Introduction

This "Designline" (Graphic Design Timeline) aims to increase awareness of the rich history, context and challenges of the mental health peer support workforce.

Peer support began in late 18th century France and in the mid-19th century in the U.S., with mutual support groups starting in the 1930s. The mid-20th century saw overcrowded “insane asylums,” the introduction in the early 1950's of (now controversial) antipsychotic medications, and the community mental health centers movement in the 1960's. Deinstitutionalization efforts beginning in the 1970's were accompanied by active protests and advocacy, significantly contributing in the following decades to a shift from primarily medical-model treatment to a rehabilitation and recovery focus, including peer support and involving individuals with lived experience as key participants in service design and delivery. Emphasis on community support and psychiatric rehabilitation in the 1980's was followed by increasing attention to recovery and the participation of peers in the 1990's. In the 21st century, the peer workforce has grown considerably, with increasing attention to person-centered care and self-determination.

We consulted with current and past peer leaders and reviewed numerous books, articles and accounts in developing this Designline. Not all key events are included. While opinions may diverge about choice of events, our purpose is to increase awareness of peer support workforce history. A list of references offers additional depth to this important story.

We recommend the New York State Academy of Peer Services course on The Historical Roots of Peer Support for an extensive interactive history of the disability rights and consumer/survivor/ex-patients’ movement that insisted on “nothing about us without us.” Movement pioneers, together with other leaders who advocated for recovery from mental health conditions and a full community life, did the critical work that eventually resulted in current employment of thousands of certified peer specialists and other peer support workers in 43 U.S. states, the District of Columbia and the U.S. Department of Veterans Affairs. Thousands more are employed as recovery coaches in substance use prevention and treatment programs, as parent partners, youth peer support workers, forensic peer specialists, dual diagnosis peer specialists, peer supervisors, and peer support workers in primary and integrated care settings. In important ways, they support the recovery of individuals living with mental health and substance use conditions.
Themes: Large public psychiatric hospitals are overcrowded and little more than warehouses for those locked up, many of whom are committed for indefinite periods. Many people die there and are buried in graves marked only by numbers.


1909: Clifford Beers founds the National Committee for Mental Hygiene, now known as Mental Health America.


1948: Film “The Snake Pit” released, based on Mary Jane Ward’s 1946 novel about her terrible experiences in a psychiatric institution.

1948: The Shame of the States, by Albert Deutsch published, about appalling conditions in state mental hospitals.

1948: WANA (“We Are Not Alone”), former patients, found Fountain House.
Themes: People with serious mental health conditions—then considered a “life sentence”—are hospitalized in large institutions. While the development of antipsychotic medications leads to discharges, continuity of care from hospital to the community is lacking. Some medications, such as Thorazine, have terrible side effects including tardive dyskinesia, an irreversible condition with disfiguring grimacing. The U.S. psychiatric institution population in 1955 is 558,000.

1950: FDA (Food and Drug Administration) approves Thorazine, the first psychiatric medication.

1954: FDA (Food and Drug Administration) approves Thorazine, the first psychiatric medication.

1959: FDA approves Imipramine (Tofranil®) for treatment of major depressive disorder, establishing tricyclic antidepressants as a class of drugs.

Themes: Large institutions are the worst places to care for people with serious mental health conditions; people do better with community-based services. Some federally funded community mental health centers tend to treat the “worried well,” rather than people with serious mental health conditions. The first modern anti-psychiatry group is founded, sparking the social justice movement of people with psychiatric histories.


1963: The federal Community Mental Health Act passed.

1965: Medicare and Medicaid legislation passed.

1969-1970: The Insane Liberation Front (ILF) organized in Portland, Oregon, by Howie the Harp, Dorothy Weiner, and Tom Wittick, the first-known modern self-help/advocacy group organized by ex-patients and dedicated to liberation from psychiatry.

1963: One Flew Over the Cuckoo’s Nest, Ken Kesey novel, published.
Themes: Numerous “mental patients’ liberation” groups are founded on the West and East Coasts; Madness Network News begins publication; advocacy/political action and self-help movement groups make successful demands for inclusion in federal program planning.

1970

1971-1972: Mental Patients’ Liberation Front founded in Boston; other groups are founded in New York City, San Francisco, and elsewhere.

1971


1974

1975: The U.S. Supreme Court, in O’Connor v. Donaldson, rules that people cannot be institutionalized in a psychiatric hospital against their will unless they are found to be a threat to themselves or others.

1975: IAPSRS (now PRA–Psychiatric Rehabilitation Association) founded.

1976


1978: On Our Own: Patient-Controlled Alternatives to the Mental Health System, by Judy Chamberlin, published.


1978: Adult Children of Alcoholics founded.

1979: NAMI (National Alliance for the Mentally Ill, now the National Alliance on Mental Illness, founded.
Mental health advocates, led by people with lived experience, call for the end of abusive treatment. The federally-funded Community Support Program begins to collaborate with individuals with psychiatric histories. Tension exists in the consumer/survivor/ex-patients' movement about the value of working outside versus inside “the system.” NIMH Community Support Program funding continues through the 1980s as psychosocial rehabilitation is added to medical-model treatment of mental health conditions.

1980s: Dual Diagnosis self-help groups begin.


1983: On Our Own, Inc. in Maryland first to receive state and federal funds to open a consumer-operated drop-in center.

1985: The National Mental Health Consumers’ Association, the first national c/s/x organization, founded under Joseph Rogers’ leadership.


1985: Madness Network News ceases publication.

1980: The Civil Rights of Institutionalized Persons Act (CRIPA) gives the Department of Justice the power to sue state or local institutions that violate the rights of people held against their will, including those residing in institutions for the treatment of mental health conditions.

1981: Offices of Consumer Affairs are established in State Departments of Mental Health.


1985: The first annual Alternatives conference in Baltimore, MD, organized by and for individuals with psychiatric diagnoses, organized by On Our Own of Baltimore and funded by NIMH-CSP. Federally funded Alternatives conferences continue through 2017.

1985: Altered States of the Arts founded by Gayle Bluebird, Howie the Harp and others.
1986: The National Mental Health Consumers’ Self-Help Clearinghouse, the first national technical assistance center serving the c/s/x movement, conceived and founded by Joseph Rogers in Philadelphia.

1986: The Rehabilitation Act of 1973, as amended, authorizes federal funding of employment services for people with “mental and physical disabilities.”


1986: The State Comprehensive Mental Health Plan Act (P.L. 99-660) mandates case management and other services as Medicaid benefits. Required stakeholder involvement in the State Block Grant program recognizes the importance of service user voices.

1986: The first peers including activist Pat Risser, trained to work as Consumer Case Manager Aides in Denver, Colorado, through the leadership of Paul Sherman, PhD. Services were billable to Medicaid under the Colorado Medicaid Rehabilitation Option Waiver.

1986: The Protection and Advocacy for Mentally Ill Individuals (now the Protection and Advocacy for Individuals with Mental Illness) Act of 1986 passed.

1986: The National Depressive and Manic Depressive Association founded; later renamed the Depression and Bipolar Support Alliance.

1987: “Vermont Longitudinal Study of Persons with Severe Mental Illness” published, demonstrating that people diagnosed with schizophrenia did not necessarily have to take drugs indefinitely; psychosocial services positively affected recovery.

1987: Selective Serotonin Reuptake Inhibitors (SSRIs) antidepressants introduced.


1989: FDA approves Clozapine as the first atypical antipsychotic drug. The danger of death required weekly blood tests.
**Themes:** Advocacy against abusive treatment continues. The concept of recovery is promoted with a range of coordinated community rehabilitative services. “Nothing about us without us”: c/s/x (consumer/survivor/ex-patient) voices gain more prominence, advocacy groups grow; and peer-designed and -operated programs are implemented in mental health systems. State hospitals continue downsizing; some close. In just over 40 years, U.S. occupied state hospital beds declined from 339 to 21 per 100,000 people. In 1998, 57,151 people were in state hospitals.

**1990:** The Americans with Disabilities Act becomes law.  
**1992:** The National Empowerment Center (NEC) founded in Massachusetts by Dan Fisher and Laurie Ahern. The NEC and the Clearinghouse apply for and receive federal funding.  
**1992:** The federal Substance Abuse and Mental Health Services Administration (SAMHSA) succeeds NIMH; the Center for Mental Health Services is created.  
**1993:** The Mental Health Law Project renamed the Judge David L. Bazelon Center for Mental Health Law.  
**1993:** The first consumer Civil Service job title is created, in New York State.  
**1995:** Paolo del Vecchio appointed SAMHSA Consumer Affairs Specialist.  
**1995:** “Consumers as Peer Specialists on Intensive Case Management Teams: Impact on Client Outcomes” by Felton et al. is published, stating “Integration of peer specialists into intensive case management programs appears to lead to enhanced quality of life for clients and more effective case management.”  
**1998-2004:** Federally funded research by Jean Campbell, PhD, on Consumer-Operated Service Programs proves peer-run program effectiveness, leads to other research on c/s/x-run programs and establishes peer support as an evidence-based practice.  
**1999:** U.S. Supreme Court Olmstead decision affirms the right of people with disabilities to receive state-funded services in communities and be treated in the least restrictive setting.

**1990:** Bill Anthony, founder of the Boston University Center for Psychiatric Rehabilitation, labels the 1990s the “Decade of Recovery.”  
**1991:**  
**1992:** National People of Color Consumer/Survivor Caucus launched at Alternatives Conference.  
**1994:** Research by Drs. Phyllis Solomon and Jeffrey Draine demonstrates consumer case management is as effective as a non-consumer team in helping individuals with serious mental health conditions over a two-year period.  
**1999:** Georgia Mental Health Consumer Network with Larry Fricks’ leadership makes Georgia the first state to receive Medicaid reimbursement for peer services.  
**1999:** NAMI publishes Families on the Brink: The Impact of Ignoring Children with Serious Mental Illness.
Themes: Recovery focus increasingly integral in federally funded and promoted concepts and programs, with people in recovery involved in planning and service delivery; **PEER SUPPORT** becomes a reimbursable workforce option; federally funded system transformation initiatives undertaken.

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2000s: National People of Color Consumer/Survivor Network initiated.

2001: Institute of Medicine publishes *Crossing the Quality Chasm: A New Health System for the 21st Century.*


2001: *Mental Health: Culture, Race, and Ethnicity,* published as a supplement to *Mental Health: A Report of the Surgeon General.*

2001: Georgia initiates peer certification.


2005: U.S. Veterans Health Administration begins funding peer support positions.

2005-2010: Federal mental health system transformation grants awarded and implemented.


2007: Medicaid letter issued authorizing reimbursement for peer support services as an “evidence-based” practice.


2009: First Pillars of Peer Support: Transforming Mental Health Systems of Care conference at the Carter Center, Atlanta, GA.
Themes: Continued growth of peer support workforce; new forms of person-centered care underway; with change in federal administration, national focus shifts towards treatment and hospitals as peer workforce continues to expand. Digital peer support certification launched.

2010: Patient Centered Outcomes Research Institute (PCORI) created as a result of passage of the Patient Protection and Affordable Care Act (Obamacare).


2010: Peer training, certification and employment in 26 states.

2010-2014: Pillars of Peer Support reports.

2011: SAMHSA BRSS TACS (Bringing Recovery Supports to Scale Technical Assistance Center Strategy) initiated to promote recovery-oriented supports, services and systems.


2012: Peer training, certification and employment available in 38 states.

2013: iNAPS National Practice Guidelines for Peer Supporters circulated.

2013-2014: NARSAD becomes The Brain and Behavior Research Foundation.

2014: The federal Intergovernmental Serious Mental Illness Coordinating Committee (ISMICC) created.

2015: Peer support training, certification and employment available in 38 states.

2015: Mental Health America launches National Certified Peer Specialist certification.

2016: Over 25,000 peer specialists certified in 44 States, D.C., and the V.A.

2016: SAMHSA circulates Peer Support Core Competences.

2017: The V.A. employed 1,300 peer support workers with defined positions and career ladders.


2017: Final SAMHSA-funded Alternatives Conference.

2018: Federally-funded MHTTC (Mental Health Technology Transfer Network) created to accelerate adoption of mental health related evidence-based practices, improve workforce skills, foster alliances and assure availability of training and technical assistance across the nation.


2019: National Association of Peer Supporters (formerly INAPS) releases National Practice Guidelines for Peer Supporters and Supervisors.

2019: 45 States, D.C. & V.A. train, credential and employ peer providers; the remaining 5 states appear to have non-state-sponsored peer support.
**Current Themes:** Defining paid peer roles; professionalization vs. cooptation; systems change from within vs. compromising core peer support principles; change from outside systems through advocacy; transforming traditional systems and promoting recovery-oriented practices; normalizing disclosure of lived experience, reducing stigma, increasing cultural humility and intersectionality; racial equity and social justice. Practice changes: early psychosis intervention; Hearing Voices Network, Open Dialogue; peer-run respite; certification, continuing education, career development and advancement; behavioral health and primary care integration; digital peer specialist certification; virtual and remote practice.

**2020**

- 43 states, the District of Columbia and the Veterans’ Administration train and certify mental health peer specialists; 7 states restructuring, planning or offering non-certified peer support.

- Covid-19 pandemic spreads throughout the U.S. and the world.

- Widespread racial justice demonstrations throughout the U.S. and globally.

- NCMHR partners with Mental Health & Addiction Association of Oregon to include Alternatives presentations at July virtual Peerpocalypse conference.

- SAMHSA BRSS TACS federal funding terminated as of September 30.

- Peer workforce continues to increase; for example, as of July, 2,380 active Certified Peer Specialists in New York State with 941 pending applications; 747 Family Peer Advocates and 90 Youth Peer Advocates credentialed.

- Digital Peer Support Certification launched by partnership at Geisel School of Medicine, Dartmouth College and peer specialists; 1,700 people from 30 states and 4 nations trained; 926 certified.

**What will be the future of peer support?**
Selected References


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*Jessica Wolf, Stratford, CT, August 2020*

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