

Position Statement 37: The Role of Peer Support Services in the Creation of Recovery-Oriented Mental Health Systems

Policy

Mental Health America (MHA) believes that peer support is a unique and essential element of recovery-oriented mental health and substance abuse systems. MHA calls on states and communities to incorporate peer support services into community-based mental health and substance abuse services, both as stand-alone entities and in conjunction with other services. The provision of mental health and substance abuse support services by persons who have experienced mental and substance abuse conditions make use of empathy and empowerment to help support and inspire recovery.

Background

Peer support programs provide an opportunity for consumers who have significantly recovered from their illness to assist others in the recovery process to direct their recovery process by teaching one another the skills necessary to lead meaningful lives in the community. [1](#) Peer support services have demonstrated effective outcomes such as reduced isolation and increased empathic responses.[2](#) Research has also shown that outcomes improve when consumers serve as peer specialists on case management teams.[3](#)

The Center for Medicare & Medicaid Services (CMS) issued the following statement as part of a letter to state Medicaid offices encouraging the use of State certified peer specialists: [4](#)

"States are increasingly interested in covering peer support providers as a distinct provider type for the delivery of counseling and other support services to Medicaid eligible adults with mental illnesses and/or substance abuse disorders. Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance abuse disorders. CMS recognizes that the experiences of peer support providers, as consumers of mental health and substance abuse services, can be an important component in a State's delivery of effective treatment. CMS is reaffirming its commitment to State flexibility, increased innovation, consumer choice, self-direction, recovery, and consumer protection through approval of these services."

Peer support services are part of the array of services necessary for a culturally competent, recovery-based mental health and substance abuse system. Peer support services are equal partners to more traditional clinical services. However, MHA recognizes that peer support should not be used as a cost-saving substitute for clinical services, especially during the current era of budgetary constraints. As means of insuring quality care, peer services should include a

certification process and should be available to all in need, regardless of the financing mechanism.

MHA recognizes that while the majority of peer support programs today are funded through state revenue, there is an opportunity and incentive to utilize Medicaid funds as a way to implement peer support services. Given the current fiscal crises that states are experiencing, Medicaid is increasingly being viewed as a means to fund mental health services. Following pioneering work in Georgia, an increasing number of states are successfully implementing independent peer support services programs that bill Medicaid directly.

Call to Action

- MHA affiliates, service provider organizations, and other advocates should make peer support an integral part of mental health and substance abuse service delivery.
- Consumers must be involved at multiple levels of planning and implementation of peer support services, including senior management positions in service programs.
- Federal funding for the increased use of peer support services and peer support training should be a priority area for the Substance Abuse and Mental Health Services Administration (SAMHSA).
- States should set aside an appropriate percentage of state funds for peer support programs.
- Parent partners and adolescent peer services should be developed to complement adult peer services.
- Federal providers of mental health services, such as the Department of Veterans Affairs, should support training and employment of peer support specialists.
- Federal, state, and local governments should clarify that trained, certified peer advocates be included among the groups of people permitted to provide crisis counseling in emergency preparedness and response plans.
- Academic institutions and federal entities, such as the National Institute of Mental Health, should support research on the efficacy of peer support programs.
- Given that peer support services are often located in small and frequently consumer-run agencies, MHA encourages Medicaid authorities to minimize the reporting burden while maintaining accountability in order to facilitate service provision and entry of peer delivered services into the services environment.
- MHA also supports the evolving role of peers trained for whole health recovery to help reduce the 25-year average premature death of those served by public mental health services.

Effective Period

The Mental Health America (MHA) Board of Directors approved this policy on June 8, 2008. It will remain in effect for five (5) years and is reviewed as required by the Mental Health America (MHA) Prevention and Adults Mental Health Services Committee.

Expiration: June 2013

1. *Sabin, J., Daniels, N. 2003. Strengthening the consumer voice in managed care: VII. The Georgia Peer Specialist Program. Psychiatric Services. Vol. 54 No. 4. pp.497-498.*
2. *Powell, 1994, Kurtz, 1997, Mowbray, et al., 1996 as cited in U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute for Mental Health, 1999.*
3. *Felton et al., 1995 as cited in U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute for Mental Health, 1999.*
4. *Center for Medicare and Medicaid Services, Letter to State Medicaid Offices, August 15, 2007.*