

Peer support as an adaptive response to addressing 2SLGBTQI mental health in the context of the COVID-19 pandemic

Introduction

Mental health disparities are heightened in 2SLGBTQI populations, and the COVID-19 pandemic has exacerbated these issues (Nowaskie & Roesler, 2022). The disparities these communities face can largely be explained by the minority stress they experience, such as recurring discrimination or a lack of social support (Frost & Meyer, 2023). As a result, 2SLGBTQI people may seek out individuals with shared lived experience to support one another. However, lived experiences within 2SLGBTQI communities—and the forms of support people require and desire—vary widely, as they are contingent on multiple social locations (e.g., age, ethnicity, geographical location, gender, and sexual orientation) (Schmitz et al., 2020). It is important to consider how intersecting¹ social locations and identities shape experiences of minority stress and mental health concerns when discussing peer support in 2SLGBTQI populations.

Egale Canada's multi-year project, *Queering Mental Health Supports in Canada*, addresses the impacts of social determinants of mental health (SDoMH) on 2SLGBTQI people's mental health during the pandemic (see full research report for further details; [Seida, 2023](#)). One of the SDoMH which stood out in focus groups with 2SLGBTQI service seekers, 2SLGBTQI service providers, and allied service providers (n = 61) was that of peer and community-based supports. Peer support could be defined

¹ Intersectionality is a theoretical framework suggesting that people's complex and unique identities interact to produce individualized lived experience in response to interlocking systems of privilege and discrimination (Walubita et al., 2022).

as: “social emotional support that is mutually offered or provided” by individuals with shared mental health conditions and experiences “to bring about a desired social or personal change” (Solomon, 2004, p. 393). There are three main types of peer support practices, including informal (naturally occurring reciprocal relationships), peer run groups/activities (organized groups focused on a shared interest), and professional peer support workers (specialized help) (Borthwick et al., 2020). Given the hardships 2SLGBTQI individuals face—and the barriers they encounter when seeking help from mainstream mental health services (e.g., feeling misunderstood, being discriminated against, lack of education) (Borthwick et al., 2020)—they may be more likely to seek out help from people with shared lived experiences.

This data brief focuses on 2SLGBTQI peer support as a key SDoMH impacted by the COVID-19 pandemic and provides critical information to both mental health services and peer support providers, enabling them to better support their communities. Themes illustrated in this brief are based on the experiences of 2SLGBTQI people from across Canada who participated in the Queering Mental Health Supports in Canada project. Since our national survey did not directly ask respondents about peer support, our focus is on 2SLGBTQI service seekers, 2SLGBTQI service providers, and allied service providers who participated in our virtual focus groups. To read more about the broader project, see [Seida, 2023](#).

Why 2SLGBTQI People may Seek Peer Support

Mainstream	Peer supports
Pathologizing 2SLGBTQI people and communities	Validation, empathy, mutuality, and solidarity (due to shared lived experience)
Judgment, stigmatization, and ignorance of 2SLGBTQI needs	Holistic, person-centred approach to care
Hierarchical power dynamics in care relationship	Balanced power dynamics in care relationship

Mainstream Mental Healthcare VS Peer Support

2SLGBTQI communities have a history of being pathologized by mental healthcare professionals, resulting in them feeling misunderstood, ignored, and judged (Rees et al., 2021). These negative experiences within mainstream, formal mental health services led to the development of peer support with the consumer, survivor, ex-patient (C/S/X) movement in the 1970s. The C/S/X movement consisted of people from various marginalized communities, including 2SLGBTQI people, fighting against the harm caused by psychiatric institutions with the hope of bringing these communities together (Hopkins & Gremmen, 2022; Kemp et al., 2019). 2SLGBTQI people continue to express mistrust toward mainstream mental health services due to past negative experiences (e.g., feeling ignored and/or judged) as well as anticipated stigma (Byne et al., 2018). Such experiences prevent individuals from seeking help and, in turn, affect their recovery process toward better mental health and well-being (Borthwick et al., 2020). Indeed, a large-scale (N = 5375) UK-based survey found that one in seven LGBT people disclosed that they have refrained from treatment because they fear being discriminated against due to their identity (Bachmann &

Gooch, 2019). However, peer support services help mitigate these concerns regarding stigmatization and discrimination.

Since the 1970s, research has consistently shown the beneficial impacts of peer support for both 2SLGBTQI youth (Poteat et al., 2016; Johns et al., 2018) and adults (Budge et al., 2017; Milton, 2020). A recent literature review found ample evidence for the significance of peer support in reducing suicidal behaviour in trans populations (Kia et al., 2021). However, there is a lack in literature that extends this finding to other 2SLGBTQI communities and across other mental health conditions.

Another positive quality of peer support is that the peer-provider power dynamic is more balanced compared to the patient-expert dynamic, which is often hierarchical. The patient- expert provider relationship is based in longstanding ideologies that privilege biomedical expertise over people's lived experience (Kemp et al., 2019; Sebring, 2021). Concerns about power imbalances are well-founded, especially for intersectionally marginalized folks; for instance, Jordaan, a focus group participant, highlighted co-occurring issues with mainstream mental health services, which are rooted in racism, hierarchy of expertise, and lack of provider knowledge:

“ [T]he notion of “expertise” is an incredibly white supremacist concept – to give people with credentials [the] power to make decisions when they often don’t know the reality of people’s lived experiences... I am very hesitant to give up my, or to rely on government and the notion of so-called experts to make decisions about me when historical evidence suggests that they are actually trying to eradicate my existence. ”

Here, Jordaan’s frustrations lie within both the racist history of what is considered “expertise” in mental health (see Moodley et al., 2017) and service providers’ ignorance towards the system’s history. This sentiment extended to 2SLGBTQI service providers with whom we spoke, who also saw the complications with mainstream

mental health services. As Mandy, a service provider who participated in a focus group, expressed:

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I think some of it is that a lot of these community spaces arise because the mental healthcare system is not safe or appropriate for a lot of people in their communities, ... I have a lot of hard feelings about the mental healthcare system, and I'm willing to engage in therapy, but for example a lot of cases of forced institutionalization are extremely traumatic and often unnecessary for a lot of people in community. And this can turn people completely off from that, so I know some of these are survivor-consumer groups who understand the way the mental healthcare system has harmed them and their community. It's also not that long ago that the vast majority of mental healthcare providers treated queerness as an illness... those folks [remember] fearing being diagnosed as ill... [and] that fear is still there, like that you're gonna walk into the office of the wrong provider and at best they're not going to support you getting care you need to survive, and at worst, they might do real damage to you, because they don't believe in certain treatment models or are practicing outdated care.

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Mandy's comment illustrates the various ways in which mental health services have traumatized and harmed 2SLGBTQI people seeking and accessing care, bringing to light the “push factors” leading 2SLGBTQI people to seek community-based care. Indeed, multiple focus group participants discussed how their needs were not being met by mainstream mental health services. Zack, for example, shared: “in my experience, mental health services kind of became a pill-pushing operation rather than holistic, ‘here are some resources [to] be happier with yourself and realities of your life.’” Other participants talked about formidable cost barriers, inadequate responses to mental health crisis, and a “lip service” approach to care that does not stem from a social justice lens. These criticisms all point to opportunities for improvement in mental health support systems.

As noted earlier, the historical and ongoing pathologization of 2SLGBTQI people has led to widespread distrust of mental healthcare providers. Receiving affirming care leads to more positive healthcare experiences, which in turn makes 2SLGBTQI folks more likely to continue accessing preventive and acute care services (Trans Wellness Initiative, n.d.). Importantly, people with shared lived experiences can better relate to one another, and as a result can offer validation and empathy (Mead & McNeil, 2006) . Given this shared experience between care providers and receivers, 2SLGBTQI people may be more likely to engage in and feel more welcomed among peer support services.

Informal Peer Support Networks vs. Formal Peer Support Services

Strengths	Drawbacks
 <p>Balanced power dynamics</p>	 <p>Burnout</p>
 <p>Mutuality and solidarity</p>	 <p>Difficulty maintaining boundaries</p>
 <p>Flexibility</p>	 <p>Gaps in training may lead to feeling ill-equipped to deal with concerns</p>
 <p>Lack of credentialization and lack of regulation</p>	

Strengths and Drawbacks of Informal Peer Support

Peer support exists on a continuum, ranging from informal relationships built on support, connection, and mutuality, to peer support services offered by paid peer support workers (Bradstreet, 2006). Some participants, like Samara, vocalized that they preferred informal types of peer support over professional help for various reasons, such as the balanced power dynamic relationships that are often missing in professional relationships:

“ I feel peer-to-peer support systems listen to a person more than healthcare workers will. There’s a notion that both parties might be equal in what they have to say, whereas I find that often, whether it’s mental or physical healthcare, the professional knows more, like they know more about my experience or needs than I do. ”

In a similar vein, Jordaan shared:

“ The greatest attribute of peer support is lack of regulation, government regulation and credentials around it. I don’t need to be a wealthy enough white woman who did a psych degree at a university institution to be a peer support worker. I can be a person who’s mentally ill with lived experience, and system navigating, supporting people, because ultimately my experience is shared with them. ”

Peer support allows people to feel represented. To expand on this sentiment, Cale shared:

“ Community care follows a harm reduction model, so there’s no shaming around the ways in which you cope, [and] there’s definitely more folks [who] have more lived experience, especially when they’re queer, with substances ”



and other mental health issues [...] so there's more nuance [and] less backstory that you have to explain. And also through community care there's quicker access to funds [...] having friends who have the means to support you by giving personal loans and things like that.



These sentiments put forward a range of benefits of peer support, including feeling heard, feeling represented due to shared experience, and flexibility. For several participants, the key strengths of informal peer support are mutuality and solidarity, as opposed to the often-asymmetrical relationship between providers and receivers of care in more formal contexts (Repper & Carter, 2011).

However, not all focus group participants preferred informal over formalized peer supports. Some participants felt that professional peer support services were necessary, and that a degree of “expertise” served a protective function, particularly for those experiencing mental health crises. Mark, for instance, believed formalized help to be an essential part of healthcare:



[I]t's great that people come together to help each other in times of need, but it's amateur-ish. We need an expert, well-funded institution that protects people from mental health disasters in the first place. That's what we need... people like me, or most people, we don't have knowledge with respect to what sorts of things that cause mental health struggles, right?



Similarly, Lindsey, a 2SLGBTQI service provider, felt that peer supports within professional mental healthcare settings are beneficial since peers are better at outreach and that “having representation by and for community is very important, [because] it's about a resistance to credentialization and honouring knowledge across different spectrums of lived experience”. Further, research has shown that

professional interventions led by peer support workers are particularly helpful when severe mental health conditions are present (Pelletier et al., 2020).

As stated above, shared lived experience is a key component of peer support, regardless of whether peer support is provided informally or by professional peer support workers (Hopkins & Gremmen, 2022). This aspect of peer support is particularly important for intersectionally marginalized folks, as Kai noted:

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I think peer support networks are often very good and find strength in being identity-based or [through] intersectionality or multiple marginalizations for queer folks... in my experience it has been helpful to find a therapist who shares a lot of identities, being queer, racialized, coming from a working-class immigrant family. Because it takes away a lot of the explanatory commas... [and allows us to] have an understanding.

”

What 2SLGBTQI individuals seem to value the most in peer support is comfortability, which can be achieved by creating “a welcoming clinic environment that lets them know their identity will be understood and respected” (Trans Wellness Initiative, n.d., p. 1). To do this, Nancy suggested:

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I was thinking in terms of the peer-to-peer dynamic vs the expert-patient dynamic, and I think one thing that needs to shift is that professionals need to acknowledge their ignorance about certain issues. Two things: listen to their patients, because their patients are the experts on their own lives and often know more about that nuance of what they’re experiencing than the experts do... But the objective in a professional patient relationship is to have a more human to human connection rather than that hierarchical dynamic where one’s the expert and one’s the patient.

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Nancy expands on how the prioritization of connection and listening in peer support interactions provides an important lesson for professional providers to consider. Acknowledging that they lack understanding, mental healthcare providers should start listening to their patients. In doing so, they could learn from patients. Although the therapeutic relationship in formalized mental healthcare will never be devoid of power imbalances, a willingness to listen and learn would still go a long way in improving the quality of care for 2SLGBTQI people accessing services.

Beyond discussions of various types of peer support, participants also expressed concerns about burnout. Queer peer support providers are more susceptible to burnout due to workplace stressors, their own marginalized identities (Thomas, 2021) and less clear emotional boundaries in peer-to-peer care relationships. For example, Mandy shared that “grassroots spaces have more flexible boundaries than a lot of service providers which can result in not great outcomes. There’s so much burnout, and if somebody’s very vulnerable, that’s not always dealt with properly if you don’t have good boundaries.” Recent research supports Mandy’s concern, finding that informal 2SLGBTQI peer support providers may feel that they are not qualified or trained to deal with mental health hardships (Worrell et al., 2022).

Overall, the principles and practices of peer support help 2SLGBTQI individuals in need of additional support. Both informal, community-based peer supports and professional help (e.g., peer support workers) are important in their own right if implemented appropriately. Peer support could also be helpful to service providers working in mental healthcare, inviting them to “liberate themselves from the narrow confines of accepted and acceptable sources of professional knowledge, expertise and practice” (Kemp et al., 2019, p. 55).

Barriers to Accessing Peer Support Services



**INCREASED
DEMAND**



**LIMITED
RESOURCES**
(PROVIDER SIDE)



**FINANCIAL
CONCERNS**



**PUBLIC HEALTH
RESTRICTIONS**



**LACK OF
INFORMATION**

The COVID-19 pandemic impacted access to peer support services due to a combination of increasing demand, limited resources to meet logistical challenges, and public health restrictions (Walker et al., 2023). For some focus group participants, accessing peer support services had not been easy, as expressed by Matt: “I feel like there’s not a lot of advertisement for [peer groups], because I would love to do something like that, but I have no idea where to find something like that.” Additionally, Grace mentioned that “the problems I experienced in healthcare are a lot of assumptions that maybe these peer groups don’t exist.”

The pandemic has created more opportunities to provide services online. Online forums allowed peer support services to become more accessible during the pandemic (Harrison, 2021; Pelletier et al., 2020). This was particularly helpful for 2SLGBTQI communities in rural areas, who struggle to access not only mental healthcare in general but especially mental healthcare with an 2SLGBTQI focus (Willging et al., 2016). To this point, Frankie recalled:

“ [W]hen COVID started and we couldn't host the in-person groups... we switched over to Discord to start facilitating the groups. The only thing we were really able to do was hold it more often, and we were able to connect to youth [from different towns] all in the same Discord and they were able to make further connections within their community. ”

Dakota, another focus group participant, shared:

“ [T]he Teachers' Union in BC created a queer meet-up once a month [and] it's over Zoom because some of us live in the middle of nowhere, but you just do it over Zoom, connect with people. Sometimes they'll put you into breakout rooms, and you just talk with people and things like that, which I found really helpful. ”

During the COVID-19 pandemic, financial concerns impeded many 2SLGBTQI individuals' access to care and services (Worrell et al., 2022). Moving to an online format significantly alleviated this issue. Peer support groups are often available when mental healthcare providers are not, particularly because shared lived experience is useful to assist with specific struggles. Frankie mentioned:

“ I actually work with youth in my province who are unable to access gender affirming gear, and I get the stuff to them for free because usually it's an unsupportive household or financial distress. And recently, what I've started a Discord forum that's essentially peer support, and it's exclusively people who've applied to the program. And I've found that it actually works a lot better than our youth programming which is open to all... occasionally there comes a time where I'm not able to be on call, and obviously I'm not a registered therapist. I

don't have the training to offer "perfect" help when someone is going through something, and with those barriers, if someone is struggling and they go to the peer support group, there's channels and different things they can look for to help with whatever specific struggle they have.

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However, the surge of interest in peer support networks during the pandemic made it difficult for services to keep up with the demand (Worrell et al., 2022). Joelle, a queer service provider, shared how their community-based organization adapted to these challenges:

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We did have to switch from 'you can see your counsellor for as long as you need, and you'll work that out with you and your therapist' to a 10-session model, because we had such a long wait list and not a lot of movement on the wait list that it became prohibitive for all the people who needed but couldn't access the service [...] [O]ver the pandemic period, we created a peer support program so that we could offer, if not counselling for people, say they were on the waitlist for counselling, but peer counselling had an available spot, that they could seek support there while they were waiting or maybe that peer support was actually a better fit for them. And so we instituted a program with certified peer support workers so that we could just have a variety of services.

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The increasing demand for peer support services during the pandemic has called for new delivery methods to be developed to facilitate access for a growing amount of 2SLGBTQI care seekers. Moving forward, online forums are likely to be a useful strategy to continue making peer support services more accessible while mediating challenges.

Conclusion

The pandemic has elevated the risk and prevalence of mental health issues and the need for peer support among 2SLGBTQI individuals. The aim of this brief was to highlight themes emerging from our own research and in extant literature concerning the role of peer support in supporting 2SLGBTQI individuals' mental health and well-being in the context of the COVID-19 pandemic.

Historically, mainstream, formalized mental health services have caused great harm to 2SLGBTQI communities, creating a sense of distrust towards the system and contributing to the emergence of peer-based support approaches. Both informal and formal peer support networks are valued peer support delivery methods that should prioritize mutuality and solidarity in peer-provider relationships. Although peer-based supports may have some drawbacks (e.g., burnout), the COVID-19 pandemic created more demand for these services. This demand in turn led to increased access to online peer support networks for 2SLGBTQI individuals to find the support they need.

Peer support has largely been marginalized within institution-based and formalized mental health services as a valid form of mental healthcare with limited research showing its efficacy, especially among 2SLGBTQI service seekers and in a Canadian context. However, this brief demonstrates the value of having mental health supports provided by those who share lived experiences (e.g., marginalization, stigmatization) with those receiving care. The experiences shared in this brief clearly put forward a recommendation to prioritize peer and community-based supports to holistically address 2SLGBTQI mental health and well-being.

References

- Bachmann, C. L., & Gooch, B. (2019). *LGBT in Britain: Health report*. Stonewall UK. https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf
- Borthwick, J., Jaffey, L., & Snell, J. (2020). *Exploration of peer support models to support LGBTQ+ people with their mental health*. Centre for Mental Health. https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMentalHealth_PeerSupport_LGBTQ.pdf
- Bradstreet, S. (2006). Harnessing the 'lived experience': Formalising peer support approaches to promote recovery. *The Mental Health Review*, 11(2), 33–37. <https://doi.org/10.1108/13619322200600019>
- Budge, S. L., Chin, M. Y., & Minero, L. P. (2017). Trans individuals' facilitative coping: An analysis of internal and external processes. *Journal of Counseling Psychology*, 64(1), 12–25. <https://psycnet.apa.org/doi/10.1037/cou0000178>
- Byne, W., Karasic, D. H., Coleman, E., Eyler, A. E., Kidd, J. D., Meyer-Bahlburg, H. F., Pleak, R. P., & Pula, J. (2018). Gender dysphoria in adults: An overview and primer for psychiatrists. *Transgender Health*, 3(1), 57–A3. <https://doi.org/10.1089/trgh.2017.0053>
- Frost, D. M., & Meyer, I. H. (2023). Minority stress theory: Application, critique, and continued relevance. *Current Opinion in Psychology*, 51, 101579. <https://doi.org/10.1016/j.copsyc.2023.101579>
- Harrison, C. (2021). *Rainbow writes: Peer-led creative writing groups' potential for promoting 2SLGBTQ+ youth wellbeing* [Master's thesis, Wilfrid Laurier University]. Scholar's Commons. <https://scholars.wlu.ca/etd/2392>

- Hopkins, E., & Gremmen, A. (2022). *Understanding peer support: A core service*. Support House: Centre for Innovation in Peer Support. <https://www.eenetconnect.ca/fileSendAction/fcType/0/fcOid/387234463694343965/filePointer/387234463694344031/fodoid/387234463694344027/Understanding%20Peer%20Support%20-%20A%20Proposed%20Core%20Service%20in%20Ontario.pdf>
- Johns, M. M., Beltran, O., Armstrong, H. L., Jayne, P. E., & Barrios, L. C. (2018). Protective factors among transgender and gender variant youth: A systematic review by socioecological level. *The Journal of Primary Prevention*, 39, 263–301. <https://doi.org/10.1007/s10935-018-0508-9>
- Kemp, H., Bellingham, B., Gill, K., McCloughen, A., Roper, C., Buus, N., & Rover, J. (2019). Peer support and open dialogue: Possibilities for transformation and resistance in mental health services . In P. Rhodes (Ed.), *Beyond the Psychology Industry* (pp. 49–67). Springer International Publishing. https://doi.org/10.1007/978-3-030-33762-9_6
- Kia, H., Robinson, M., MacKay, J., & Ross, L.E. (2021). Poverty in lesbian, gay, bisexual, transgender, queer, two-spirit, and other sexual and gender minority (LGBTQ2S+) communities in Canada: Implications for social work practice. *Research on Social Work Practice*, 31(6), 584–598. <https://doi.org/10.1177/1049731521996814>
- Mead, S., & MacNeil, C. (2006). Peer support: What makes it unique. *International Journal of Psychosocial Rehabilitation*, 10(2), 29–37. <https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=c41b0e9590189b32604b9d31b6955a3101b39a99>
- Milton, C. (2020). *The buffering effect of chosen family networks in LGBT adults*. Southern Illinois University at Carbondale.
- Moodley, R. Mujtaba, F., & Kleinman, S. (2017). Critical race theory and mental health. In B. Cohen (Ed.), *Routledge International Handbook of Critical Mental Health* (pp. 79–88). Routledge. <https://doi.org/10.4324/9781315399584>

- Nowaskie, D. Z., & Roesler, A. C. (2022). The impact of COVID-19 on the LGBTQ+ community: Comparisons between cisgender, heterosexual people, cisgender sexual minority people, and gender minority people. *Psychiatry Research*, 309, 114391. <https://doi.org/10.1016/j.psychres.2022.114391>
- Pelletier, J. F., Houle, J., Goulet, M. H., Juster, R. P., Giguère, C. É., Bordet, J., Hénault, I., Lesage, A., De Benedictis, L., Denis, F., & Ng, R. (2020). Online and recovery-oriented support groups facilitated by peer support workers in times of COVID-19: Protocol for a feasibility pre-post study. *JMIR Research Protocols*, 9(12), e22500. <https://doi.org/10.2196/22500>
- Poteat, V. P., Calzo, J. P., & Yoshikawa, H. (2016). Promoting youth agency through dimensions of gay-straight alliance involvement and conditions that maximize associations. *Journal of Youth and Adolescence*, 45(7), 1438–1451. <https://doi.org/10.1007/s10964-016-0421-6>
- Rees, S. N., Crowe, M., & Harris, S. (2021). The lesbian, gay, bisexual and transgender communities' mental health care needs and experiences of mental health services: An integrative review of qualitative studies. *Journal of Psychiatric and Mental Health Nursing*, 28(4), 578–589. <https://doi.org/10.1111/jpm.12720>
- Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of Mental Health*, 20(4), 392–411. <https://doi.org/10.3109/09638237.2011.583947>
- Schmitz, R. M., Robinson, B. A., Tabler, J., Welch, B., & Rafaqut, S. (2020). LGBTQ+ Latino/a young people's interpretations of stigma and mental health: An intersectional minority stress perspective. *Society and Mental Health*, 10(2), 163–179. <https://doi.org/10.1177/2156869319847248>
- Sebring, J. C. (2021). Towards a sociological understanding of medical gaslighting in western health care. *Sociology of Health & Illness*, 43(9), 1951–1964. <https://doi.org/10.1111/1467-9566.13367>
- Seida, K. (2023). *Queering mental health supports in Canada: A research report*. Egale Canada. <https://egale.ca/wp-content/uploads/2023/07/Queering-Mental-Health-in-Canada-4.0.pdf>

- Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits and critical ingredients. *Psychiatric Rehabilitation Journal*, 27(4), 392–401. <https://psycnet.apa.org/doi/10.2975/27.2004.392.401>
- Thomas, S. P. (2021). *The dedicated and the committed: An examination of burnout within peer support for transgender, queer, and non-binary volunteers* (Publication No. 28319633) [Doctoral dissertation, University of Southern California]. ProQuest Dissertations and Theses Global.
- Trans Wellness Initiative. (n.d.). *Tip sheet for healthcare providers on 2SLGBTQIA+ affirming care*. <https://transwellnessinitiative.ca/resources/tip-sheet-for-healthcare-providers-on-2slgbtqia-affirming-care/>
- Walker, E. R., Gonzalez, T., Howard, L., Nguyen, J. K., Tucker, S. J., Hayes, R., Johnson, C., Moore, E., & Druss, B. G. (2023). Qualitative study of certified peer specialists' experiences delivering peer support services during the COVID-19 pandemic. *Psychiatric Services*, 74(5), 539–542. <https://doi.org/10.1176/appi.ps.202100662>
- Walubita, T., Beccia, A. L., Boama-Nyarko, E., Ding, E. Y., Ferrucci, K. A., & Jesdale, B. M. (2022). Complicating narratives of sexual minority mental health: An intersectional analysis of frequent mental distress at the intersection of sexual orientation, gender identity, and race/ethnicity. *LGBT Health*, 9(3), 1–8. <https://doi.org/10.1089/lgbt.2021.0099>
- Willging, C. E., Israel, T., Ley, D., Trott, E. M., DeMaria, C., Joplin, A., & Smiley, V. (2016). Coaching mental health peer advocates for rural LGBTQ people. *Journal of Gay & Lesbian Mental Health*, 20(3), 214–236. <https://doi.org/10.1080/19359705.2016.1166469>
- Worrell, S., Waling, A., Anderson, J., Lyons, A., Pepping, C. A., & Bourne, A. (2022). The nature and impact of informal mental health support in an LGBTQ context: Exploring peer roles and their challenges. *Sexuality Research & Social Policy*, 19(4), 1586–1597. <https://doi.org/10.1007/s13178-021-00681-9>