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Peer Specialists in Community Mental Health Rehabilitation Services: Role Definition, Organizational Aspects, and Recommendations Toward Formalizing this Role

Yael Koren Hila Rimon-Greenspan

Editor (Hebrew): Revital Aviv Matok
English editing (Abstract): Suzanne Brown
Graphic design: Efrat Speaker

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Myers JDC Brookdale Institute

P.O.B. 3886, Jerusalem 9103702, Israel

Tel: 02-6557400

brookdale.jdc.org.il/en | brook@jdc.org

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Abstract

Background

Peer Specialists – individuals with lived experience of mental health challenges or psychiatric hospitalization – are increasingly being integrated into various roles within mental health services and frameworks. Their work is grounded in the recognition of the distinct value and contribution of lived experience as an integral component that complements other forms of professional knowledge in psychiatric rehabilitation practice. In Israel, the development of peer specialist roles in community mental health rehabilitation services has been a growing field over the past 25 years.

Objectives

Given the diversity of roles of peer specialists within rehabilitation services, the Rehabilitation Department, Mental Health Division in the Israel Ministry of Health commissioned this study from the Myers-JDC-Brookdale Institute. The study aims to characterize the role of peer specialists in community-based mental health rehabilitation services and explore its unique features, identify the needs of peer specialists and their employers, and examine the challenges they face - in order to consider the expansion and implementation of this role within additional rehabilitation services.

Methodology

The study employed a qualitative research design utilizing three main tools:

1. Semi-structured in-depth interviews with 37 people in formal positions, including ten peer specialists.
2. An online questionnaire with open-ended questions distributed among peer specialists and graduates of the training course "The Professional Practice of Lived Experience."
3. A review of academic literature, official documents, and publicly available materials from selected countries and from Israel.

Main Findings

▪ Characteristics of the roles reviewed:

- Peer specialist roles are integrated into several types of rehabilitation services (e.g., employment, housing, and care coordination), in community-based mental health services, and in two areas related

to rehabilitation – quality assurance and satisfaction surveys of rehabilitation services, and a program for information accessibility and rights uptake.

- Three of the identified roles existed previously within rehabilitation services but were adapted for peer specialists; five roles were funded by the Ministry of Health, including costs of training and supervision as stipulated by ministry regulations; and seven rehabilitation organizations independently developed peer specialist roles according to their own needs and goals, fully funded by the organizations themselves. In three of these organizations, peer specialists held managerial or coordinating positions.
- **The primary goal** of the peer specialist is to enhance service quality and responsiveness to service users by broadening professional perspectives and integrating lived experience into the organization's daily work and services. Their activities typically include direct service provision to service users within traditional or newly created roles; establishing and embedding the concept and practice of lived experience in the organization through consulting to other professional staff and by representing the service users' perspectives in the routine work of organization; and community outreach in collaboration with professionals, organizations, and institutions.
- **It was found that training and employment are not sufficiently aligned** and, therefore, not everyone working in the role of a peer specialist had completed the recognized dedicated training, and new positions were sometimes filled by individuals who had not undergone the training program.
- **Challenges identified in providing supervision to peer specialists** included the need to expand the pool of supervisors who are trained and skilled in supervision of peer specialists, the need to provide supervisors with additional tools for addressing peer-related issues that arise during supervision, and the need to for planning and budgeting for the required scope of supervision from the standpoint of human and financial resources.
- **Professional development and career advancement opportunities** for peer specialists are not yet systematically defined, and each employing organization addresses this need according to its resources and priorities.
- **Measuring outcomes is often difficult** since the role is relatively new and desired outcomes are not yet fully defined and many contributions (e.g., increasing collaboration with the service or providing emotional support) are not easy to quantify or to measure.
- **Organizational inputs and challenges** - Organizations invest in the process of developing the new role such as identifying and defining needs, developing the job description and defining its role in the organization, and adjusting the organizational infrastructure. They also devote considerable resources to training the staff of the organization and preparing them for the integration of the new area of knowledge (lived experience)

and its implementation. Nevertheless, challenges remain in embedding the role in routine processes and in managing the additional administrative and supervisory demands. Another challenge stems from the need for organizations to prepare for the possibility that peer specialists may experience mental health crises in the course of their work and need to support them through the crisis period and to facilitate their return to regular work.

- Anticipated **challenges in the potential formalization and scaling-up** of the role include improving the alignment between the demand for peer specialists and the capacity of the training program to meet this demand, in terms of scale and content, as well as updating future tenders to reflect the actual characteristics of peer specialists' roles and employment.

Conclusions and Key Recommendations

The findings of the study indicate the unique contribution of the role of peer specialists in amplifying the voice of individuals with lived experience knowledge within the rehabilitation services, and of the contribution of bringing the perspective of service users to the professional discourse, in promoting changes and flexibility in professional attitudes among practitioners, and in reducing the stigma towards service users.

Key recommendations for future implementation and scale-up include:

- Define service and role descriptions in future tenders based on lessons learned from current services and needs assessments in services that do not yet employ peer specialists.
- Establish a professionalization process that includes both pre-employment training and ongoing professional development. The training program should be designed to meet growing workforce needs and to accommodate diverse roles, organizations, and services.
- Regulate salary and employment conditions to enhance job stability and ensure that the conditions are in line with the responsibilities and complexity of the role.
- Organizations employing peer specialists should be provided with tools and support services to facilitate effective role integration and to help them prepare for, manage, and support peer specialists experiencing a mental health crisis and their return to work.