Peer Support
A Brief History & Outcomes
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Protests by Psychiatric Inmates

There are over 300 first person accounts of madness published in the English language (2). This body of self-published accounts comprises a type of witness testimony and is an important part of the legacy of peer support (3). The earliest accounts by former asylum inmates urging reform originated in the United Kingdom in the early 18th century.

In America, early first person accounts included those by Elizabeth Stone (4), Isaac Hunt (5), Elizabeth Packard (6), and Clifford Beers (7). Accounts such as these were written, not as an expose' of the mind of madness, but as a type of protest literature aimed at mobilizing public outrage and reform of the inhumane conditions found in most mental institutions.

The Rise of MH Peer Support

[Came about as protests] aimed at mobilizing public outrage and reform of the inhumane conditions found in most mental institutions

-Deegan, P. 2006
It was not until the late 1960's that ex-patients again began to organize in the United States. Again, the legacy of peer support emerged as ex-patients joined with radical therapist collectives to achieve goals only to break away from them and form separatist movements.

**This tension between collaboration with professionals and the creation of alternatives to professional services and world-views is the legacy of peer support and remains a creative tension in contemporary times.**

Within the addiction field, there is a long and rich history of recovery mutual aid societies, peer-based support groups, and the use of recovered/recovering people in paid service roles from which lessons can be drawn.

Since the 1980’s, people with experiences of mental illness, addiction, and trauma have become increasingly involved in system design to provide care to people with behavioral health conditions. They participate in advisory boards, patient councils, and as employees of treatment and community support services.

Known as peer workers, they are a provider workforce with a tantamount of experiences that is unique from other provider roles. They perform a wide range of roles in many different services models, such as Wellness Recovery Action Plan, Seeking Safety, and Motivational Interviewing.

-Gagne, C., Finch, W., Myrick, K., & Davis, L. (2018)
Today, behavioral health services are striving to integrate peer workers into their workforce to augment existing service delivery, impart because peer support has demonstrated effectiveness in helping people with behavioral health conditions to connect to, engage in, and be active participants in treatment and recovery support services across all levels of care.

**Peer workers are defined as people in recovery from mental illness or substance use disorders or both that possess specific peer support competencies. Similar roles are identified for families of people in recovery.**

-Gagne, C., Finch, W., Myrick, K., & Davis, L. (2018)
## Services and Supports Provided by Peer Workers

### Table 1. Services and Supports Provided by Peer Workers

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HIV, human immunodeficiency virus.

-Gagne, C., Finch, W., Myrick, K., & Davis, L. (2018)
**VALUE OF PEERS – 2017 SAMHSA PRESENTATION**

“Does peer support make a difference?”

**Does Peer Support Make A Difference?**

Emerging research shows that peer support is effective for supporting recovery from behavioral health conditions. Benefits of peer support may include:

- **Increased self-esteem and confidence**
  - (Davidson, et al., 1999; Salzer, 2002)

- **Increased sense of control and ability to bring about changes in their lives**
  - (Davidson, et al., 2012)

- **Raised empowerment scores**
  - (Dumont & Jones, 2002; Ochoka, Nelson, Janzen, & Trainor, 2006; Resnick & Rosenheck, 2008)

- **Increased sense that treatment is responsive and inclusive of needs**
  - (Davidson, et al., 2012)

Emerging research shows that peer support is effective for supporting recovery from behavioral health conditions. Benefits of peer support may include:

- **Increased sense of hope and inspiration**
  (Davidson, et al., 2006; Ralzlaff, McDiarmid, Marty, & Rapp, 2006)

- **Increased empathy and acceptance (camaraderie)**
  (Coatsworth Puspokey, Forchuk, & Warda Griffin, 2006; Davidson, et al., 1999)

- **Increased engagement in self-care and wellness**
  (Davidson, et al., 2012)

- **Increased social support and social functioning**
  (Kurtz, 1990; Nelson, Ochocka, Janzen, & Trainor, 2006; Ochoka et al., 2006; Trainor, Shepherd, Boydell, Leff, & Crawford, 1997; Yanos, Primavera, & Knight, 2001)
VALUE OF PEERS – 2017 SAMHSA PRESENTATION
“Does peer support make a difference?

Emerging research shows that peer support is effective for supporting recovery from behavioral health conditions. Benefits of peer support may include:

- Decreased psychotic symptoms
  (Davidson, et al., 2012)

- Reduced hospital admission rates and longer community tenure
  (Chinman, Weingarten, Stayner, & Davidson, 2001; Davidson, et al., 2012; Forchuk, Martin, Chan, & Jenson, 2005; Min, Whitecraft, Rothbard, Salzer, 2007)

- Decreased substance use and depression
  (Davidson, et al., 2012)
A specialized form of peer support, Forensic Peer Support (FPS), has emerged.

The FPS field emerged after a decade or more of work in the mental health field to establish ‘Certified Peer Specialists’ as a necessary and fundable element in the delivery of community mental health supports.

- Baron, R. (2011)
In June 2011, the Center for Behavioral Health Services & Criminal Justice Research at Rutgers, The State University of New Jersey released a brief, *Forensic Peer Specialists: An Emerging Workforce*. The brief cites the following:

To meet the needs of either jail diversion or re-entry programming initiatives, a number of state and local authorities have supported the development of a new 'forensic peer specialist ' (FPS) workforce.

- Baron, R. (2011)
This workforce is comprised of individuals with a history of mental illness and/or incarceration who have achieved a reasonable degree of stability in their own lives and are now employed by local government and nonprofit agencies to provide individualized supports to others with psychiatric disability and criminal justice involvements.

The FPS field is still new...with job qualifications and job qualifications being variously defined from site to site, funding cobbled together from varied sources, and evaluation research mostly an afterthought.

The brief remains optimistic, “Currently driven by ideological and financial imperatives, the FPS workforce is likely to expand in the future.”

-Baron, R. (2011)
Forensic peer support involves trained peer specialists with histories of mental illness, substance use and/or criminal justice involvement helping those with similar histories.

This type of support requires special attention to the needs of justice-involved people with mental illness and/or substance use including an understanding of the impact of the culture of incarceration on behavior.

Forensic Peer Specialists assist people through a variety of services and roles especially instilling hope, serving as a valuable and credible models of the possibility of recovery. All help to combat the stigma often associated with both mental illness, substance use and past incarceration.

Forensic Peer Support includes:

- Serving and helping as community guides, coaches and/or advocates
- Working to link newly discharged people with housing, vocational and educational opportunities and community services
- Modeling useful skills and effective problem-solving strategies
- Responding in a timely fashion to prevent or curtail relapses and other crises
- Providing other supports and services

Today, forensic peer support is expanding and being implemented...

During this presentation we want to highlight an emerging Los Angeles, CA model –

The Anti-Recidivism Coalition (ARC)


