

PEERS SUPPORTING RECOVERY FROM MENTAL HEALTH CONDITIONS

“Peer support has been excellent. Helping us along the way, being there whenever you need people to talk to. I don’t know where to begin. They’re always there ... no matter what it is.”

—Mika

WHAT IS PEER SUPPORT?

Peer support¹ encompasses a range of activities and interactions between people who have shared similar experiences of being diagnosed with mental health conditions. This mutuality—often called “peerness”—between a peer worker and person using services promotes connection and inspires hope.

Peer support offers a level of acceptance, understanding, and validation not found in





many other professional relationships (Mead and McNeil, 2006). “I am an expert at not being an expert, and that takes a lot of expertise,” said one (anonymous) peer worker, highlighting the supportive rather than directive nature of the peer relationship (Promise Resource Network, 2016). By sharing their own lived experience and practical guidance, peer 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.

¹ This document focuses exclusively on peer support services related to mental health conditions.

WHAT DO PEER SUPPORT SPECIALISTS DO?

SUPPORT THE RECOVERY OF INDIVIDUALS

Peer workers offer encouragement, practical assistance, guidance, and understanding to support recovery. Peer support workers walk alongside people in recovery, offering individualized supports and demonstrating that recovery is possible. They share their own lived experience of moving from hopelessness to hope. They share tools that can complement or replace clinical supports by providing strategies for self-empowerment and achieving a self-determined life. They support people in recovery to connect with their own inner strength, motivation, and desire to move forward in life, even when experiencing challenges. Peer workers offer different types of support, including:

-  **emotional** (empathy and camaraderie)
-  **informational** (connections to information and referrals to community resources that support health and wellness)
-  **instrumental** (concrete supports such as housing or employment)
-  **affiliational support** (connections to community supports, activities, and events)

IMPROVE MENTAL HEALTH SYSTEMS

Peer support is valuable not only for the person receiving services, but also for behavioral health professionals and the systems in which they work. Peer workers educate their colleagues and advance the field by sharing their perspectives and experience in order to increase understanding of how practices and policies may be improved to promote wellness and resiliency. This is particularly important in mental health systems, where historical oppression, violence, and discrimination present significant barriers to recovery for many people. Peer workers play vital roles in moving behavioral health professionals and systems towards recovery orientation.

*Because
of peer
support, I can
stand on my own
today.*

—John

IS PEER RECOVERY SUPPORT EFFECTIVE FOR PEOPLE WITH MENTAL HEALTH CONDITIONS?

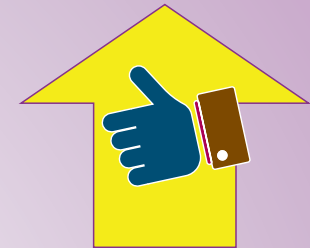
The research on peer support in mental health systems is still emerging, but findings are promising. The research to date suggests that peer recovery support may result in:



Increased social functioning
(Walker & Bryant, 2013)



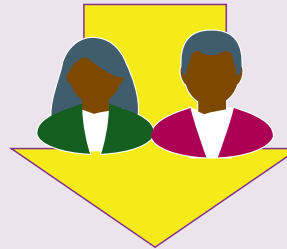
Increased empowerment and hope
(Chinman, et al., 2013, Cook, et al., 2010; Repper & Carter, 2011)



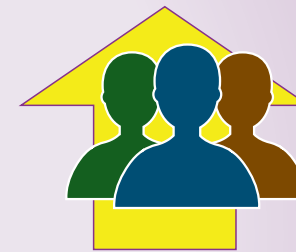
Increased quality of life & life satisfaction
(Bologna & Pulice, 2010; Felton, et al., 1995)



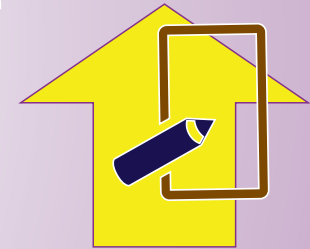
Decreased costs to the mental health system
(Trachtenberg, et al., 2013)



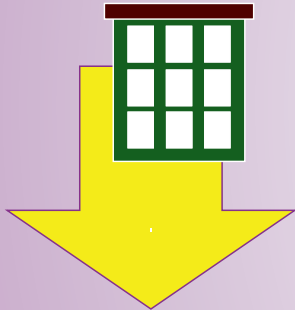
Decreased self-stigma
(Corrigan, et al., 2013)



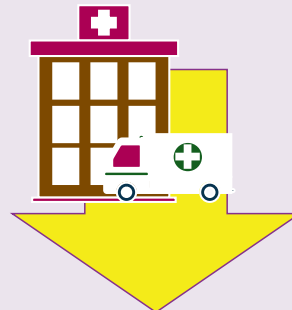
Increased community engagement
(Min, et al., 2007)



Increased engagement and activation in treatment
(Druss, et al., 2010; Short, et al., 2012; Bellamy, et al., 2012)



Reduced use of inpatient services (Chinman, et al., 2014; Min, et al., 2007; Sledge, et al., 2011)



Decreased hospitalization
(Davidson, et al., 2012)

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