



Depression and Bipolar
Support Alliance

GRASSROOTS ADVOCACY

Fact Sheet

Peer Support Services

About DBSA

DBSA is the leading peer-directed national organization focusing on mood disorders: depression and bipolar disorder. These serious, all too often life-threatening—yet highly treatable—conditions combine to

- Affect 21 million American adults,
- Cost \$23 billion in work absenteeism,
- Account for 90 percent of the nation's suicides

What are Peer Support Services?

Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders.¹

Peer Support Services are provided as one-to-one and group interventions by Peer Specialists—people in recovery from mental health conditions and substance use disorders. These professionals act as trusted and motivating role models assisting others to: navigate often confusing health care systems, obtain needed services, get the most out of treatment, develop recovery plans, build skills in daily living, and identify community resources.

Evidence-based Model of Care

Peer support services have been shown to:

- Reduce expensive inpatient service use
- Reduce recurrent psychiatric hospitalizations for patients at risk of readmission^{2,3,4}
- Improve individuals' relationships with their health care providers^{2,3,4}
- Better engage individuals in care^{2,3,4}
- Significantly increase individuals' abilities to manage their symptoms and reduce their reliance on formal services while still achieving positive recovery outcomes⁵

Informed by the First-person Lived Experience

Unlike other organizations of its kind, DBSA is created for and led by individuals who themselves have a mood disorder diagnosis. Our bylaws stipulate that over half of both the governing board of directors and paid professional staff must be individuals who have or have experienced depression or bipolar disorder.

Integrated System of Care

Peer support services do not take the place of clinical services, rather they serve as integral part of the health care delivery team. They **supplement and improve the effectiveness** of mental health care in inpatient, outpatient, and community settings. Trained and certified at the state level, peer specialists are employed by community behavioral health centers, large health systems, and the U.S. Department of Veterans Affairs.

Growing Field to Meet Growing Need

- Peer support services are Medicaid-billable in 35 states
- DBSA has trained and certified nearly 500 peer specialists to work in VA hospitals and medical centers and over 1,000 to work in the public and private sectors
- The rapidly growing need for Veteran mental health services threatens to overwhelm the VA's current capacity
- Meaningful mental health care reform legislation must promote expansion of this evidence-based service to effectively solve our nation's growing mental health crisis including:
 - Act to make peer support services Medicaid reimbursable in all 50 states
 - Include as an essential health benefit
 - Maintain and expand the current level of national VA funding for the VA peer support workforce in mental health settings
 - Authorize the VA to hire and fund peer specialists in primary care settings

Citations

- ¹ Source: Centers for Medicare and Medicaid Services/CMS
- ² Solomon P, Draine J, Delaney M. The working alliance and consumer case management. *J Ment Health Admin.* 1995;22:126–134.
- ³ Wexler B, Davidson L, Styron T. Severe and persistent mental illness. In: Jacobs S, Griffith EEH, editors. *40 years of academic public psychiatry.* London: Wiley; 2008. pp. 1–20.
- ⁴ Davidson L, Stayner DA, Chinman MJ. Preventing relapse and readmission in psychosis: using patients' subjective experience in designing clinical interventions. In: Martindale B, editor. *Outcome studies in psychological treatments of psychotic conditions.* London: Gaskell; 2000. pp. 134–156.
- ⁵ Sledge WH, Lawless M, Sells D. Effectiveness of peer support in reducing readmissions among people with multiple psychiatric hospitalizations. *Psychiatr Serv.* 2011;62:541–544