

Peer support programs

Guidance on their use for workplace health and safety

Peer support programs are based on a sound premise that having sources of support from others is a mental health protective factor.

They may be of value as a 'personal protective resource' as long as there are preventative efforts to address systemic sources of psychosocial risk in workplaces.

Investment in workplace peer support programs should be based on a consideration of its purpose, benefits, costs and risks.

What are workplace peer support programs?

Workplace peer support programs are initiatives where workers are trained to help their colleagues. Depending on their design, peer supporters may provide short-term emotional, decision-making and informational support. Labels for peer supporters vary and can include mental health first aiders and workplace contact officers.

Peer support groups and programs:

- have existed in various forms for several centuries in the general community as a form of non-institutional therapy for people with psychological health and addiction problems;
- are based on a recognition of the value of grassroots-led, non-institutional support; and
- were originally implemented to mitigate defined psychosocial or mental health risks inherent of high-risk occupations and have become increasingly common in a wide variety of Australian workplaces.

A well-known multi-sectoral peer support program is the MATES program. This was established in 2007 with the primary aim of improving the mental health of workers in the construction, manufacturing, mining and energy industries.

What are their benefits?

There is evidence to indicate that peer support programs can promote mental health literacy and help-seeking intentions and can reduce mental health stigma and sickness absence. As such, they can be of value as a personal protective resource for workers.

In contrast, evidence supporting their impact on secondary outcomes (help seeking behaviours, suicidal ideation) and suicidal behaviours is limited.ⁱ

Their potential benefit to workers can be improved if they are designed to address the potential risks of:

- underutilisation, particularly if the program is perceived in a negative light as an institution-led and managed intervention;
- inappropriate use by employees who view peer support as a viable alternative to formal health care or communication with their managers. This can impede early identification and intervention for those with acute or complex health needs or administrative issues; and
- masking of workplace psychosocial risks when risks are reported on a confidential basis to peer supporters in lieu of WHS reporting systems.

What should persons conducting a business or undertaking (PCBU) consider before investing in a peer support program?

The positive impact of peer support programs may be best achieved if they are designed and implemented with a clearly defined purpose and consideration as to whether the benefits outweigh the risks.

If the PCBU's objective is to manage psychosocial risks in the workplace, work re-design interventions should first be considered, ahead of the provision of peer support to workers.

Initial and on-going costs with peer support programs should be factored in, such as

- training and education for peer supporters; and
- allocation of staff and other resources for governance responsibilities (establishment and maintenance of procedures, utilisation reporting, supervision and competency oversight, communication and promotion, and monitoring of peer supporter utilisation for the purpose of psychosocial hazard and risk monitoring).

ⁱ Fallon, P., Jaegers, L. A., Zhang, Y., Dugan, A. G., Cherniack, M., and El Ghaziri, M. (2023). Peer support programs to reduce organizational stress and trauma for public safety workers: a scoping review. *Workplace Health and Safety*, 71(11), 523-535; Glozier, N. (2017). Review of evidence of interventions to reduce mental ill-health in the workplace. Report prepared for Safe Work NSW, Brain and Mind Centre, University of Sydney, Gosford; Sayers, E., Rich, J., Rahman, M. M., Kelly, B., and James, C. (2019). Does help seeking behavior change over time following a workplace mental health intervention in the coal mining industry?. *Journal of Occupational and Environmental Medicine*, 61(6), e282-e290; Clarner, A., Uter, W., Ruhmann, L., Wrenger, N., Martin, A., and Drexler, H. (2017). Sickness absence among peer-supported drivers after occupational trauma. *Occupational Medicine*, 67(2), 143-150; Gullestrup, J., King, T., Thomas, S. L., and LaMontagne, A. D. (2023). Effectiveness of the Australian MATES in construction suicide prevention program: a systematic review. *Health Promotion International*, 38(4), daad082; LaMontagne, A. D., Lockwood, C., Mackinnon, A., Henry, D., Cox, L., Hall, N. R., & King, T. L. (2025). MATES in Manufacturing: A Cluster RCT Evaluation of a Workplace Suicide Prevention Program. *American Journal of Industrial Medicine*.



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