Peer Support as a Tool for Community Care: "Nothing About Us, Without Us"

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In the face of socio-political marginalization, frontline communities reclaim power by harnessing peer wisdom and resilience. The year 2020 marked the confluence of a global pandemic and widespread resistance against anti-Black racism and police violence, highlighting the value of peer voices and community perspectives. To dismantle and transcend carceral approaches to community care, the field of social work is invited to join a larger anti-carceral mental health movement that honors lived experience and works alongside peers to build identity-affirming structures of mental health care. This article examines the ways in which frontline communities benefit from expanded access to anti-carceral formal and informal peer support as a mental health safety net that interrupts harm and prioritizes agency, consent, and self-determination. This paper broadens social work's conceptualization of peer support through theoretical frameworks of anti-carceral social work, abolition, and intersectionality. Social work and its adjacent fields are called to urgently center Black liberation, collective healing, and community care by advocating for the integration of formal and informal peer support into mental health policy and practice. This paper strategically leans into a lineage of critical peer thought scholarship by utilizing footnotes and citations to model the ethical acknowledgment of peer labor within human rights movements. This intentional structure promotes radical solidarity that resists the exploitation of people with lived experience.

Keywords: social work, peer support, mental health, anti-carceral, lived experience

PEER SUPPORT[1] AS A TOOL FOR COMMUNITY CARE: "NOTHING ABOUT US, WITHOUT US"[2]

The expression "nothing about us, without us" has long been used as a cornerstone of social justice movements. The United States (U.S.) Disability Justice Movement first utilized this expression in the 1990s to amplify historically silenced voices and promote community-based empowerment (Charlton, 1998; Franits, 2005). Social work activists from frontline communities[3] continue to highlight the need for policy initiatives and social change movements to be catalyzed by peers[4] with lived experience and culturally specific understandings of community care. This rallying cry demands that Black liberation and anti-carceral[5] approaches to mental health center Black communities and those most impacted by carceral systems. This anchoring socio-political demand serves as a guide for the field of social work to organize and mobilize itself towards community-led social change and collective liberation.

In 2020, Black, Indigenous, and other people of color (BIPOC)[6] labored at the forefront of the liberation struggle against racial, economic, and gender injustice created by white supremacy. In response to the horrific murders of George Floyd, Breonna Taylor, and countless other Black individuals, Black activists sparked a global call-to-action to dismantle white supremacy, prompting a national uprising against the racist U.S. policing system. Indigenous, Black, and Pacific Islander individuals tragically suffered vastly disproportionate impacts from COVID-19. U.S. failure to respond to this racialized public health crisis caused widespread outcry as members from these communities turned to mutual aid[7] to confront legacies of medical racism and working-class struggle (APM, n.d.). Trans and Gender Expansive (TGE) young people demanded responses to the epidemic of fatal individual and state violence fueled by "anti-Black transmisogyny"[8] (Human Rights Campaign, 2020). Resilient communities on the frontlines of racial, economic, and gender oppression build power through grassroots coalitions oriented towards collective liberation that affirms humanity and provides access to resources.

The Black Lives Matter (BLM) Movement bridged these social concerns, generating cross-movement solidarity by putting a spotlight on the nation's systems rooted in white supremacy—including the U.S. mental health system. As a socio-political movement for human rights, BLM exposes the ways in which carceral responses to mental health crises limit individuals' freedom and rights to self-determination through involuntary psychiatric hospitalization, seclusion, physical or chemical restraint, and forced medication compliance. In 2015, people unable to access mental health resources were 16 times more likely than other individuals to be fatally shot during an encounter with police, yet armed police officers were still the default response to people experiencing emotional distress (Fuller, et al., 2015). A 2019 study conducted among

1 "Peer support" will refer to empathy, encouragement, and assistance related to emotional wellness (Penney, 2020).

2 In Critical Disability Studies, activists use this declaration to ensure frontline communities have direct access to shaping policy. This phrase also demands that policymakers remain accountable to communities that have the most at stake regarding carceral approaches to care (Yarbrough, 2020).

3 "Frontline communities," a term originating from the Environmental Justice Movement, will refer to communities facing the direct impacts of racial and social injustices from oppressive systems (Front and Centered, 2020).

4 The term "peer" refers to individuals with "lived experience," or first-hand knowledge gained from mental health difference or disability (Mental Health America [MHA], n.d.).

5 "Anti-carceral" mental health uses an abolitionist lens to reject punitive responses to disability or difference, and centers Black liberation (the self-determination of Black people) (Kim, 2018; Critical Resistance, n.d.).
"Anti-carceral" frameworks actively interrogate carcerality, defined in Critical Carceral Studies as dominant societal structures featuring punishment, discipline, social control, and surveillance (Graby, 2015).

6 Acknowledging that the popularized term "BIPOC" does not capture the vast nuance across different racialized experiences of racism, this paper will utilize this term in place of "communities (or people) of color" to decenter whiteness and highlight the distinct differences present in Black and Indigenous experiences of race and racism.

7 "Mutual aid" is a political action and organizing strategy that resists capitalist and colonialist forces through networks of radical community care that provide crisis relief to under-resourced communities (Spade, 2020).

8 "Anti-Black transmisogyny" refers to the targeting of Black, transgender feminine (trans femme) and trans and gender-expansive (TGE) individuals (Human Rights Campaign, 2020). Despite discrimination, prejudice, and inequity, Black trans femme activist-organizers continue to lead innovative social change initiatives (Ware, 2017).

young Black men in Baltimore found that individuals with mental health diagnoses were more likely to experience police brutality (Smith Lee, 2019). Anti-carceral logic proposes a radically different approach to the mental health movement, embracing traditions of interdependence and emphasizing social connectedness while utilizing a critical systems analysis to interrupt carceral response. Social work's purpose in an anti-carceral mental health movement must be not only to center the wellness of those most impacted by violence and oppression, but also to uproot methods of carceral intervention, prioritize self-determination in mental health policy, and reimagine the role of peers in new community structures of life-affirming care (Jacobs et al., 2020).

AMPLIFYING LIVED EXPERIENCE: "EXISTENCE IS RESISTANCE"[9]

There have long been challenges within the field of mental health to standardize the definition of "peer" and to evaluate the benefits of peer roles in care settings. In formal treatment or recovery settings, a peer supporter is "someone who has experienced the healing process of recovery from psychiatric, traumatic, or substance use challenges and, as a result, offers support to promote recovery in traditional mental health settings" (iNAPS, 2013, p. 9). While most formalized systems in society do not favor positioning peers as leaders, social work can abandon the status quo of institutionalized definitions by advocating for the inclusion of peers in all forms of mental health care delivery.

DRAFTING DEFINITIONS – THE ROLE OF THE PEER

In an attempt to highlight the value of peer perspectives in social work policy and practice, social work professionals often use the term "embodied knowing" to refer to knowledge that is gained through and residing within the body (Sodhi & Cohen, 2011; Fox, 2016). This paper defines a "peer" as an equal, or "someone like me [(or you)]," with shared social or demographic identity and lived experience (Shalaby, 2020; Okoro, 2018, p. 2; Penney, 2020). This definition has been criticized for being too broad, as it universalizes and essentializes peer identity and oversimplifies group identity, overlooking differences to meet certain goals (Voronka, 2016). However, this working definition's broad nature intentionally resists urges to professionalize this distinct identity and allows individuals to articulate lived experiences.

CENTERING JUSTICE: "RHYTHM WITHOUT THE BLUES"[10]

Social work will benefit from following an intersectional Disability Justice approach, operating from the awareness that those "most impacted by the legacies of anti-Black racism, colonialism, heterosexism, white supremacy, patriarchal capitalism are the ones furthest from justice and access to self-determination" (White, 2020). Created by disabled[11] Queer, Transgender, Black, Indigenous, People of Color (QTBIPOC) activists, Disability Justice frameworks aim to dismantle "intersecting legacies of white supremacy, colonial capitalism, gendered oppression, and ableism" (Project Lets, n.d., para. 3). In her Matrix of Domination theory, Patricia Hill Collins demonstrates how ableism interlocks with other forms of oppression (2000). Through the adjacent intersectionality theory, Black feminists and critical race theorists assert that carceral ableism (socially constructed ideas of difference or divergence) criminalizes and devalues bodies and minds (Crenshaw, 1991; Lewis, 2020; Berne, 2015).

EMBRACING ANTI-CARCERAL SOCIAL WORK: "THE WATER WE ARE SWIMMING IN"[12]

Social work has been slow to recognize and implement liberatory

9 This phrase honors trans activists who have resisted and continue to resist social erasure by bringing visibility to socially marginalized and politically disenfranchised communities (Seidman, 2019).

10 This phrase has inspired community resilience, validating lived experience of BIPOC and TGE individuals and highlighting the Black Feminist Movement's spirit and message (Collins, 2000).

11 Following leadership from disabled peers in the Disability Justice movement, this paper uses identity-first language, positioning disability as an identity to affirm the lived experiences of peers (People with Disability, n.d.).

12 This phrase provides insight into the pervasive anti-Black racism and white supremacy culture in the U.S. and embodies a call to dismantle systems of oppression through social activism (Finn & Jacobson, 2003).

potentials of anti-carcerality and calls for an empowerment-focused paradigm shift to abolitionist praxis[13] (Richie & Martensen, 2019; Finn & Jacobson, 2003). The field continues to uphold and perpetuate white supremacy by utilizing carceral interventions through mental health, criminal-legal, child welfare, and even non-profit systems. Anti-carceral social work interrupts the carceral state, not only addressing prisons, jails, and policing, but also carceral cultures of social control embedded within mental health systems.

Police brutality is a social determinant of health impacting the emotional well-being of racialized individuals and contributing to mistrust of medical institutions (Alang et al., 2020; Bor et al., 2018; McLeod et al., 2019). Narrative accounts of young Black men ages 18-24 summarize feelings of mental anguish related to police violence, stating that police are their "number one fear in life" (Smith Lee, 2019, p. 156). Disabled BIPOC students and adults experience a disproportionate use of physical restraint compared to their white counterparts (Katsiyannis et al., 2020; Cusack et al., 2018). Black liberation challenges theories of crime and punishment by building anti-carceral, peer-led systems of community mental health care.

CRITICALLY CONSCIOUS METHODOLOGY: "PEOPLE NOT PROFIT"[14]

This theoretical article aims to expand the concept of "peer support" by examining narrow, rigid, and de-politicized applications of the term in empirical research. Search criteria included "formal peer support," service providers in mental health settings, and "informal peer support," community-based providers in non-traditional mental health programs. This analysis explores the theory base (specifically within the English language) on Disability Justice and carceral ableism, qualitative data related to the provision of peer support in mental health contexts, and organizational patterns present in past and current social justice movements. The complexities within both the ongoing BLM Movement and current socio-political climate influenced the range of literature reviewed for this article.

REFRAMING POSITIONALITY: "THE PERSONAL IS POLITICAL"[15]

Individuals involved in "peer-run" organizations, such as the Consumer Voices Are Born (CVAB)-REACH center, exemplify the invaluable power of peer-based feedback, perspective, and approaches to care:

> We did not learn about mental health from a textbook, but from our own lived experience. We use this mutuality of experience to connect with others and help our community to see that recovery is an achievable reality. (REACH Center, n.d., para. 1)

Elevating lived experience and acknowledging power dynamics present in empirical knowledge production is crucial in engaging anti-racist work within academia. Intersections of race, gender, mental health, and disability are not just theoretical and academic subjects on which I write, but also experiences I live. Writing this article required my own emotional labor to survive professionally in taxing academic and clinical spaces, and to emotionally synthesize information from personal lived experience related to carceral culture in psychiatric institutions and harm within mental health care systems. As a guest on Indigenous Chinook land and a queer, non-binary person with class privilege and fluctuating

13 "Abolition" is a long-term political vision, organizing tool, and broad strategy aiming to eliminate imprisonment and policing while creating lasting alternatives to violence and harm (Critical Resistance, n.d.). Abolitionists do not support any extension of carceral punishment, including in mental health settings.

14 This phrase serves as a reminder that academic knowledge production is not neutral, and academia must side with frontline communities over institutional, elite, or corporate interests. In anti-colonial, anti-carceral academia, margins of society should not be a "site for domination but a place of resistance" (hooks, 1990, p. 343). Social workers break norms of scientific exploitation in under-resourced communities by concentrating efforts towards shifting power to peers with lived experience.

15 Critical discourses within Feminist and Student Movements encourage scholars to reject the "myth of objectivity" and "hierarchy of credibility" by actively acknowledging positionality and access to power (Yarbrough, 2020). While frontline communities have been historically excluded from decision making processes that traditionally center voices of (often socially-removed) political stakeholders, this revolutionary saying positions peers as valuable leaders in community care (Barker, 2017).

abilities, I am a consumer-provider of mental health care invested in expanding access to anti-carceral frameworks that prioritize freedom of choice in service of inter generational healing.. I am not directly impacted by anti-Black police violence, nor have I personally experienced poverty or carcerality in the legal system. Due to the inherent shortcomings in my perspective associated with these positionalities, my work remains accountable to peers most impacted by anti-Black racism and carceral ableism.

This paper pushes back against dominant societal and institutional impulses to pathologize resistance by utilizing social work's tradition of "professional resistance" to illuminate counter-narratives, mobilize scholars to interrogate the academic norm of upholding white supremacy, and confront unequal institutional power relations (Strier & Bershtling, 2016). In an act of solidarity following Professor Ericka Hart's February 2021 announcement of unjust termination from Columbia School of Social Work, this paper was intentionally restructured to amplify the wisdom of lived experience (Hart, 2021). This updated version is intended to be an active form of professional resistance against upholding anti-Black racism, white supremacy, and transphobia as the status quo in academia. Professor Hart's stated lived experience of anti-Black racism mirrors the experiences of many unnamed QTBIPOC and disabled scholars and peers who have also endured traumatic silencing by white supremacist institutions. In academic contexts, such silencing impacts the most marginalized scholars and derails our scholarly efforts. This damaging phenomenon in academia is indicative of a larger social trend in which systemic, institutional, and intersecting personal traumas are overlooked, minimized, and made invisible. Professional resistance counters the ways institutions exert and maintain power, practice coercive control over Black and brown bodies, police our minds, and render us disposable. I offer my peer perspective from the margins to invite others to "see and create, to imagine alternatives, new worlds" (hooks, 1990, p. 341).

UPLIFTING THE PEER: "SOLIDARITY NOT CHARITY"[16]

When Mental Health is viewed as a sociopolitical and ideological movement, in addition to a scientific discipline, social workers can interrogate oppressive legacies, contextualize harm in BIPOC communities, and evaluate transformative potential (Bertolote, 2008). Despite a recent surge in political participation, activist-organizers must be aware of pre-existing Feminist, Indigenous, and Disability Justice Movements being co-opted by individuals without lived experience. As the peer workforce grows, social work must contextualize the anti-carceral mental health movement to prevent tokenization and performative inclusion of peers.

UNPACKING FORMAL PEER SUPPORT: "INTEGRATING INTO A BURNING HOUSE"[17]

With roots in the consumer mental health movement, which worked to expand traditional mental health treatment, peer support has always been tied to a legacy of activism (Van Tosh, 2006). Formal peers validate distinctive emotional distress related to structural experiences of inequity and injustice (Beresford & Russo, 2015). Community-based participatory research has found peers provide support when systems fail to respond to Black community needs in culturally-appropriate ways (Corrigan et al., 2015). Because peers often "speak the same language" (both literally and socioculturally), trusted companionship of empathetic peers more effectively validates experiences of structural oppression, marginalization, and exclusion (Repper, 2013, p. 6; Faulkner & Basset, 2012). Peer support services are proven to provide culturally and developmentally appropriate care for young people (ages 16-24) with serious mental illness (Ojeda et al., 2020). Additionally, a U.S. clinical trial surveyed adults with mental illness who had been hospitalized three or more times in 18 months and were at risk for recurrent psychiatric hospitalizations. Compared to

16 This phrase underscores the importance of mutual aid community organizing in times of crisis (Spade, 2020).

17 This quote from Dr. Martin Luther King Jr., questions the sustainability of social reform movements that do not build social structures anew (Alfieri, 2011).

those receiving only standard care, individuals with peer support had fewer readmissions and were hospitalized for nine fewer days (Sledge et al., 2011). Peer insight on clinical teams improved relationships with providers, increased engagement with treatment, reduced symptoms of depression, and improved general recovery outcomes for those with severe mental illness (Puschner et al., 2019; Chinman et al., 2014). Finally, inclusion of peers in social work education has also proven to expand professional compassion and shift clinical faculty attitudes (Repper & Watson, 2012).

EXAMINING THE CREDIBILITY GAP: "POWER IN THE PEOPLE"[18]

Some recipients of care prefer working with licensed mental health professionals due to the notion that such clinicians are more competent in providing care than practitioners with lived experience (known as professionalized peers). Due to lingering stigma, many mental health providers with lived experience choose not to self-disclose commonality (Harris et al., 2016). Clinicians with lived experience are often labeled as "unreliable, dangerous, vulnerable, unpredictable, and lack[ing in] the capacity to occupy esteemed roles such as educators" or contribute meaningfully in clinical and academic settings (Dorozenko et al., 2016, p. 906). Peers with professional competency or clinical skills can be seen as unrepresentative of others experiencing marginalization within mental health systems (Fox, 2020). Licensed and professionalized clinicians without lived experience often perpetuate stigma by expressing skepticism about the integrity and safety of professionalized peers. This devaluing, by both individuals seeking treatment and other clinicians, silences peer voices in academia and clinical practice.

Clinical use of diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM) further reinforces "risk consciousness," referring to the hyper-medicalized focus on solely assessing and managing mental health risk factors, as opposed to also harnessing protective factors such as community and cultural strength (Davidson et al., 2016). The societal shift back to the risk rhetoric of the early mental health movement demonstrates a stronghold of oppressive "one size fits all" Western norms and ableist and colonialist belief systems on mental health practice (Ostrow & Adams, 2012). Formal treatment or recovery settings require the peer workforce to abandon more radical peer philosophies, such as the right to refuse treatment, forcing instead adherence to standard medical models that prioritize identifying dysfunction, managing crisis, and eradicating mental health symptoms.

EVALUATING INFORMAL PEER SUPPORT: "THE REVOLUTION WILL NOT BE FUNDED" [19]

When larger social systems fail to ensure equitable access to mental health support, peer-led mutual aid provides (and has historically provided) prevention-centered crisis relief without reliance on harmful systems. With roots in the Psychiatric Survivor Movement,[20] informal peer support operates outside of institutions, non-profits, and other service delivery systems, and aligns with politically radical legacies of community-led mutual aid (Emerick, 1991; Gagne et al., 2018).

Informal peer support is a unique method of engagement for people who have historically distrusted more formal resources or felt alienated from traditional health services (Simpson et al., 2018; Watson, 2017). Informal peer relationships utilize shared power to normalize neurodiversity,[21] challenge social stigma, and strengthen community ties (Gillard et al., 2015). Relationships with informal peers who have shared cultural backgrounds or values are helpful in navigating systems that continue to perpetuate ableism and social stigma (Faulkner & Basset,

18 Variations of this organizing phrase have encouraged communities and individuals globally to build collective community power and to funnel resources into the margins of society (Lisson, 2018).

19 BIPOC feminists in the Anti-Violence Movement criticize the de-mobilizing effects of non-profit involvement in social justice movements—a phenomenon known as the Non-Profit Industrial Complex (Smith, 2007).

20 Stemming from 1960s Civil Rights Movement, the Psychiatric Survivor Movement addressed people's experiences of violence in traditional carceral mental health institutions and served as a catalyst, organizing individuals to advocate for the right to refuse treatment and freedom to choose alternatives that centered self-determination, agency, and consent (McLean, 2000).

21 The Neurodiversity Movement has roots in the Disability Justice and Mental Health Survivor Movements, promoting the need for disability solidarity and recognition of variations in neurocognition (Graby, 2015).

2012). One study found Black college students preferred informal peer support over formal counseling, as peer support honored their culturally-specific coping styles (Grier-Reed, 2013). As evidenced by this qualitative data, social work must create pathways for peer innovation.

ENVISIONING LIBERATORY FUTURES: "SHOW ME WHAT COMMUNITY LOOKS LIKE"[22]

In 2015, 75% of people who called the National Suicide Prevention Hotline were able to actively engage and collaborate with volunteers, as well as de-escalate risk level, despite being initially labeled as an imminent risk of completing suicide (Draper et al., 2015). By contrast, most U.S. crisis hotlines maintain policies for initiating in-person police response for their callers—a protocol known as "active rescue" (Trans Lifeline, 2020b). Because research suggests that effective crisis intervention and de-escalation often render police intervention unnecessary, frontline communities continue to develop anti-carceral, peer-led mental health care alternatives rooted in mutual aid (Leach et al., 2019). In BIPOC communities, peer-led mutual aid has always been a central survival strategy to interrupt institutional harm, prioritizing community care over carceral response, and building momentum towards liberation (Crane et al., 2020; Spade, 2020).

Following a peer-led approach, Trans Lifeline developed a crisis line "for the trans community, by the trans community" (Trans Lifeline, 2020a, para. 1). TGE peers intimately understand that police response to disabled peers experiencing mental health crisis yields a high likelihood of police use of harm, forced hospitalization, and deadly force (Trans Lifeline, 2020b). Trans Lifeline demonstrates how to "informally" fill a culturally-specific mental health need through use of radical collective care policy. The line mitigates violent policing of the trans community through a consensual active rescue policy, never involving police in mental health crises without a caller's explicit consent. Although other crisis lines argue that Trans Lifeline's policy poses liability risks, this policy aligns with the socio-political peer philosophy of preserving the right to self-determination above all else. TGE callers consistently report feeling unsafe calling other crisis lines due to fears around denial of treatment, police interaction, harassment in hospitals, and general transphobic violence. This intentional anti-carceral approach allows TGE callers to affirm the relational importance of reaching out for support, as opposed to avoiding any form of care for fear of harm. Serving as a poignant example of anti-carceral peer-developed alternatives built through grassroots funding, Trans Lifeline is the only U.S. mental health line that has implemented an effective policy against non-consensual active rescue (Trans Lifeline, 2020b).

INVITING DISCUSSION: "DISMANTLE, BUILD, CHANGE"[23]

Communities continue to be "sites for prevention, intervention, and transformation, spaces where interventions can be imagined, initiated, and implemented" (Kim, 2018, p. 227). With five million Black and "Latine"[24] people predicted to lose health insurance due to a loss of employment from COVID-19, the pandemic highlights ongoing racism present in the accessibility of behavioral healthcare (SAMHSA, n.d.; Sloan et al., 2020). The mental health field is pressed to tend to psychosocial needs of frontline communities coping with compounding threats to well-being (Fisher et al., 2020; Jadwisiak, 2020). As social support is a protective factor for well-being, peer support is well-positioned to address limited access to culturally-responsive mental health care (Faulkner & Basset, 2012). Peer support is culturally beneficial to minoritized adolescents with adverse childhood experiences, as well as to those experiencing suicidality (Brinker, 2017). Making radical changes to systemic structures acknowledges histories of empowered BIPOC communities pushing for social liberation.

22 This variation of the bedrock protest slogan "this is what democracy looks like" merges organizing and activism efforts to mobilize communities towards collective change (Gillum, 2019).

23 This phrase grew out of abolitionist frameworks to dismantle the Prison Industrial Complex (Critical Resistance, n.d.). In mental health, it includes building sustainable alternatives that value community-wide healing.

24 As opposed to "Latinx," "Latine" is a non-anglicized, gender-neutral term describing Latin American people (Gutierrez, 2020).

EXPOSING LIMITATIONS: "SILENCE IS VIOLENCE"[25]

While extant literature speaks to the lived experiences of some marginalized groups, the overall dearth of research within this area misrepresents and distorts unique individual experiences of people with multiple marginalized identities. The divide between academic scholarship and community needs directly relates to how colonialist research institutions continue to objectify, extract from, and profit off of BIPOC without tending to their unique socio-political demands. This alarming observation overshadows drawbacks in the literature, which include vague understandings of peer support mechanisms. *Solidarity research*[26] specifically engages frontline communities in critical political dialogue and change-oriented goal setting, while empirical research generally upholds harmful colonialist notions of objectivity and scientific expertise, thus preventing peers with lived experience from producing knowledge within academic systems (Yarbrough, 2019). Honoring expertise gained through lived experience and legitimizing labor involved in informal peer support does not necessitate empirical evidence. Due to this lack of empirical "expertise," it is unlikely informal peer support will receive access to certain funding streams. Communities will continue to build solidarity in the margins and will respond in the ways they always have when systems have failed them: by determining what works best for them culturally, regardless of an empirical evidence base.

The limited empirical literature on crisis work is predominantly written through a white cisgender lens. Such a lens produces under-developed theories that inadequately respond to the specific needs of disabled QTBIPOC and fail to acknowledge the unique ways individuals within this demographic experience complex trauma, relate to intersecting identities, and navigate oppressive mental health care systems. Although developing clear models of peer support would aid future studies, professionalizing peer support may restrict the healing nature of holistic relational dynamics (Faulkner & Basset, 2012). Independent of current failing systems, communities will continue developing structures of mutual aid-based informal peer support, warranting urgent advocacy to include peer support in all mental health care delivery.

ENGAGING RADICAL IMAGINATIONS: "PANDEMIC AS PORTAL"[27]

Anti-carceral social work aligns with the assertion that "there can be no health equity when certain groups fear the harm and murder of their families and community by the state" (Jacobs, et al., 2020, p. 19). Engaging true mutuality with one another requires shifting leadership structures from dominant groups to those most impacted by ableism, anti-Black racism, and transphobia. Peer support is both an abolitionist act of care and an embodiment of mutual aid. Moving forward, social workers are called to interrogate the currently existing frameworks around mental health by examining sociopolitical influences preventing peers from being cultural agents of change (Gillard, 2019). Social workers are invited to apply an anti-colonialist, anti-carceral lens to qualitative inquiry and to uplift the work of peers (Yarbrough, 2020; Archer-Kuhn, 2020). Social policy experts consider how an informal peer support safety net may alleviate burdens and costs of mental health care delivery through public health saving (Puschner et al., 2019; Young, 2020). Clinicians have the power to break from reliance on policing and carceral interventions. Until there are more sustainable solutions to compounding social crises, social workers can ensure frontline communities are leading conversations about anti-carceral care.

25 Despite social work's ethical obligation to social justice, the field has perpetuated white supremacy through silence on ongoing anti-Black racism (National Association of Social Workers North Carolina Chapter [NASW-NC], 2020). This saying speaks to the colonialist roots of anti-Black racism and violence in research (Women Scientists Leadership, 2020).

26 "Solidarity research" diverges from participatory action research in that it resists tokenization by affirming marginalized groups as experts and by focusing data collection and political analysis on critical dialogue of policy-relevant "structural sources of group-differentiated stratification and harm" (Yarbrough, 2019, p. 62).

27 Arundhati Roy's April 2020 piece in the Financial Times provides global context of the pandemic and encourages a break with the past, collectively reimagining a more liberatory future.

DRAWING CONCLUSIONS: "BLACK TRANS LIVES MATTER"[28]

Anti-carceral social work policy and practice require acknowledgment of the radical political contributions of peers with lived experience, willingness to shift power to frontline communities, and investment in Black futures. With new insights into the added socio-political benefit of integrating a peer support safety net into structures of community care, social workers can push the field of mental health towards its anti-carceral future. Individuals with lived experience are not only worthy of dignity, care, and healing, but they are also paramount in driving innovation and leading movements towards liberation. Integrating this ideological truth into practice will help future generations of social workers and mental health practitioners minimize emotional distress, repair social harm, and dismantle white supremacy. Social workers rally behind peers and frontline communities to honor the lives of Black trans ancestors and build new liberatory structures of care in which peers can use their collective wisdom, knowledge, and skills to facilitate intergenerational healing.

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