

## **Summarized Literature Review: Certified Peer Support Workers**

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**Definition:** Peer support workers (PSW) are persons with mental health conditions who have completed specific training that enables them to enhance a person's wellness and recovery by providing peer support (National Coalition for Mental Health Recovery, 2014). Peer support workers provide their services in a variety of locations, such as peer support centers, crisis stabilization units, respite programs, psychosocial rehabilitation programs, and in psychiatric hospitals. In 2007, Dennis G. Smith, director of the Centers for Medicare and Medicaid Services, explained peer support service as an "evidence-based mental health model of care that consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders." In this vein peer support in mental health care may be defined as offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situation (Mead et al., 2001).

**Description:** The primary difference between a certified PSW and a non-certified PSW is that a certified PSW can work within an eligible certified agency as a Community Support Worker (CSW), and provide services within the agency's Comprehensive Community Support Services (CCSS) or Assertive Community Treatment (ACT) program (Office of Peer Recovery & Engagement, 2015). The certified agency can then be paid by the state for the services provided by the certified PSW working as a CSW. Non-certified PSWs may provide peer services in a variety of other venues that do not require certification. Other venues include drop-in centers, consumer driven activities, and self-help groups, all of which cannot be paid by state or federal monies (Office of Peer Recovery & Engagement, 2015).

**Research Summary:** Traditionally peer support has occurred naturally in settings shared by people with mental health problems, but intentional or formalized peer support most likely began with the establishment of Alcoholics Anonymous (AA) (Repper & Carter, 2010). The principles that have made AA successful are the people who have experiences and overcome alcohol abuse will be more effective in assisting others who are trying to do the same. It is these shared experiences that provide the foundation for self-help support groups in mental health (Mead & Macneil, 2004). Most of the services provided by PSWs are for people living in the local community with a defined problem (substance misuse, anxiety and panic, people recently discharged from hospital, or people in crisis) (Repper & Carter, 2010). The employment of PSWs within mental health services has been slow to develop, possibly impeded by stigma and stereotypes of people with a mental illness (Repper & Carter, 2010). The clear distinction between PSWs and other roles is the requirement of PSWs to explicitly draw on and share their own experiences of emotional distress and/or using mental health services in order to inspire, model, support, and inform others in similar situations.

There has been relatively little high quality research into the effectiveness of peer support. Some studies have taken a broad more inclusive approach, meaning they included and identified all studies of intentional peer support in mental health services (Repper & Carter, 2011) while others have been more selective and considered evidence not derived from randomized controlled trials (Warner, 2009). In addition to the benefits for those receiving the service, there is evidence of benefits for the peer support workers themselves. They feel more empowered in their own recovery journey, have a greater confidence and self-esteem, feel more valued and less stigmatized, and have a more positive sense of identity (Repper & Carter, 2011). Peer support workers come from the context of recovery, frequently utilizing language based upon common experience rather than clinical terminology, and person-centered relationships to foster strength based recovery (Davidson et al., 2012). It is due to the aforementioned reasons that peer support workers are uniquely qualified to assist individuals in identifying goals and objectives that form the context of the peer support relationship. Information provided by peers is often seen to be more credible than that provided by mental health professionals (Woodhouse & Vincent, 2006). These findings support the role of peer support workers in person-centered care and the promotion of a whole-health recovery approach. Peer support appears

to offer particular or additional value because the individuals receiving services see that the PSW has found their way out of the hole that the client is currently in (Arnold, 2009), and as a result, the experience the PSW holds has credibility with the client.

Most of the research literature on peer support focuses on outcome in terms of the benefits experienced by those receiving peer support. Some other benefits participants have received as a result of using peer support are: reduced hospital admission rates, increased stability at work, and an increased sense of independence and empowerment. These findings contribute to the evidence base for peer-led services, and suggest that more rigorous investigations are warranted in the future. Davidson et al., 2012 argues that there is evidence that peer staff providing conventional mental health services can be effective in engaging people into care, reducing the use of emergency rooms and hospitals, and reducing substance use among persons with co-occurring substance use disorders. In a longitudinal comparison group study, Min et al., (2007) found that consumers involved in a peer support program demonstrated longer periods of being in the community and had significantly less re-hospitalizations over a 3-year period. Chinman et al., (2001) compared a peer support outpatient program with traditional care and found a 50% reduction in re-hospitalizations compared to the general outpatient population and only 15% of the outpatients with peer support were re-hospitalized in the programs first year of operation. Peer support encompasses a personal understanding of the frustrations experienced with the mental health system and serves to help someone recover through making sense of what has happened and moving on, rather than identifying and eradicating symptoms and dysfunction (Repper, 2013). A growing body of evidence suggests that peer-provided, recovery-oriented mental health services produce outcomes as good as and, in some cases superior to, services from non-peer professionals. A pre-post comparison by Cook et al., 2010 of reports from 381 participants (147 in Vermont and 234 in Minnesota) based on a survey instrument that assessed three dimensions of self-management” 1) attitudes, such as hope for recovery and responsibility for one’s own wellness; 2) knowledge, regarding topics such as early warning signs of decompensation and symptom triggers; and 3) skills, such as identification of a social support network and use of wellness tools, found significant positive changes in self-management attitudes, skills and behaviors were observed on 76% of items completed by Vermont participants (13 of 17 survey items), and 85% of items completed by Minnesota participants (11 of 13 survey items).

It is important to note that studies that used randomized controlled trials show that at the very least, PSWs do not make any difference to mental health outcomes of people using services (Repper & Carter, 2010). When a broader range of studies is taken into account, the benefits of PSWs become more apparent. Peer support workers promote hope and belief in the possibility of recovery, empowerment, and increased self-esteem, self-efficacy, and self-management of problems, social inclusion, engagement and increased social networks much better than professionally qualified staff (Repper & Carter, 2010). Overall the literature shows a movement in its early stages of development. Ongoing sharing of experiences, research, service and training evaluation and service descriptions are needed to inform future developments in the use of PSWs. Despite the difficulties and drawbacks in the literature on peer programming, the evidence is there and easily accessible to demonstrate the value of peer support services. Research published in the last two decades, has shown that peer programs can have a statistically significant effect on attitudes, norms, knowledge, behaviors, and health and achievement outcomes. Programs need to be well designed, properly implemented, appropriately run, and regularly evaluated to assess how they fit both the target population and also the talents of the PSWs. Peer work is a valuable and useful component of efforts to improve overall health and well-being.

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