Depression and Bipolar Support Alliance

October 8, 2021

The Honorable Michael Bennet
United States Senate
261 Russell Senate Office Building
Washington, DC 20510

The Honorable John Cornyn
United States Senate
517 Hart Senate Office Building
Washington, DC 20510

Comment: Response to " A Bold Vision for America's Mental Well-being White Paper"

Dear Senators Bennet and Cornyn:

The Depression and Bipolar Support Alliance (DBSA) applauds the work that the two of you have undertaken to address the need for enhanced mental health services and programs for all Americans. We appreciate the opportunity to respond to the white paper that you have developed that provides an excellent overview of the myriad of issues and the need for a comprehensive and ongoing response.

DBSA is the leading national peer-focused organization providing support for individuals living with depression and bipolar disorders. DBSA's peer-based, wellness-oriented, and empowering services and resources are available when people need them, where they need them, and how they need to receive them—online 24/7, in local support groups, in audio and video casts, or in printed materials distributed by DBSA, our chapters, and behavioral care facilities across America. DBSA's federal advocacy priorities are to reduce barriers and/or increase access to mental health care and broaden the integration of peer support services within health care systems. It is with this in mind that we share our recommendations for you to consider.

Depression and Bipolar Support Alliance Experience

DBSA was founded 35 years ago on the idea of peers supporting peers. A key goal of the founders was to provide volunteer-founded, peer-led support group meetings for people living with behavioral health conditions in their local communities.

As defined by SAMHSA, peer support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with mental health

conditions substance use disorders, or both. This mutuality—often called “peerness”—between a peer support worker and person in or seeking recovery promotes connection and inspires hope. Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships. By sharing their own lived experience and practical guidance, peer support workers: help people to develop their own goals, create strategies for self-empowerment, and take concrete steps towards building fulfilling, self-determined lives for themselves.

Peer support groups can range from serving as one therapeutic component of a comprehensive behavioral health treatment plan to serving as an individual’s sole support system. Support groups attract a broad variety of participants who may previously have avoided peers and their traditional support system such as family and friends. However, after interacting with a support group, participants report feeling validation.[1]

Through our network of chapter affiliates, DBSA has supported over 500 free in-person weekly support group meetings with virtually all them in an online format since March 2020. In addition, the national organization provides 37 free weekly peer-facilitated online support group meetings. Three of these meetings are for those living with co-occuring substance use and mood disorders, two are designated for the black community, two for young adults, and one for Veterans. More groups for the Black Community are anticipated in the coming months.

In this time of physical distancing, online support groups provide increased access to support and reduce the sense of isolation for individuals who cannot access in-person support. Online support groups can function as an effective addition to counseling services for those who may benefit from more support than counseling offers and/or more frequent support than counseling provides.

Participants in online support groups benefit from a combination of seven therapeutic factors, providing experiences that promote the potential for growth, change, and social experimentation. These experiences contribute to the group’s cohesion and perceived helpfulness. For example, the factor of "universality" unites people as they share similar thoughts, feelings, fears, and/or reactions with their cyber community. Others struggle too, and this is not always evident to people in distress.[2]

Specialized groups for seniors and Veterans can connect people who have similar life experiences and need someone with whom they can communicate honestly and openly without regard to geographic boundaries. Support groups also can be dedicated to specific languages, age groups or gender groups.

Peer support is an evidence-based service.
In a recent Pepperdine University initiative that surveyed participants of online support groups, seventy-nine percent (79%) of respondents reported that they are more hopeful at the conclusion of their online support group. Seventy-seven percent (77%) of respondents felt they learned new strategies and information about living with a behavioral health condition.

The efficacy of peer support services delivered by a peer support specialist has been long known. Peer support services:

- Reduce recurrent psychiatric hospitalizations for patients at risk of readmission[3,4,5]
- Improve individuals' relationships with their health care providers[3,4,5]
- Reduce expensive outpatient services[3,4,5]
- Better engage individuals in care[6]

Benefits of peer support services
Over the past 15 years DBSA has worked closely with the Department of Veterans Affairs through its Veterans Health Administration (VHA) to expand their peer support services through the provision of training for peer specialists. Within the VHA peer support is not a program, but a profession or discipline. As such, peer specialists work within programs as do other professionals such as physicians, psychologists, social workers, and nurses. Peer specialists provide veterans living with behavioral health conditions a place to build a community, share experiences, discuss coping skills, and offer hope to one another. Participation in peer support services are generally part of an individual's recovery and wellness plan and works in partnership with the care provided by the interdisciplinary treatment team.

Research has shown that evidence-based peer support services improve outcomes by:

- reducing recurrent psychiatric hospitalization for patients at risk of readmission[6],
- improving individuals' relationship with their health care provider[7],
- reducing outpatient visits[6], and
- better engaging individuals in their course of treatment.[7]

Another way of understanding the benefits of a peer specialist is to review the empirical data around DBSA peer-to-peer support groups. Participants reported that they were:[8]

- better informed about their mental health condition,
- had better acceptance of their mental health condition,
- were more confident about their mental health care treatment, and
- expressed optimism about and control of their future.

Legislative support
DBSA has identified several pieces of proposed legislation that we believe will help to advance the issues we are raising. These include bills that address providing peer support services, strengthen the peer support workforce, ensure the provision of mental health parity in health insurance, address mental health equity issues, improve the mental health crisis system and

extend telehealth services that have proven so successful during the response to the COVID-19 pandemic.

S. 157 - Virtual Peer Support Act. To provide funding for the Assistant Secretary for Mental Health and Substance Use to award grants for the purpose of supporting virtual peer behavioral health support services, and for other purposes.

S. 2144- Promoting Effective and Empowering Recovery Services in Medicare Act of 2021". This bill specifies that peer support specialists may participate in the provision of behavioral health integration services with the supervision of a physician or other entity under Medicare. The bill defines *peer support specialists* as individuals who are recovering from a mental health or substance-use condition and have certain national or state credentials, as specified, to provide peer support services.

S. 2386 - Veteran Peer Specialist Act of 2021. This proposed legislation would add to the VA MISSION Act of 2018 by expanding the peer specialist program to all VA medical centers over a five-year period by initiating the program at 25 medical centers per year, hiring two peer specialists at each facility, and ensuing diversity in the hiring or peer specialists. The legislation calls on the VA to provide annual reports to Congress and authorizes $5 million over five years to implement the program to ensure that the VA has adequate funding to hire new peer specialists.

S. 1962 - The Parity Implementation Assistance Act. The *Parity Implementation Assistance Act* would authorize $25 million in grants to states to support their oversight over health insurance plans' compliance with mental health parity requirements, as long as states collect and review comparative analyses from insurers. are introducing the House companion legislation.

S.2425 - Suicide Prevention Lifeline Improvement Act of 2021. This bill expands the requirements for the National Suicide Prevention Lifeline Program. Specifically, the Substance Abuse and Mental Health Services Administration must (1) develop a plan to ensure the provision of high-quality service, (2) strengthen data-sharing agreements to facilitate the transmission of epidemiological data from the program to the Centers for Disease Control and Prevention, and (3) implement a pilot program focused on using other communications platforms (e.g., social media and texting) for suicide prevention. The bill also directs the Government Accountability Office to study the program.

S. 1902 Behavioral Health Crisis Services Expansion Act. The *Behavioral Health Crisis Services Expansion Act* would overhaul our nation's current approach to responding to mental health crises by expanding the availability of behavioral health crisis services, including robust mobile crisis and 24/7 crisis stabilization services, and by providing coverage of these services for patients no matter where they get their health insurance.

S.2069 - Excellence in Mental Health and Addiction Treatment Act of 2021. This legislation would allow every state the option of joining the innovative Certified Community Behavioral

Health Clinic (CCBHC) demonstration and authorize investments in the model for current and prospective CCBHCs.

S.2061 - Telemental Health Care Access Act of 2021**.** The bill removes the statutory requirement that Medicare beneficiaries be seen in person within six months of being treated for mental health services through telehealth. Last year's end-of-year package permanently expanded access for Medicare patients to be treated in their home and other sites for mental health services, but unfortunately put in place an arbitrary requirement that would require the patient to be seen in-person before they could receive telemental services. The Telemental Health Care Access Act of 2021 eliminates this in-person requirement so that patients can directly access mental health services via telehealth.

DBSA thanks you for your leadership these important issues facing our society these days. Addressing the behavioral health needs of Americans in crisis is critical and with thoughtful implementation provide much needed relief.

Sincerely,

Michael Pollock
Chief Executive Officer

Citations

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[4]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.

[5]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.

[6]Sledge WH, Lawless M, Sells D. Effectiveness of peer support in reducing readmissions among people with multiple psychiatric hospitalizations. Psychiatr Serv. 2011