Together with the evolution of recovery-oriented mental health care – where there is an active participation of the patient in working towards recovery – there is an increasing interest to include peer support. Although peer workers are already part of daily practice, many questions remain unanswered.

This study aims to answer following questions: 1 How is peer support in mental health care organised at micro-level in Flanders, and which interventions are useful and acceptable according to healthcare providers? 2 How can peer workers be integrated in multidisciplinary teams of psychiatric hospitalization wards at micro-level?

The research protocol consisted of a mixed methodology, combining both quantitative and qualitative research, and was approved by the ethical review committee of the reference hospital. To provide quantitative results about which kind of activities are useful for peer support, a questionnaire was completed by 98 healthcare providers from three psychiatric hospitals in Flanders. The questionnaire was based on concepts of recovery-oriented models and contained 29 activities. Descriptive statistics was used for data analysis.

Qualitative data on the current role of peer workers were provided via semi-structured interviews with twelve head nurses of three psychiatric hospitals. Data were transcribed and inductively analysed via thematic analysis.

Sharing their experience was found to be the most useful activity of peer workers 74% of respondents. In addition, activities that contribute to better coping, self-image and social integration, listening to psychological problems and discussing the patient’s psychological condition were perceived as useful.

Currently, peer support is used within the whole hospital, with peer workers not being linked to specific wards and no one keeping track of their workload. During group sessions patients talk about their problems and ask questions to peer workers. In addition to providing information and advice, peer workers teach the module ‘recovery’ to patients. Hence, they are not part of the multidisciplinary team but are assigned an advisory role outside the team. On the other hand, the liaison between the healthcare worker and the patient was found to improve via peer support.
None of the 29 activities was found acceptable and useful by more than 75% of the respondents, suggesting some resistance towards peer support from healthcare providers.

The practical implementation of peer support in the hospital raises questions on workload of the peer workers.

In daily practice peer support is mainly employed during group sessions where patients talk about their problems and ask questions to the peer workers. Sharing their experience is perceived as the most acceptable and useful activity, but the peer worker can also have a role in activities that support coping, self-image and social integration.

Based on these results, it is recommended that a peer worker is assigned to each hospitalization ward, with a specific defined role and in consultation with all partners involved.

Future studies could include additional activities as well as argumentation why a certain activity is assigned acceptable and useful or not. Also the point of view of the peer workers towards these activities could be investigated in the future.

**Keywords:** peer worker; peer support; mental healthcare; recovery-oriented