

# INTRODUCTION TO PEER SUPPORT IN THE ERA OF COVID-19

TALOR GRAY, MPH  
COMMUNITY HEALTH SPECIALIST

# INTRODUCTION



Talor Gray earned her BS from Drake University in 2014, majoring in Psychology with a research focus in Behavioral Neuroscience. With a passion for translating health behavior research into practice, she later received her MPH from the University of Iowa in Community and Behavioral Health.

Talor has been involved in the mental health field for the past 10 years, working and volunteering at various non-profit, education, and public health agencies. Her experience ranges from providing individual peer support and systems navigation to public health program development and evaluation. Talor is a certified NAMI Provider and In Our Own Voice speaker and has provided trainings in topics such as population mental health, disability sensitivity, and building self-advocacy skillsets.

She currently works at Olmsted County Public Health in Rochester, MN as a Community Health Specialist focused on mental health and substance use topics.

Basics of the peer support field

Peer support program development

COVID-19 implications

OVERVIEW

---

# WHAT IS PEER SUPPORT?

---

## SAMHSA:

“Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process.”

<https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

---

## HISTORY OF PEER SUPPORT

- Peer support and recovery techniques have been around for centuries and are often connected to cultural and spiritual practices.
- The clinical idea of peer support is often traced back to the 18<sup>th</sup> century France along with the “moral treatment era”.
- Resurfaced largely with the consumer/survivor/ex-patient movement of the 1970’s.
- Peer support gained traction in the 1980’s and 90’s with the movement’s integration with healthcare services.
- Became a Medicaid funded service in 2007.
- Continues to grow in integrated healthcare and community-based settings.

---

# THE IMPORTANCE OF PERSONAL EXPERIENCE

- 
- The experience of living with a mental illness or substance use disorder is often difficult to verbalize, and people may be hesitant to share their story for fear of stigma and discrimination. Supporting the safe sharing of stories helps others to realize they are not alone, and their story is important.
  - Advocacy from a place of understanding and representation is essential to moving forward needed policies and legislation – “Nothing about us, without us”.
  - Addressing stigma and discrimination through sharing personal stories builds a culture of acceptance.
  - Respecting the cultural importance of storytelling across nations.

<https://www.nami.org/get-involved/share-your-story>

# WHAT HAPPENS IN PEER SUPPORT



EMOTIONAL  
SUPPORT



GOAL SETTING



EDUCATION  
AND SKILLS  
BUILDING



SYSTEMS  
NAVIGATION



ADVOCACY

# THE IMPACT

- Wellness
- Healthy behavior modeling
- Opportunity to connect on a cultural level
- Addresses self-stigma and isolation
- Increase help-seeking behaviors
- Improve treatment adherence and self-determination
- Support recovery





This Photo by Unknown Author is licensed under [CC BY](#)

# THE MAKINGS OF A PEER SUPPORT PROGRAM

# BECOMING A PEER SUPPORT SPECIALIST

- Must have a lived experience
  - Can be a family member of someone with a lived experience, if they will be working with the family instead
- Depending on agency and state guidelines, must be able to complete required training and/or certification
  - Certification often requires accumulation of supervised hours and completing a formal test
- Meet agency requirements for employment or volunteering
  - These can vary greatly, such as when working with incarcerated populations

## Formal vs. Informal

**Database of state requirements and training options:**

<https://copelandcenter.com/peer-specialists>

# CORE COMPETENCIES

SAMHSA lists 5 core competencies for peer support services:

1. Recovery-oriented
2. Person-centered
3. Voluntary
4. Relationship-focused
5. Trauma-informed

<https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers>

# PEER SUPPORT PROGRAM DEVELOPMENT

<http://peersforprogress.org/resources/e-guide/preface/>

<https://www.bhwellness.org/resources/toolkits/peer/>

<https://dbhids.org/peer-support-toolkit/>



Identify the agency/community interest and need



Map out plans for program development and evaluation; do not forget about process evaluation!



Determine if and how services will be integrated



Prepare for agency culture shift; involve staff in program development process to support cohesion



Establish peer roles & responsibilities, as well as clear supervisory support



Provide appropriate opportunities for peer support training, mentorship, and community network building

# PEER SUPPORT PROGRAM STRUCTURE



INDIVIDUAL



ORGANIZATION  
BASED GROUP



COMMUNITY  
BASED GROUP



FAMILY ORIENTED  
GROUP

Peer group rules should be created and agreed upon by all involved at the creation of groups, and revisited as necessary.  
For group facilitation guideline ideas: <https://www.mhanational.org/resources-and-support-peers>

# INTEGRATED HEALTHCARE

Crisis teams

Case management

Advocacy initiatives

Healthcare patient advocate services

Behavioral health treatment teams

Primary care

Public Health Agencies

[https://www.thenationalcouncil.org/  
integrated-health-coe/](https://www.thenationalcouncil.org/integrated-health-coe/)

---

# EXAMPLES OF EFFECTIVE PROGRAMS



[This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)

# PEER PROGRAM STRUCTURES: NATIONAL ALLIANCE ON MENTAL ILLNESS PROGRAMS

## **Standard Support Group Programs**

- Connections
- Family Support Group

## **Peer Support Program Example: R Place Peer Recovery Center – NAMI Johnson County, Iowa City, IA**

- A place with activities, classes, groups, fun, games, arts and crafts, outings and holiday activities.
- A peer-led meeting place where peers support peers.
- A restorative environment of hope, support and encouragement for recovery.
- A safe, nurturing, non-judgmental community for those affected by mental illness.

<https://namijc.org/recovery/>

COVID-19 has pushed many peer support groups and services to a virtual format.

# PEER GROUP DIRECTED PROGRAMMING: PHOTOVOICE

Photovoice is a recognized form of creative community based participatory research, however it can be used instead for purely peer support programming and social change advocacy planning. Formal peer support specialists may facilitate this program entirely, or phase out and allow the peer group to become a community based group with informal peer support.

- People use cameras to capture visual representations of their communities and experiences.
- Peer groups then meet to talk about their work and share perspectives.
- Themes around adversity, personal growth, and social change are common in photovoice programming.
- Exhibits are usually held to celebrate the peer work and share in supportive storytelling.
- Flexible programming for cultural inclusion.
- Has been found to support positive self-image, creative expression, community engagement, and increased self-determination.

COVID-19 cannot take our creativity away from us; photography is still possible even during social distancing and peer groups can still be held online. This could be a creative way for people to express their feelings during this crisis.

# SELF-DETERMINATION SKILL BUILDING: WELLNESS RECOVERY ACTION PLANNING (WRAP)

Considered a “mental health advanced directive”, WRAP is an incredibly useful tool to give people a voice in their healthcare decisions prior to crisis situations. Peer support specialists can play an integral role in the development of WRAP’s.

People receive printed booklets to fill out regarding their mental healthcare wishes when they are in crisis, informing others what their baseline looks like compared to their behaviors in crisis; this can aid treatment teams and share what strategies towards recovery have worked in the past.

Can receive training to become a certified WRAP facilitator.

<https://mentalhealthrecovery.com>

<https://www.copelandcenter.com/wellness-recovery-action-plan-wrap>

May want to revisit WRAP’s during COVID-19 to remind peers of their self-determined treatment plans and effective coping strategies.



# COVID-19 IMPLICATIONS

Image created by Alissa Eckert, MS and Dan Higgins, MAMS of CDC

---

# COVID-19 AND MENTAL HEALTH

## COVID-19 Impact:

- Social distancing and isolation
- Overuse of social media and potentially triggering news coverage
- Increase need for mental health and crisis services
- Financial hardships
- Domestic abuse risks
- Inequitable impact

## Common Reactions:

- Concern about protection and safety
- Worries about regular medical care or community services disruption
- Feeling socially isolated
- Feelings of guilt, anger, frustration
- Increased distress

## Mental Health Considerations:

- Standard, shared, and secondary trauma
- Triggers to past and intergenerational trauma
- Increases in substance use
- Changes in routines
- Disconnect from therapeutic relationships and services
- Intensification of mental and behavioral health condition symptoms

# COVID-19 AND PEER SUPPORT

Peer support specialists are considered essential workers

There is a surge in virtual trainings for peer support specialists to meet the expanding community mental health needs. Denise Brodey writes in Forbes “As of May 1, 2020, a record 900 peer support specialists will have been trained in the Digital Peer Support Certification (Short Course).” <http://digitalpeersupport.org/>

Examples of what peer support specialists can do virtually:

- Check in with peers regularly to support recovery and maintain a sense of routine
- Facilitate individual and peer groups virtually
- Continue to provide systems navigation and connections to local resources
- Support the use of coping strategies (make sure coping strategies are feasible for people and their situations!)
- Virtual treatment adherence and self-determination support

# VIRTUAL SUPPORT AND COMMUNICATIONS

Check with your agency/organization, state, tribal, or urban Indian organization regulations about telehealth alternatives for billed services. CMS and most states have adjusted their requirements to allow telehealth.

- <https://www.cchpca.org/resources/covid-19-related-state-actions>
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf>
- <https://www.hhs.gov/about/news/2020/04/08/indian-health-service-expands-telehealth-services-during-covid-19-response.html>

Review agency/organization HIPAA policies and cross reference with communication platforms (Google Hangouts video, skype, Apple facetime, Facebook Messenger video chat, etc). Inform peers of any privacy capability changes.

Cisco Meeting technology is already used by the Indian Health Service, and the Telebehavioral Health Center of Excellence has resources to support technology transitions.

- <https://www.ihs.gov/telebehavioral/>
- <https://telehealthlearning.org/telehealth/>
- <https://www.telehealthresourcecenter.org>
- <https://www.matrc.org/matrc-telehealth-resources-for-covid-19/>
- <https://attcnetwork.org/centers/mountain-plains-attc/product/guide-using-text-messages-improve-substance-use-treatment>

Be sure to ask peers what distance services they are comfortable with and what is feasible. Be aware that not everyone may have internet or dedicated devices to respond virtually, especially those living in rural areas.

---

# ADDITIONAL RESOURCES

## Peer Support Program Development & Evaluation

- <https://www.bhwellness.org/resources/toolkits/peer/>
- <https://dbhids.org/peer-support-toolkit/>

## COVID-19 Resources

- <https://mhttcnetwork.org/centers/global-mhttc/responding-covid-19>
- <https://www.samhsa.gov/coronavirus>
- <http://www.mphtc.org/covid-19-resources/>
- <http://www.tucollaborative.org/keeping-connected-while-staying-apart/>
- <https://www.thenationalcouncil.org/covid19/>
- <https://prc.public-health.uiowa.edu/novel-coronavirus-covid-19-resources/>

## COVID-19 & Tribal Health

- <https://www.cdc.gov/tribal/cooperative-agreements/covid-19.html>
- <https://www.nihb.org/covid-19/>
- <https://www.ihs.gov/coronavirus/resources/>

QUESTIONS



# CITATIONS

- BHWellness. (2015). DIMENSIONS: Peer Support Program Toolkit – Behavioral Health and Wellness Program. Retrieved May 11, 2020, from <https://www.bhwellness.org/resources/toolkits/peer/>
- Brodey, D. (2020). Experts Say It's Like Getting A Mental Health 'Stimulus Check' From Your Peers. Retrieved May 11, 2020, from <https://www.forbes.com/sites/denisebrodey/2020/04/26/people-in-your-community-are-busting-mental-health-myths-during-covid-19-who-are-they/>
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, 395(10227), 912–920. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)
- Budig, K., Diez, J., Conde, P., Sastre, M., Hernán, M., & Franco, M. (2018). Photovoice and empowerment: evaluating the transformative potential of a participatory action research project. *BMC Public Health*, 18(1), 432. <https://doi.org/10.1186/s12889-018-5335-7>
- Charlton, J. I. (2004). *Nothing about us without us: disability oppression and empowerment* (3. Dr). Berkeley, Calif.: Univ. of California Press.
- Cook, J. A., Copeland, M. E., Jonikas, J. A., Hamilton, M. M., Razzano, L. A., Grey, D. D., ... Boyd, S. (2012). Results of a Randomized Controlled Trial of Mental Illness Self-management Using Wellness Recovery Action Planning. *Schizophrenia Bulletin*, 38(4), 881–891. <https://doi.org/10.1093/schbul/sbr012>
- Davidson, L. (2015). Peer Support: Coming of Age of and/or Miles to Go before We Sleep? An Introduction. *The Journal of Behavioral Health Services & Research*, 42(1), 96–99. <https://doi.org/10.1007/s11414-013-9379-2>
- DAVIDSON, L., BELLAMY, C., GUY, K., & MILLER, R. (2012). Peer support among persons with severe mental illnesses: a review of evidence and experience. *World Psychiatry*, 11(2), 123–128. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3363389/>
- Druss, B. G., Singh, M., von Esenwein, S. A., Glick, G. E., Tapscott, S., Tucker, S. J., ... Sterling, E. W. (2018). Peer-Led Self-Management of General Medical Conditions for Patients With Serious Mental Illnesses: A Randomized Trial. *Psychiatric Services*, 69(5), 529–535. <https://doi.org/10.1176/appi.ps.201700352>
- Galea S, Merchant RM, Lurie N. The Mental Health Consequences of COVID-19 and Physical Distancing: The Need for Prevention and Early Intervention. *JAMA Intern Med*. Published online April 10, 2020. doi:10.1001/jamainternmed.2020.1562
- Ibrahim, N., Thompson, D., Nixdorf, R., Kalha, J., Mpango, R., Moran, G., ... Slade, M. (2020). A systematic review of influences on implementation of peer support work for adults with mental health problems. *Social Psychiatry and Psychiatric Epidemiology*, 55(3), 285–293. <https://doi.org/10.1007/s00127-019-01739-1>
- Jones, N., Corrigan, P. W., James, D., Parker, J., & Larson, N. (2013). Peer support, self-determination, and treatment engagement: A qualitative investigation. *Psychiatric Rehabilitation Journal*, 36(3), 209–214. <https://doi.org/10.1037/prj0000008>
- Kelley, A., Bingham, D., Brown, E., & Pepion, L. (2017). Assessing the Impact of American Indian Peer Recovery Support on Substance Use and Health. *Journal of Groups in Addiction & Recovery*, 12(4), 296–308. <https://doi.org/10.1080/1556035X.2017.1337531>
- McCormack, L. A., O'Leary, R., Moran, A., & Hockett, C. W. (2019). Using Goal Setting and Attainment to Impact Indicators of Health Behavior Change among Young American Indian Women: The We RISE (Raising Income, Supporting Education) Study. *American Indian and Alaska Native Mental Health Research (Online)*, 26(2), 123–133. <https://doi.org/10.5820/aian.2602.2019.123>
- MHA. (2020). Resources and Support for Peers. Retrieved May 11, 2020, from <https://www.mhanational.org/resources-and-support-peers>
- Mineo, L. (2020, May 8). The impact of COVID-19 on Native American communities. Retrieved May 12, 2020, from <https://news.harvard.edu/gazette/story/2020/05/the-impact-of-covid-19-on-native-american-communities/>
- NAMI. (2020). NAMI: Share Your Story. Retrieved May 11, 2020, from <https://www.nami.org/get-involved/share-your-story>
- National Council for Behavioral Health. (2020). Integrated Health COE. Retrieved May 11, 2020, from <https://www.thenationalcouncil.org/integrated-health-coe/>
- Peers for Progress. (2015). Program Development Guide. Retrieved May 11, 2020, from <http://peersforprogress.org/resource-guide/preface/>
- Pratt, R., MacGregor, A., Reid, S., & Given, L. (2013). Experience of Wellness Recovery Action Planning in Self-Help and Mutual Support Groups for People with Lived Experience of Mental Health Difficulties. *The Scientific World Journal*, 2013. <https://doi.org/10.1155/2013/180587>
- Salzer, M. S., Rogers, J., Salandra, N., O'Callaghan, C., Fulton, F., Balletta, A. A., ... Brusilovskiy, E. (2016). Effectiveness of peer-delivered Center for Independent Living supports for individuals with psychiatric disabilities: A randomized, controlled trial. *Psychiatric Rehabilitation Journal*, 39(3), 239–247. <https://doi.org/10.1037/prj0000220>
- SAMHSA. (2018). Core Competencies for Peer Workers | SAMHSA - Substance Abuse and Mental Health Services Administration. Retrieved May 11, 2020, from <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers>
- White, W. L. (2009). The mobilization of community resources to support long-term addiction recovery. *Journal of Substance Abuse Treatment*, 36(2), 146–158. <https://doi.org/10.1016/j.jsat.2008.10.006>

# CONTACT INFORMATION

Talor Gray, MPH

Community Health Specialist

Email: [talorgray7@gmail.com](mailto:talorgray7@gmail.com)

