

Chapter 11

The Emerging Field of Peer Support within Mental Health Services

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ABSTRACT

The Centre for Medicaid Services has identified that “peer support services are an evidence-based mental health model of care” (2007, August 15, p. 1). Although an evidence-based practice, peer support remains an emerging discipline in mental health. Peer supporters help individuals seeking mental wellness by inspiring hope, using their recovery story, and by developing mutual relationships. Peer supporters believe in each individual’s ability to recover. They know recovery is possible, because they have experienced it themselves. Understanding what peer support is, and how peer supporters work within their unique discipline is important to those wishing to include peer supporters in their service systems. Peer support is more than simply sharing stories; systems guided by licensing requirements and quality management teams require effective, well-trained individuals, with lived experience to work within peer support. With effective training, and a strong footing in their own recovery, peer supporters can be exceptional contributors within behavioral health systems of care.

INTRODUCTION

The inclusion of peer support workers in behavioral health systems of care has created a profound change in the way mental health and addictions are understood. When peer support providers join service system teams, they help those teams to truly understand that recovery happens. Peer supporters demonstrate the reality of recovery and the people they serve quietly understand, “If she/he can do it, so can I” (St. George, Rider, Zeeb, Smithers, & Long, 2015).

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Understanding the nature of peer support work and how a strong peer workforce can be developed is imperative if organizations are to move forward and include peers in their teams. Sometimes, what holds organizations and systems back are concerns for individual well-being and beliefs about recovery.

Positive outcomes are beginning to emerge from peer support work. Understanding the value of, and how to prepare teams and services to employ peers, is imperative for the development of strong and sustainable teams.

While many peer support workers volunteer or work within strictly peer run services, this chapter will focus on paid peer support within integrated teams, and on the development of a strong peer support workforce.

The objectives of this chapter are to provide an overview of:

- The emergence of peer support within multidisciplinary teams.
- Training available to prepare peer supporters to work in behavioral health.
- Key aspects of recovery oriented systems and services.
- Key components required to build a strong and sustainable peer workforce.
- Peer support experiences in the U.S., New Zealand, Scotland, and Australia.

BACKGROUND

Peer support and recovery has had strong supporters such as Sally Zinman, Judy Chamberlin, Shery Mead, Larry Fricks, Mary O'Hagan, Harvey Rosenthal, Patricia Deegan, Lisa St. George, Sue Bergeson, and many others. Each one has contributed to the belief that recovery is possible for people with diagnoses of serious mental illnesses and those with co-occurring substance use and mental health challenges. There has also been a view that recovery from substance use is possible since the emergence of Alcoholics Anonymous in 1935.

During the 1970s, consumer/survivors of mental health treatment boldly reclaimed their “madness” and their lives during the period of “deinstitutionalization” in the U.S. (Shapiro, 2010). Early leaders like Sally Zinman (Zinman, 2013), Judy Chamberlain (National Empowerment Centre, 2010), and Howie the Harp (Van Gelder, 1995) set the stage for the new discipline of peer support within mental health services to emerge.

Some mental health professionals had difficulty believing that recovery from serious mental health or co-occurring challenges was possible. Dr William Anthony has championed recovery and the belief that recovery is possible and that this is possible among many more people than previously thought (Anthony, 1993). Since the increased visibility and hiring of peer supporters within multidisciplinary teams in the mid-2000s, behavioral health providers and team members can see firsthand that recovery is possible everyday through the peers that work alongside them.

Today, more funders are requiring the use of peer support within service programs (Swarbrick, Brice, Jenkins-Tucker, & Miccio, 2011). There are not enough mental health professionals, such as psychiatrists, social workers, and advance practice nurses, to meet current and future demand and many positions remain unfilled. While peer supporters cannot replace licensed professionals, they can improve the engagement with people being served by systems of care (OptumHealth, 2016).

The idea of mutual help and support is not new in healthcare fields. In the U.S., Alcoholics Anonymous has used mutual (peer) support to help people for more than 80 years. Sponsors act in the role of a peer

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