable investment

## If you are a service designer or provider

- ✓ Discuss the report in team meetings or planning sessions
- ✓ Identify where peer roles could be introduced or strengthened
- ✓ Involve people with lived experience in co-designing services

## If you are part of a community or peer support group

- ✓ Use the report to advocate for local funding or recognition
- ✓ Share stories and experiences that align with the findings
- ✓ Connect with others to build a stronger collective voice

## Everyone can

- ✓ Share the report widely across networks and social media
- ✓ Host a discussion event or workshop using the findings
- ✓ Add your voice: write to local representatives about the importance of peer support

Together, we can make peer support a central part of Scotland's mental health system.

**The Future is Peer**

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## Get in touch

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