

Malcolm Aquinas is a certified peer support specialist with the Oregon State Hospital's Peer Recovery Services team. He also is coordinator of the Sjolander Empowerment Center, a nonclinical space on the hospital grounds where patients can experience a break from the hospital's structured environment.

Q: Some readers may be unaware of the role of a peer support specialist. How would you explain to someone who has no idea what you do ... what you do?

A: Mental health peer support is grounded in the principle of mutuality, where individuals with lived experience of mental health challenges provide support to others navigating similar experiences. Unlike clinical roles, which focus on diagnosis, treatment planning, and symptom management within a hierarchical framework, peer support is based on equality, shared understanding, and empowerment. It emphasizes hope, recovery, and self-determination, operating from the belief that people are experts in their own lives and capable of creating meaningful change and making meaning from their life experiences.

Core principles include shared lived experience, which fosters trust and authentic connection; mutual responsibility, where both peers benefit from the relationship; and voluntary engagement, ensuring that support is collaborative rather than prescriptive. Peer support also centers on strengths-based approaches, helping individuals recognize and build on their capacities rather than focusing on deficits or diagnoses.

While clinicians work within discipline-specific guidelines that emphasize professional boundaries and expertise, peer support workers intentionally blur traditional hierarchies, creating relationships that feel more natural and power-balanced.

Ultimately, peer support complements clinical care but is distinct in its focus on shared humanity, relational healing, and empowerment over compliance. It

promotes recovery as a personal and social journey rather than solely a clinical outcome, making it a vital component of holistic mental health systems.

Q: Our goal is to help the public understand the work you do and how and why peers supporting peers is an instrumental role in behavioral health services. Is there anything you'd like to share about why you decided to become a peer support specialist and why you chose OSH as the place to support peers?

A: Mental health peer support offers unique and transformative benefits in inpatient psychiatric settings like the Oregon State Hospital, where individuals often experience powerlessness, isolation, and disconnection. Peer support specialists—who have personally navigated psychiatric hospitalization and recovery—bring authenticity and relatability that can soften the institutional environment and foster hope during a vulnerable time.

One key benefit is instilling hope and modeling recovery. Seeing someone who has successfully managed similar challenges provides tangible evidence that recovery is possible, countering the feelings of hopelessness that often accompany hospitalization. Peers share their stories strategically, demonstrating resilience without imposing advice, which encourages self-efficacy.

Peer support also humanizes care and reduces power imbalances. Inpatient settings can feel highly structured and hierarchical, often reinforcing stigma. Peer specialists bridge this gap by creating non-clinical, mutual relationships, offering validation and understanding that professionals, despite their training, may struggle to convey due to their authoritative roles.

Another advantage is enhanced engagement and trust. Patients who distrust clinicians or feel alienated by medical language often open up to peers, allowing earlier identification of needs and reducing conflict. Peers can model self-advocacy and assist patients in navigating the treatment team, increasing the chances that their voices are heard.

Finally, I chose to work at OSH so I could offer support and encouragement as someone who knows firsthand what it's like to be locked up, to be deprived of the everyday freedoms people take for granted.

Q: How long have you worked in peer support services at OSH?

A: I began as a volunteer peer supporter in 2010. I completed the same week-long New Employee Orientation required of all new hires. Afterward, I received an orange-bordered ID, a set of keys, and the commission to “go forth and do good work.” Subsequently, I was hired as a full-time Peer Recovery Specialist in 2011. For me, this meant meeting my peers in the old hospital on the northside of Center Street in structures like the 50 Building, 34 Building, 35 Building, and on the southside in the new Harbors building.

Q: We also are trying to help people understand peer support services' role at OSH. Please share about services peer support specialists provide at OSH.

A: The most crucial *service* that members of Peer Recovery Services (PRS) provide is unconditional acceptance. We meet people where they are, as they are, without an agenda or expectation that they need to change. This is the lifeblood of the peer relationship.

There are specific roles within PRS:

- **Peer Recovery Specialists** – These are the most important positions as they provide the day-to-day, direct support to peers living at the Oregon State Hospital. They come alongside our peers, in mutuality and power-sharing, to provide space for an intimate, relational connection that honors the humanity and uniqueness in each person's recovery journey. Peer Recovery Specialists also provide various peer-led activities.
- **Forensic Peer Advocate** – A new position dedicated to assisting peers in navigating the challenges that often arise in institutional settings. The FPA supports folks in addressing their individual needs.
- **Peer Advocacy Council Coordinator** – The PAC coordinator serves the same function as the FPA but at a system level. The PAC-C supports peers

- who have identified system barriers—what's present but unhelpful, what's missing but necessary—to person-driven and successful recovery.
- **In-Reach Outreach Coordinator** – The IROR coordinator is the primary bridge between community resources and the people inside OSH. This unique and critical position involves both the identification of recovery resources and the inclusion of those resources within OSH as well as bringing folks to the resources in the community.
 - **Sjolander Empowerment Center Coordinator** – Affectionately called the Empowerment House by peers living at OSH, the SEC is a nonclinical space that provides a respite from the highly-structured and prescriptive setting inside the secured facility. Visitors to the Empowerment House experience the highest levels of personal choice and self-direction available at OSH. People listen to or make music, play games, draw, read, visit inside the house or outside on the back porch, or sit quietly by themselves. Staff are encouraged to interact in a more relaxed, nondirective style.
 - **Peer Recovery Services Director** – The PRS Director provides both administrative management and team leadership. The director represents the department at the administrative level advocating for the effective use and expansion of peer services at the Oregon State Hospital. They ensure that departmental activities, from the day-to-day to long-range planning, align with the values, ethics, and practice guidelines of the Peer Recovery Model. Most importantly, the PRS Director has personal lived experience of psychiatric incarceration giving them a legitimacy and insight that can't be attained otherwise.

Q: What do you think the patient experience at OSH would be like if there was not a peer support program?

A: If the Peer Recovery Services department were removed from Oregon State Hospital (OSH), the patient experience would likely become more clinical, isolated,

and less empowering. Peer support specialists play a unique and crucial role, and their absence would create several notable gaps in patient care.

Here's what the patient experience might look like *without* a peer support program:

1. Reduced Sense of Hope and Empowerment

- **With peers:** Patients are regularly reminded that recovery is possible—peers have “been there” and can model what recovery can look like.
- **Without peers:** That firsthand hope would be missing. Staff may be compassionate, but they often cannot speak from lived experience. Patients might feel more hopeless or stuck.

2. Less Trust and Relatability

- **With peers:** Patients often form stronger, more trusting relationships with peer specialists because they feel understood and not judged.
- **Without peers:** Interactions may feel more one-sided, clinical, or hierarchical. Patients might hesitate to open up, fearing stigma or misunderstanding.

3. Limited Advocacy and Navigation Support

- **With peers:** Peer specialists help patients understand hospital policies, navigate treatment plans, and advocate for their rights and needs.
- **Without peers:** Patients may feel confused, overwhelmed, or powerless within the institutional system, lacking a supportive voice on their side.

4. Fewer Opportunities for Self-Determination

- **With peers:** Emphasis is placed on personal choice, strengths, and recovery goals from the patient's perspective.

- **Without peers:** Treatment may lean more toward compliance and symptom management, with less focus on the patient’s own vision of recovery.

5. Less Social and Emotional Support

- **With peers:** Informal conversations, peer-led groups, and check-ins provide critical emotional support.
- **Without peers:** Social isolation may increase. Staff may not have time or capacity to fill that emotional gap, especially in high-demand clinical settings.

6. Decreased Recovery-Oriented Culture

- **With peers:** The presence of peer specialists helps shift the overall environment toward recovery values—hope, respect, person-centeredness.
- **Without peers:** The culture may become more custodial, focusing more on control, stabilization, and risk management.

Without a peer support program at OSH, the patient experience would likely be **less hopeful, less person-centered, and more isolating**. Peer support provides not only emotional and social benefits but also a tangible connection to the reality of recovery. Their absence would remove a critical humanizing element in the treatment process.

Q: Did you have access to a peer support specialist during your own journey? If yes, how was it beneficial? If no, how do you think it could have benefitted you?

A: This is a deceptively complicated question. Although the label “peer support specialist” refers to a formalized position, people living in institutions like OSH have been providing peer support since the beginning. Being from an older

generation, the role of peer support specialist didn't exist during my multiple hospitalizations. Consequently, I was supported by my peers when I was new to a ward, and I supported the peers who came after me as a veteran of the system.

Having a peer support specialist in a formal role—like the one I currently hold—would have been transformative. The chasm between mental patient and staff was unbridgeable—by design. Were there helpful staff? Yes, of course. And they were required to maintain professional boundaries that accentuated the Us/Them dichotomy. To have had access to a peer staff, someone who would speak openly, honestly, candidly, and authentically, someone who had access to the hidden parts of the system, someone who could view my experience through a similar lens would have significantly decreased my sense of isolation, powerlessness, and marginalization. I might have had an ally who held hope for me in dark times. I could have had an ally who helped me find my voice to advocate for my wellness and recovery needs.

Q: What do you find difficult or challenging about your work as a peer support specialist?

A: Being a peer support specialist in an inpatient psychiatric hospital like Oregon State Hospital (OSH) involves powerful, purpose-driven work—but it also comes with real challenges. The role sits at the intersection of clinical care, lived experience, institutional systems, and patient vulnerability, which creates both emotional and systemic complexities.

Here are some of the most challenging aspects of being a peer support specialist at OSH:

1. Emotional and Psychological Toll

- **Re-triggering trauma:** Peer support specialists often draw on personal experiences with mental illness, addiction, or hospitalization. Constantly revisiting that trauma to support others can reactivate emotional wounds.

- **Vicarious trauma:** Hearing patients' stories of abuse, suicidality, or systemic neglect can be deeply distressing, especially without strong support systems in place.
- **Burnout risk:** Balancing emotional labor, institutional expectations, and self-care needs is difficult and can lead to compassion fatigue.

2. Role Ambiguity and Lack of Understanding

- **Misunderstood by clinical staff:** Peer specialists are not case managers or therapists, and their recovery-oriented, person-centered approach may be misinterpreted as unprofessional or unstructured by medical staff unfamiliar with peer work.
- **Navigating identity tensions:** Being both a staff member and someone with a history of mental health challenges can create internal conflict, especially in hierarchical settings.
- **Limited inclusion in decision-making:** Despite their value, peer voices may be excluded from treatment planning or hospital policy discussions.

3. Institutional Barriers

- **Rigid hospital policies:** Institutional systems often emphasize control, risk management, and medical compliance—sometimes at odds with the peer values of autonomy, choice, and mutuality.
- **Power imbalances:** Peers often have less formal authority than clinical staff, which can make it hard to advocate for patients or question harmful dynamics.
- **Documentation and compliance pressures:** Peers may be required to document services in clinical language or within systems not designed for peer work, diluting their voice or forcing them into a medicalized framework.

4. Safety and Crisis Situations

- **Working in high-intensity environments:** Inpatient psychiatric settings regularly involve patients in crisis—agitation, self-harm, or violent outbursts—which peer specialists must navigate while staying grounded in a non-clinical, supportive role.
- **Physical safety concerns:** There may be risk of harm, especially when staffing is low or safety protocols are unclear or not followed.
- **Maintaining boundaries:** Walking the line between authentic connection and professional distance can be hard, particularly when patients become attached.

5. Stigma and Professional Legitimacy

- **Internalized stigma:** Some peer specialists may struggle with self-doubt or imposter syndrome, especially if they once were hospitalized in similar facilities.
- **External stigma:** Some staff may still view peers as “less than” or question their qualifications because they’re not clinically trained, even though peer support is evidence-based.
- **Need to constantly “prove” their value:** Peers often feel pressure to justify their role or outcomes, particularly in settings that are data-driven or skeptical of non-clinical methods.

6. Isolation and Lack of Support

- **Working alone or as the only peer on a unit:** This can lead to professional isolation, lack of mentorship, and difficulty advocating for recovery-oriented change.
- **Insufficient supervision:** Without supervisors who understand peer roles, feedback may be irrelevant or unhelpful, and the work misunderstood.

- **Emotional isolation:** Because peers are “not patients” but also “not clinicians,” they may not fully belong to either group—leading to feeling emotionally unsupported.

Q: What do you find rewarding about it?

A: Providing peer support services in an in-patient psychiatric facility like the Oregon State Hospital can be deeply rewarding. These are some of the most impactful and rewarding aspects of the job:

1. Empowerment Through Shared Experience

As a peer supporter, you bring lived experience to the table. This shared background helps build trust and rapport with peers who may feel isolated or misunderstood. Knowing you've walked a similar path empowers both you and the individuals you support.

2. Witnessing Recovery and Growth

Seeing peers make progress, regain hope, and develop powerful wellness tools is incredibly fulfilling. Being part of someone's recovery journey—especially in an environment as challenging as OSH—brings a real sense of purpose and achievement.

3. Fostering Hope and Motivation

Many peers in psychiatric hospitals may feel hopeless or stuck. My presence as someone who has navigated mental health challenges and transitioned out of in-patient care can serve as a powerful symbol of hope, possibility, and resilience.

4. Building Genuine Connections

Peer support often creates authentic, non-clinical relationships based on mutual respect. These connections can help reduce stigma and promote a sense of community and belonging within the hospital environment. The mutuality and bidirectional nature of peer support is one of its distinguishing features.

5. Advocating for Patient-Centered Care

Peer supporters get to help ensure patients' voices and preferences are heard, supporting recovery-oriented practices. This advocacy can improve treatment experiences and outcomes.

6. Personal Growth and Meaning

Providing peer support reinforces my own recovery, deepening self-

awareness, and enhancing skills like empathy, communication, and leadership. I receive as much in return—maybe more—as I give to my peers at OSH. There’s a popular saying, “If you want to go fast, go alone; if you want to go far, go together.” We travel far, not fast, so I count myself privileged and blessed to share this path with my OSH peers.

Q: Is there anything you think people would find surprising about the work you do?

A: After 15 years, no two days have ever been the same.

Q: How did you become a peer support specialist – was it training through a nonprofit? OHA training? Was it easy to find this training?

A: I completed two Peer Support Specialist Training programs. The first PSST was with Project ABLE in 2010. The second PSST was with FolkTime in 2019. Both trainings were provided by nonprofit Peer Run Organizations, increasing fidelity and focus on peer values, ethics, and practice guidelines. Additionally, I am a Certified Peer Support Specialist with the State of Oregon’s Traditional Health Worker program.

Q: Any advice you would give someone who is interested in becoming a peer support specialist?

A: I recommend shadowing someone who is currently working as a peer support specialist. If it seems like something you might enjoy, volunteer in the role for at least one month. This will give you an opportunity to learn what the job is really like. Being an effective and successful peer support specialist is a vocation; it requires intangible qualities that are difficult to measure in the abstract. Find a mentor, someone you trust and respect who has been doing the work for five or more years.

Lastly, honor the foundational principles of peer support. The most important principle is that you have similar lived experiences to the people you wish to serve. If you are going to provide peer support to the unhoused, you need to have

personal experience of homelessness. If you are going to provide peer support to the incarcerated, you need to have personal experience of incarceration. If you are going to provide peer support to people in involuntary in-patient settings, you need to have personal experience of involuntary psychiatric hospitalization.

“We are the evidence for recovery. By simply showing up at work, we disrupt the paradigm of hopelessness and chronicity that has surrounded mental illness for centuries. We are the evidence that recovery is real and our very presence scrambles decades of academic theories about the course of mental disorders. We are the evidence that it is possible to live our lives, not just our diagnoses. Just by showing up at work we raise the bar on service outcomes. Mere maintenance in the community or life in handicaptivity is not a good outcome and represents systemic failure, not a success. Recovery is the goal.” —Pat Deegan