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

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.”

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

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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