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Tripartite Mental Health Working Committee Consensus on Peer Support Programme Definition and Scope

White Paper

Executive Summary

This white paper presents the Tripartite Mental Health Working Committee's ("MHWC") consensus on the **definition, role, and boundaries of peer support programmes** within the Singapore civil aviation sector. It establishes a **clear, common framework to guide consistent design, governance, and communication of peer support** across organisations. By explicitly distinguishing peer support from counselling and para-counselling, the paper aims to **provide role clarity, reinforce appropriate expectations, and safeguard both volunteers and users of the programme**.

At its core, the paper positions peer support as a structured but non-clinical, non-directive form of assistance grounded in shared lived experience, centred on empathetic listening, emotional support, and personal agency. It emphasises that peer support must operate within **clearly defined boundaries, supported by proportionate training and robust escalation pathways**. It further highlights that peer support programmes are meant to complement—rather than substitute—organisational, crisis response, and professional systems. By reinforcing **clarity of purpose and consistency in approach**, the MHWC framework enables peer support to function more effectively as an accessible, trust-based layer within a broader multi-tiered mental health support ecosystem.

Purpose and Scope

The purpose of this paper is to:

- Establish a **shared definition of peer support** for the aviation sector;
- Articulate the **role, scope, and boundaries** of peer support volunteers;
- **Distinguish peer support clearly from para-counselling** and other mental health interventions; and,
- Provide a **foundational reference** to guide programme design, training, communication, and governance.

This paper is intended as a common reference for aviation organisations, unions, professional bodies, programme administrators, peer support volunteers, and aviation personnel seeking peer support within the Singapore civil aviation sector.

Background and Rationale

Discussions at the MHWC's meetings highlighted the need for greater clarity on how peer support programmes are communicated to aviation personnel. Stakeholders emphasised that while peer support is valued as an accessible and trusted form of support, clearer articulation of **role boundaries** is important to support and reduce risks for both volunteers and those seeking support.

As peer support programmes continue to expand within the Singapore aviation community, the need for a shared and well-understood framework has become increasingly important. In particular, the MHWC noted the importance of maintaining a **clear distinction** between peer support and para-counselling or other mental health interventions, anchoring peer support roles within their **intended remit**, and ensuring that peer support **operates alongside, but does not replace**, formal mental health and organisational response systems.

A clear and commonly accepted understanding of its scope is therefore essential to support the sustainable and safe implementation of peer support programmes across the sector.

Definition of Peer Support

In the aviation context, **peer support** refers to assistance provided by aviation personnel, with lived experience in the profession, to their peers within the same field.

Peer support volunteers draw primarily on:

- Their own work and personal experiences;
- Practical wisdom gained from navigating comparable challenges; and,
- Shared understanding of the aviation operating and organisational environment.

Through this, peer support volunteers provide **empathetic listening, emotional support, encouragement, and understanding** to colleagues facing personal or work-related difficulties.

Peer support focuses on helping individuals recognise and mobilise their own strengths, capabilities, and available resources, while fostering **self-determination**

and personal agency. Peer support volunteers function as companions rather than experts, creating a safe space where individuals feel **understood, less isolated, and empowered to make informed choices** about their wellbeing.

Importantly, peer support is not designed to produce therapeutic, clinical, or remedial outcomes. It is therefore not measured by problem resolution, recovery, or behavioural change in the way that formal mental health interventions might be.

Core Principles of Peer Support

The key principles of peer support programmes are:

- **Lived experience and shared identity** as the basis for connection and trust;
- **Non-directive and non-prescriptive support**, centred on listening and validation;
- **Respect for autonomy**, with individuals retaining control over their decisions;
- **Clear role boundaries**, including recognition of role scope and limitations;
- **Operational independence** from investigative, disciplinary, performance management, and licensing decision-making processes;
- **Early identification and signposting**, rather than assessment or treatment; and,
- **Timely and proportionate escalation**, guided by clear understanding of role scope and limits.

Benefits of a Common Definition and Scope

Adopting a common definition and understanding of peer support delivers several sector-wide benefits:

- Greater programme consistency and clarity of expectations, for both peer support volunteers and those seeking support;
- Greater role clarity and reduced risk of role confusion for peer support volunteers;
- Clearer safeguards for peer support volunteers;
- Improved volunteer recruitment through well-defined roles;

- More consistent training approaches and potential training resource sharing; and,
- Clearer delineation of roles across peer support, counselling, and critical incident response responsibilities.

It is worth noting that peer support volunteers who act in good faith, within the defined scope of their role and in accordance with their organisation's programme guidelines, are generally not expected to bear personal liability for outcomes arising from peer support interactions. This underscores the importance of clear role boundaries, appropriate training, and adherence to established escalation pathways, which are grounded not in legal formalities, but in the foundation of safe and effective peer support practice.

Distinction Between Peer Support and Para-Counselling

Peer support is frequently confused with para-counselling. While both involve supporting individuals and share ethical obligations to escalate safety concerns, they differ fundamentally in intent, structure, and scope.

Para-counselling involves the application of formal counselling skills and structured techniques, typically following systematic training and often operating under professional supervision. It may include guided interventions, basic risk assessments, and follow-up care.

Peer support, by contrast:

- Is based on **mutual understanding** arising from shared lived experience;
- Is often **informal** and tailored to individual preference;
- Does not involve clinical assessment, diagnosis, or remedial intervention; and,
- Focuses on **emotional support, shared understanding, and appropriate signposting or escalation.**

Maintaining a clear distinction is essential to preserving the integrity of peer support programmes, allowing individuals to receive the appropriate form of support without risk of conflict with any formal psychological interventions they may require. Reflecting this clearly in training, role descriptions, and escalation protocols helps keep peer support grounded in its intended function, rather than drifting into a para-counselling or screening function, and helps preserve trust, supports the safety of both volunteers and those seeking support, and enables timely escalation where needed.

Role and Scope of Peer Support Volunteers

Peer support volunteers may, within their respective organisational frameworks:

- Provide empathetic, non-judgemental listening;
- Offer moral support and encouragement;
- Share relevant personal experiences in a non-directive manner;
- Foster openness, reflection, and personal growth;
- Recognise warning signs or red flags; and,
- Guide individuals towards appropriate organisational, regulatory, or community resources.

The following functions fall outside the scope of peer support:

- Conducting clinical assessments or diagnoses;
- Providing counselling, supporting treatment regimes or coordinating any remedial interventions;
- Prescribing solutions or determining outcomes; or,
- Undertaking responsibilities that belong to professional mental health services or organisational response systems.

Competencies of Peer Support Volunteers

Effective peer support is grounded in the **personal and interpersonal competencies** of volunteers — their ability to engage safely, supportively, and within appropriate role boundaries. These competencies are distinct from clinical expertise. Peer support volunteers are therefore selected and developed based on their **aptitude for empathetic, non-directive support within well-defined boundaries**, as opposed to their ability to deliver interventions or advice.

In line with this, peer support volunteers are expected to demonstrate the following core competencies, reflecting their companion role and reinforcing the principle that peer support relies on shared understanding and human connection, through:

- **Empathetic and attentive listening**, characterised by the ability to listen with presence, patience, and genuine interest, without interruption or judgment;
- **Emotional awareness and self-regulation**, including the capacity to recognise and manage their own emotional responses, biases, and limitations

during peer support conversations;

- **Non-directive engagement**, with an emphasis on validation, reflection, and understanding rather than problem-solving, diagnosis, or advice-giving;
- **Role clarity**, including a clear understanding of what peer support can and cannot provide, and the ability to recognise and respect responsibilities that belong to professional, organisational, or clinical systems;
- **Appropriate signposting**, based on awareness of available organisational, regulatory, and community resources, and the ability to encourage individuals to seek organisational, professional or specialist support when needed; and,
- **Recognition of warning signs**, such as indicators of escalating distress, impaired functioning, or potential risk to self or others, without conducting formal assessment or evaluation.

It bears emphasis that peer support volunteers need not be trained in counselling techniques, diagnostic judgement, case formulation, or crisis intervention. Where volunteers happen to possess such knowledge, it should inform their awareness and sensitivity, but not expand the scope of their peer support role.

Training and Development Approach

The objective of training is not to professionalise peer support, but to enable volunteers to operate safely, confidently, and within their intended remit. Training should therefore be **foundational and proportionate in scope**, and be designed to promote role clarity and ensure consistency across programmes.

An effective training programme should focus on building a shared understanding of what peer support is, and the core competencies expected of volunteers. Key areas should include:

- Establishing a clear understanding of the **peer support role, its scope and limitations**, and its distinction from counselling, para-counselling, and other mental health interventions;
- Developing **core listening and interpersonal skills**, such as active and reflective listening, empathy, and respectful communication;
- Grounding volunteers in **key ethical considerations**, including confidentiality, trust, and the responsibility to escalate appropriately in accordance with programme policies and established pathways;

- Enhancing awareness of **self-care and volunteer wellbeing**, recognising the emotional demands of the role and the importance of support structures for volunteers; and,
- Familiarising volunteers with **escalation pathways and internal and external support resources**, without positioning them as assessors, coordinators, or case managers.

Programme administrators should ensure that training content, language, and intended outcomes remain aligned with the non-clinical nature of peer support, to avoid role drift and inadvertent substitution for professional mental health services.

Training should emphasise reflection, discussion, and practical understanding, rather than procedural checklists or scripted responses. Where ongoing learning is provided, it should focus on reinforcing boundaries, sharing experience, and strengthening confidence in signposting.

Training should also clearly communicate that timely and proportionate escalation is a core element of good peer support practice. Volunteers should be prepared to recognise situations that exceed the scope of peer support and escalate without undue delay when required, while equally avoiding premature or excessive escalation that may undermine individual autonomy or help-seeking behaviour.

Escalation Pathways and Governing Principles

Timely and proportionate escalation is one of the most important responsibilities of a peer support volunteer, particularly when situations exceed the scope of peer support. Clear escalation pathways are therefore necessary to protect individuals, volunteers, and organisations, while preserving the trust, autonomy, and role clarity that underpin effective peer support. When designed appropriately, escalation pathways serve the following protective and enabling functions:

- Connect individuals to appropriate support resources beyond peer support when required;
- Safeguard the wellbeing of both the individual and the peer support volunteer; and,
- Maintain appropriate boundaries between peer support, clinical care, organisational management, and crisis response systems.

For escalation to be effective, peer support programmes should define clear and pre-established escalation pathways before programmes are operationalised. These

pathways should be documented, communicated to all volunteers, and reviewed periodically to ensure they remain current and fit for purpose. Depending on the structure and context of the programme, escalation pathways may include:

- **Advisory escalation** for guidance and support to the peer support volunteer;
- **Signposting escalation** to appropriate professional, organisational, or community resources;
- **Safety escalation** where there is immediate risk to self or others; and,
- **Safeguarding escalation** to meet legal, ethical, or statutory obligations.

While peer support volunteers operate outside the remit of clinical risk assessment, emergency management, or the coordination of formal response pathways, escalation decisions should nonetheless be purposeful and considered, guided by the following principles:

- **Role-bounded judgement:** Escalation is triggered by recognition of scope exceedance or safety concern, not by assessment or diagnosis;
- **Timeliness:** Where escalation indicators are present, prompt action should take precedence over certainty or completeness;
- **Proportionality:** Escalation should be matched to the nature and urgency of concern, avoiding both delayed escalation and unnecessary or excessive hand-offs;
- **Transparency:** The limits of confidentiality and the peer support role should be communicated clearly and early; and,
- **Integrity of peer support:** Escalation must not be used as a mechanism for monitoring or surveillance by the organisation.

Where programmes include access to professional advisors such as psychologists, the role of these advisors should be to support escalation judgement and safeguard volunteers, **while preserving peer support as a distinct non-clinical function**. Programme administrators should actively **address the risk of escalation delays**, which may arise from over-identification with the individual, fear of breaching trust, or a mistaken sense of responsibility to manage the situation alone. Equally, programmes should **guard against premature or excessive escalation**, which may undermine autonomy, deter help-seeking, or distort the intended purpose of peer support.

Training and governance arrangements should **reinforce that appropriate escalation reflects sound judgement and good peer support practice**, and that peer support is intended to complement, rather than replace, professional, organisational, and emergency response systems.

Conclusion and Consensus Position

The MHWC affirms that peer support is a valuable, non-clinical, and non-directive component within a broader, multi-tiered aviation mental wellness support structure. As an accessible and early layer of support, its effectiveness depends on **clear purpose, disciplined role boundaries, and appropriate integration** with organisational, clinical, and emergency response systems.

Peer support is intended to **complement other essential mental health and crisis response capabilities**. Organisations should continue to maintain parallel capacities such as professional mental health services, critical incident responders, or formal crisis management arrangements alongside peer support programmes.

The MHWC further affirms that **peer support volunteers must receive appropriate training** to operate confidently within the defined scope of peer support, including a clear understanding of when and how to escalate. Timely and proportionate escalation, grounded in sound judgement and clearly communicated role boundaries, is an essential safeguard. When escalation pathways and principles are clearly defined, they enable peer support volunteers to function with confidence and integrity within the intended remit of peer support, while ensuring individuals are connected promptly to appropriate support.

This white paper sets out the MHWC's consensus on the definition, scope, and role of peer support programmes and is endorsed as a guiding reference to inform their responsible adoption and implementation across the Singapore civil aviation sector.

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