

# PEER SUPPORT

*“Because of peer support I am alive!”*

—Melodie

*“When I saw that other people recovered, it gave me hope that I could too.”*

—Corinna

*“Peer support allowed me to feel ‘normal.’”*

—Jean

## WHAT IS PEER SUPPORT?

Peer support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both. This mutuality—often called “peerness”—between a peer support worker and person in or seeking recovery promotes connection and inspires hope.

Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships (Mead & McNeil, 2006). By sharing their own lived experience and practical guidance, peer support 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.

## WHAT DOES A PEER SUPPORT WORKER DO?

A peer support worker is someone with the lived experience of recovery from a mental health condition, substance use disorder, or both. They provide support to others experiencing similar challenges. They provide non-clinical, strengths-based support and are “experientially credentialed” by their own recovery journey (Davidson, et al., 1999). Peer support workers may be referred to by different names depending upon the setting in which they practice. Common titles include: peer specialists, peer recovery coaches, peer advocates, and peer recovery support specialists.






Peer support workers can help break down barriers of experience and understanding, as well as power dynamics that may get in the way of working with other members of the treatment team. The peer support worker’s role is to assist people with finding and following their own recovery paths, without judgment, expectation, rules, or requirements.

Peer support workers practice in a range of settings, including peer-run organizations, recovery community centers, recovery residences, drug courts and other criminal justice settings, hospital emergency departments, child welfare agencies, homeless shelters, and behavioral health and primary care settings. In addition to providing the many types of assistance encompassed in the peer support role, they conduct a variety of outreach and engagement activities.

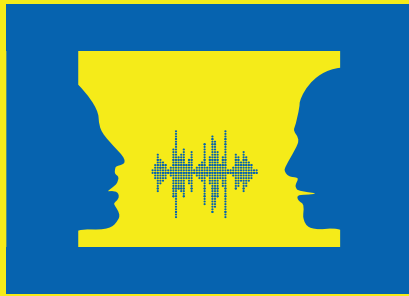
*Peer support has been there for me no matter what, and now I am able to help others...*

—Liza

### PEER SUPPORT WORKERS

-  inspire hope that people can and do recover;
-  walk with people on their recovery journeys;
-  dispel myths about what it means to have a mental health condition or substance use disorder;
-  provide self-help education and link people to tools and resources; and
-  support people in identifying their goals, hopes, and dreams, and creating a roadmap for getting there.

# DOES PEER SUPPORT MAKE A DIFFERENCE?

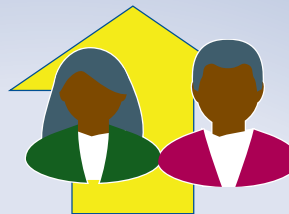


## HOW DOES PEER SUPPORT HELP?

The role of a peer support worker complements, but does not duplicate or replace the roles of therapists, case managers, and other members of a treatment team.

Peer support workers bring their own personal knowledge of what it is like to live and thrive with mental health conditions and substance use disorders. They support people's progress towards recovery and self-determined lives by sharing vital experiential information and real examples of the power of recovery. The sense of mutuality created through thoughtful sharing of experience is influential in modeling recovery and offering hope (Davidson, Bellamy, Guy, & Miller, 2012).

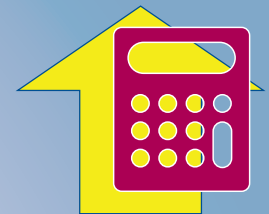
Emerging research shows that peer support is effective for supporting recovery from behavioral health conditions. Benefits of peer support may include:



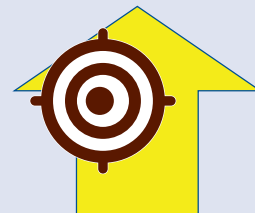
**Increased self-esteem and confidence**  
(Davidson, et al., 1999; Salzer, 2002)



**Increased sense of control and ability to bring about changes in their lives**  
(Davidson, et al., 2012)



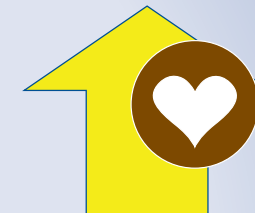
**Raised empowerment scores**  
(Davidson, et al., 1999; Dumont & Jones, 2002; Ochocka, Nelson, Janzen, & Trainor, 2006; Resnick & Rosenheck, 2008)



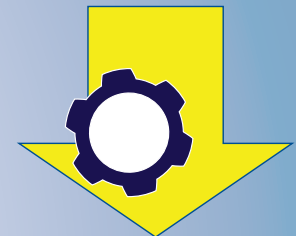
**Increased sense that treatment is responsive and inclusive of needs**  
(Davidson, et al., 2012)



**Increased sense of hope and inspiration**  
(Davidson, et al., 2006; Ratzlaff, McDiarmid, Marty, & Rapp, 2006)



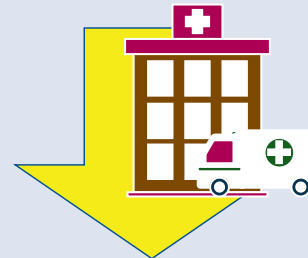
**Increased empathy and acceptance (camaraderie)**  
(Coatsworth-Puspokoy, Forchuk, & Ward-Griffin, 2006; Davidson, et al., 1999)



**Decreased psychotic symptoms**  
(Davidson, et al., 2012)



**Increased engagement in self-care and wellness**  
(Davidson, et al., 2012)



**Reduced hospital admission rates and longer community tenure**  
(Chinman, Weingarten, Stayner, & Davidson, 2001; Davidson, et al., 2012; Forchuk, Martin, Chan, & Jensen, 2005; Min, Whitecraft, Rothbard, Salzer, 2007)



**Increased social support and social functioning**  
(Kurtz, 1990; Nelson, Ochocka, Janzen, & Trainor, 2006; Ochocka et al., 2006; Trainor, Shepherd, Boydell, Leff, & Crawford, 1997; Yanos, Primavera, & Knight, 2001)



**Decreased substance use and depression**  
(Davidson, et al., 2012)

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