



History

Peer support is not new. Peer support is growing.

- Dates back as a service delivery model to 1991, emerging out of the Consumer/Survivor/Ex-patient movement in the 1960's, with early work by Howie The Harp and the Mental Patients Liberation Front

- But, historical roots to France in late 18th century, Jean Baptiste Pussin hired former patients to work in the hospital as they were "averse from active cruelty" towards patients

- Harry Stack Sullivan also hired former patients as staff in the 1920's and was himself in recovery (Davidson, 2010)

What's different about peer support today?

- Positive self-disclosure
- Role modeling
- Street smarts
- Conditional regard
- Leaders and change-agents
- Social support

Select References

- Bellamy, C., Schmutte, T., & Davidson, L. (2017). An update on the growing evidence base for peer support. *Mental Health and Social Inclusion, 21*(3), 161-167.
- Chinman, M., et al. (2014). Peer Support Services for Individuals With Serious Mental Illnesses: Assessing the Evidence. *Psychiatric Services, 65*(4), 429-441.
- Cook, J. A., et al. (2010). Developing the evidence base for peer-led services: Changes among participants following Wellness Recovery Action Planning (WRAP) education in two statewide initiatives. *Psychiatric rehabilitation journal, 34*(2), 113.
- Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: a review of evidence and experience. *World Psychiatry, 11*(2), 123-128.
- Davidson, L., Chinman, M., Sells, D., & Rowe, M. (2006). Peer support among adults with serious mental illness: a report from the field. *Schizophrenia Bulletin, 32*(3), 443-450.
- Davidson, L., Rakfeldt, J., & Strauss, J. (2011). *The roots of the recovery movement in psychiatry: Lessons learned*: Wiley & Sons.
- Deegan, P. E. (1996). Recovery as a journey of the heart. *Psychiatric rehabilitation journal, 19*(3), 91-97.
- Mead, S., Kuno, E., & Knutson, S. (2013). Intentional peer support. *Vertex (Buenos Aires, Argentina), 24*(112), 426-433.
- O'Connell, M. J. et al. (2018). Outcomes of a Peer Mentor Intervention for Persons With Recurrent Psychiatric Hospitalization. *Psychiatric Services, 69*(11), 1307-1314.
- Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of mental health, 20*(4), 392-411.
- Resnick, S. G., & Rosenheck, R. A. (2008). Integrating peer-provided services: a quasi-experimental study of recovery orientation, confidence, and empowerment. *Psychiatric Services, 59*(11), 1307-1314.
- Rowe, M., et al.. (2009). Citizenship, community, and recovery: A group-and peer-based intervention for persons with co-occurring disorders and criminal justice histories. *Journal of Groups in Addiction & Recovery, 4*(4), 224-244.
- Walker, G., & Bryant, W. (2013). Peer support in adult mental health services: A metasynthesis of qualitative findings. *Psychiatric rehabilitation journal, 36*(1), 28.

peer support: Evidence and experience



A quick guide to research and evidence on peer support

Peer programs include:

- Mutual support/self help
- Peer-run respites
- Drop in centers
- 1:1 mentoring
- Health navigation
- Recovery Learning Communities
- Recovery Coaching

“**T**here’s something about the **power of lived experience**. Peer support does that and so much more; it reduces stigma and it’s vital to my life in recovery.”
Anthony Radovich, LGBTQ Activist, Seattle, WA

“**P**eer support has **helped me form community** with co-workers with similar disabilities and to remind me that I have a right to live in the least restrictive environment as the Supreme Court’s Olmstead decision clearly holds.” *Janine Bertram, National Disability Rights Leader, Burien, WA*

“**I** suffered in silence for many years. Today I value peer supports in my life because with shared experiences we provide one another with **hope, emotional, and social support** – something doctors cannot always provide.” *Sharon Holmes, African American Peer Leader, Lakewood, WA*

Peer support is effective. And has evidence.

Defined by Shery Mead (2003) as “...a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful,” peer support in mental health is a growing profession with unique value for supporting others in moving forward.

Peer support has been called “a disruptive innovation” (Deegan, 2009) through showing that recovery is real, blurring the “us-them” false dichotomy, pushing for rights, and challenging the role of “patient” or “consumer”.

WRAP (Wellness recovery action plan, Copeland 1997) is a peer-driven practice that shows evidence of effectiveness and is considered an evidence based practice by SAMHSA.

WRAP showed significant changes in knowledge of symptoms, symptom management, use of natural supports, hopefulness, development of crisis plan (Buffington, 2003)

WRAP helps a person identify a personal wellness plan, triggers, a crisis and a post-crisis plan, and was designed by a person in recovery.

Deegan highlights the power and provocation of peer support: “[t]here is a tension at the heart of our work as peer staff. It is the tension between Love and Outrage. Our love and compassion for our peers is freely given and comes from understanding and respect. Outrage occurs when we witness our peers being devalued or disrespected in mental health settings.”

Research findings

Recent review found evidence across studies for increases in hope, empowerment and quality of life (Bellamy et al., 2018)

Early outcomes showed peers equivalent to non-peer staff around traditional services, with some studies showing slightly better outcomes with peer staff (Solomon, 1995; Davidson, 2004)

Peer support resulted in longer community tenure in those receiving peer support (Clarke, 2000; Min 2007)

Evidence base considered moderate (Chinman, 2014)

Peer staff show ability to reach people who are considered “difficult to engage” (Rowe, 2007; Sells, 2006)

Increases in empowerment (Corrigan, 2006; Rosenheck, 2008)

Increased sense of independence for both peer staff and person receiving services, as well as role shift (Ochocka, 2006)

Increased hope (Sledge, 2011)

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