



PEER SUPPORT IN BEHAVIORAL HEALTH

THE EVIDENCE IS IN!

Peer support, the “process of giving and receiving encouragement and assistance to achieve long-term recovery,” is not a new concept in health care. Across conditions, peers “offer emotional support, share knowledge, teach skills, provide practical assistance, and connect people with resources, opportunities, communities of support, and other people” (Mead, 2003; Solomon, 2004). In behavioral health, peers offer their unique lived experience with mental health conditions to provide support focused on advocacy, education, mentoring, and motivation.

Peer support helps people prevent illness, manage chronic illnesses, cope with stress or emotional and psychological challenges, engage those who are poorly reached by health care systems and interventions, and reduces unnecessary care such as multiple hospital admissions for the same problem. Peer support has a humanizing effect on care, and individuals feel their challenges are better understood (Repper & Carter 2011). People appreciate the way peer support provides a personal connection to understanding their health and expanding their own self-management (Peers for Progress & the National Council of La Raza, 2014).

Over the last twenty years, the practice of peer support in behavioral health has virtually exploded around the globe, with many more recovering persons being hired to provide peer support than ever before. Estimates place the number of peer support staff currently to be over ten thousand in the US alone (Davidson, L. et al, 2012). Peer support was declared an evidence-based practice by the Center for Medicare and Medicaid Services in 2007.

Evidence for Peer Support

Peer support is generally cost-effective and cost saving. Optum Health, a managed care company, has shown substantial reductions in average inpatient days for people receiving peer support. In two of their managed care contracts, Optum saw an average 80.5 percent reduction of inpatient days, and a 32 percent reduction of involuntary hospitalizations for people receiving peer run respite services (Bergeson, 2013). Additionally, peer support increases the length of time that individuals spend in the community before their first psychiatric hospitalization (Repper & Carter, 2011).

Several studies comparing peer staff and non-peer staff providing conventional mental health services have detected consistent differences between the two. Peer-delivered services generate superior outcomes in terms of engaging “difficult to reach” individuals, reduce rates of hospitalization and days spent as inpatient, and decrease substance use among persons with co-occurring substance use disorders. Individuals assigned peer recovery mentors do significantly better in number of hospitalizations and number of days spent in hospitals than control groups with no peer support (Davidson, L. et al, 2012). Other studies indicate that peer support improves symptoms of depression more than care as usual (Pfeiffer et al, 2011).

Participants who receive peer-based services feel that their providers communicate in ways that are more validating and report more positive provider relationship qualities compared with participants in control conditions (Sells et al, 2008). Peer support helps individuals have a sense of hope about recovery. Individuals receiving peer support are more likely to have employment (Repper & Carter, 2011). Individuals receiving peer support report overall increases in their quality of life (SAMHSA, 2016).

RI International (formerly Recovery Innovations of Arizona) employs hundreds of peer specialists to offer peer advocacy services to individuals in the hospital. Their focus on recovery planning and recovery-oriented discharge plans has produced significant improvements, including:

- 36 percent reduction in the use of seclusion
- 48 percent reduction in the use of restraints
- 56 percent reduction in hospital readmission rates

(RI International, 2016)

Peer services are effective in assisting individuals self-manage their whole health needs. When trained peers employed by a local community organization provide a variety of services, including connections to social and rehabilitation services, participants with peer support are significantly more likely to make connections to primary medical care (Griswold, 2010).

The Future of Peer Support

Based on the evidence above and more, peer support is clearly an effective and evidence-based practice. It is cost-saving and improves outcomes for individuals with mental health conditions. As the mental health system becomes more recovery-oriented, peer support is a practice that should become available around the country. Ron Manderscheid, Ph.D., the Executive Director of the National Association of County Behavioral Health Directors estimates that within the next five years peers will make up in excess of 20 percent of the behavioral health workforce.

Peer support is available in community behavioral health in all 50 states and most territories but it has not been widely available in the private behavioral health sector. This is largely due to a lack of funding sources for peer services for individuals receiving private health care. In order for large health funding organizations to recognize peer support as a reimbursable service, they would like to see uniform high standards of expertise in the workforce and accredited credentials that are recognized across state borders.

In order to facilitate this change, Mental Health America has developed a national certification for peer support specialists. This credential will maintain the highest standards of competencies and skill sets in the country and provide assurance to employers that they can offer quality and reliable services to their customers. Learn more about the National Certified Peer Specialist credential at CenterforPeerSupport.org.