



Depression and Bipolar
Support Alliance

Position / Policy Overview and Recommendation

Position Title:

Peer Support Services

Position Policy (provide brief description of the recommended position / policy)

DBSA works to improve the recognition of the value of peer support services throughout the delivery of healthcare to treat mental health conditions in both a traditional mental health delivery system or in an integrated or collaborative care setting that treats both physical and mental health; in the criminal justice system, in the workplace and for students attending high school or college.

Whether it is working alongside a clinical care team in the delivery of mental health services (traditional, integrated or collaborative physical/mental health systems), in the criminal justice system, in the workplace, students attending high school or college, or the general public DBSA recognizes the need to broaden adoption of:

- peer support, and
- peer support specialists to delivery peer support services.

Justification (Explain the need for and the urgency of the position / policy. Attach supporting pages as necessary)

Executive summary of issue

Federal data and academic research show an unmet need for behavioral health services—that is, for services that address mental health or substance use issues. Specifically, based on its annual survey of behavioral health issues, the Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services (HHS) estimated that 10.4 million adults in 2016 had a serious mental illness; however, only 6.7 million adults received treatment for these issues in the past year. Serious mental illness—including bipolar disorder and major depressive disorder—substantially interfere with a person’s major life activities such as maintaining interpersonal relationships and employment. Further, a recent study covering the period 2008-2014 found that more than 50 percent of adults with co-occurring mental health and substance use disorders received neither mental health care nor substance use treatment in the prior year.¹

According to SAMHSA, workforce shortages are a key driver of the unmet need for behavioral health services—55 percent of counties in the United States do not have any practicing behavioral health workers.² In light of these issues, SAMHSA officials and other experts have called for using peer support specialists to help address shortages in the behavioral health workforce. Peer support specialists are individuals who use their own personal, lived experience of recovering from mental illness to support others in recovery.³

Optum, a health information technology and services firm that is part of UnitedHealth Group, provides healthcare services to federal and state governments. In a white paper published in August 2016, Optum describes the following benefits recognized when incorporating peer support services in Pierce County Washington:

- 31.9% reduced hospitalizations over five years
- 32.1% reduced admissions
- 22.5% below the state average for inpatient days per thousand⁴

Existing policy around issue

DBSA was founded on the idea of peer support. DBSA has been a pioneer in recognizing the value of trained and certified peer support specialists to delivery peer support services with the creation of one of the first peer specialist training programs that continues to be certified by the Illinois Certification Board as meeting training requirements toward individual certification. Additionally, in response to a 2012 Presidential executive order that directed the Department of Veterans Affairs (VA) to employ a minimum of one peer specialist at every VA mental health facility, DBSA created a peer specialist training curriculum for the VA and trained and certified over 500 Veterans to serve at these facilities.

DBSA advocates for regulatory and legislative policies that improve the adoption of peer support services at both the federal and state level.

DBSA has sought out and created demonstration projects that provide opportunity to demonstrate the value of peer support services to the senior population receiving care in an integrated and collaborative care system.

Relevant legislative or regulatory concerns

In recent years, states have increased their focus on recovery as part of mental health services, and this has included utilizing peer support specialists.⁵ A nationwide study found that 41 states and the District of Columbia had established programs to train and certify these workers, and two other states were in the process of developing such a program as of July 2016.⁶

The 21st Century Cures Act included a provision for the United States Government Accountability Office to conduct a study of peer support specialist programs in states that

receive funding from SAMHSA and identify best practices in these states related to training and credentialing requirements for peer support specialist programs.⁷

In May 2018 the U.S. Congress passed the Mission Act, which was later signed by President Trump. The PEER Act, which DBSA was instrumental in advocating for in both chambers, was included in this legislation. The PEER Act directs the Department of Veterans Affairs to carry out a program to establish not fewer than 50 peer specialists in patient-aligned care teams at VA medical centers to promote the use and integration of services for mental health, substance use disorder, and behavior health in a primary care setting.

Recommended position / policy and call to action

DBSA should continue to support regulatory and legislative efforts to codify the use of peer support services delivered by peer specialists as best in class practices for government-delivered health care programs and within the criminal justice system.

DBSA should identify partnership opportunities that promote peer support services in the workplace and for students attending high school and college.

DBSA should dedicate resources to continually evaluate and enhance the peer specialist training program in a manner that elevates the profession and broadens acceptance and adoption of peer support specialists.

DBSA should seek funding to add to the research that demonstrates the value of peer support services in the areas of healthcare, criminal justice, workplace and schools.

DBSA should seek opportunities to promote the value of peer support services in media intended to reach clinicians and organizational leaders who can authorize the use of peer support specialists and identify and train peer specialists to be spokespersons for the profession and the value of the service they deliver.

Citations

¹B.Han et al., "Prevalence, Treatment and Unmet Treatment Needs of US Adults with Mental Health and Substance Use Disorders," *Health Affairs*, vol 36, no 10 (2017).

²Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues* (Jan. 24, 2013).

³Definitions of and terms for peer support specialists can vary, and peer support specialist may differ in types of services provided and the populations served. Generally, peer providers are known as peer support specialists" work in mental health settings, while "peer recovery coaches" help provide substance use treatment.

⁴Optum. *Peer Support Services Improve Clinical Outcomes by Fostering Recovery and Promoting Empowerment*.

⁵New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America: Final report*, Department of Health and Human Services (Rockville, MD: July 22, 2003).

⁶L.Kaufman et al., "Peer Specialist Training and Certification Programs: A National Overview." Texas Institute of Excellence in Mental Health, School of Social Work, University of Texas at Austin (2018).

⁷Pub. L. No. 114-255 9026(b), 130 Stat. 1033, 1256 (2016).