



Southeast (HHS Region 4)

MHTTC

Mental Health Technology Transfer Center Network

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**Mental Health in the Southeast
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Director's Welcome



May 2019

It is my pleasure to share our first bimonthly Southeast Mental Health Technology Transfer Center (Southeast MHTTC) newsletter and to celebrate Mental Health Awareness month.

Our Southeast MHTTC, located in Emory's School of Public Health, serves the eight states of HHS Region IV: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.

The Southeast MHTTC uses a public health approach to develop leadership capacity and train providers with the overarching goal of improving care for individuals with mental health conditions throughout the region. Adults and children treated in the public mental health sector face a number of challenges including poverty and social isolation; stigma; obstacles in accessing general health and mental health services; and adverse health behaviors.

These difficulties lead to adverse public health outcomes including reduced quality of life and shortened lifespans. Improving these outcomes requires understanding potential facilitators and barriers to the uptake of best practices including state and federal policies; the structure and functioning of public sector delivery systems (including its workforce); and financing. Implementation strategies that account for systems-level challenges are needed to ensure the implementation and sustainability of evidence-based practices in public mental health settings.

We've planned a variety of activities over the coming months to further our mission and vision including completion of an in-depth regional needs assessment; provider trainings focused on peer services and suicide prevention; development of a disaster mental health response webinar; and facilitation of a regional school based mental health learning collaborative.

We look forward to ongoing collaboration with the stakeholders in the region, the MHTTC network, and SAMHSA and to sharing our progress and events in future editions of the newsletter.

Benjamin Druss, MD, MPH
Director, Southeast MHTTC

The Power of Peers

Peer History

For the past two decades, the mental health workforce has experienced an ever-growing use of one of its newest service providers: the certified peer specialist. A peer specialist uses his or her lived experience in dealing with mental illness and/or substance use disorder to help others in recovery from those behavioral health conditions.¹



Georgia Peers engaging in a Listening Session in February, 2019

Though peer support services have been on the rise since the late 1990s, peer work among those with SMI has roots leading back to the end of the 18th century, when recovered patients at the Bicêtre Hospital in Paris were employed as staff members. Physicians at Bicêtre found that the recovered patients-turned-providers were more understanding and kind towards the patients in their care. It was partly through the employment and input of such peer staff that Bicêtre and other facilities began to do away with many of the inhumane treatments that had plagued psychiatric practice up until that time. A similar strategy of employing former patients as care providers was repeated by psychiatrists in the United States as early as the 1920s.²

In 1999, Georgia became the first state to include peers as billable mental health service providers in its Medicaid plan.¹ Other states followed suit, and today, peer support services are available in all fifty states and are Medicaid-reimbursable in thirty-five. As of 2016, forty-one state Medicaid programs reimburse certified peer specialist services.³

Peers and Evidence-Based Practices

Certified peer specialists provide mental health care that is “recovery-oriented,” meaning that services are collaborative and aim to help those with SMI lead satisfying and flourishing lives, even with the occurrence of mental health symptoms. As a result of their successful history, peer specialists can be particularly helpful in promoting recovery.⁴ Peer support services are included in the SAMHSA Evidence-based Practices Resource Center, which includes mental health recovery peer services, as well as substance-abuse recovery support.⁵



The Power of Peers

Many state mental health agencies, hospitals, clinics and programs now realize the importance of embedding peer specialists in other comprehensive evidence-based care models. One example of this inclusion of peers in evidence-based programs is the framework Zero Suicide, an organization-wide support structure which commits entire health and behavioral health care systems to suicide prevention. Zero Suicide has begun encouraging behavioral health care organizations to engage, hire and collaborate with peer support professionals who are attempt survivors.⁶

Providers can also utilize certified peer specialists on their care coordination teams, thereby improving transitions of care (transitional care refers to the range of services designed to promote the safe and timely movement of patients across different care settings). The use of role-modeling and drawing upon lived experiences give peers a unique advantage in helping other patients with SMI navigate an often complex mental health care system. Involving peers in care coordination and recovery support can result in reduced emergency services use among those with SMI.⁷



Photo: Pixabay

Challenges for Peers

Though the history of peer services is long and significant, it is clear that other mental health providers and consumers are only now recognizing the value of peer work. In many areas of mental health service provision, peers continue to be underutilized and underpaid. Even when peers feel supported and valued in the workplace, they often do not have promotional opportunities or financial stability.⁸

In addition to being underpaid and underutilized, peers often struggle against stigma. Clinicians and professional providers must be educated on ways to reduce bias and stigma in the workplace, as well as ways to communicate effectively with peers. This provider education must emphasize that hiring peer specialists is an effective way to implement a recovery and patient-centered care environment.^{9,10}

The Power of Peers

The Southeast MHTTC and Peers

Throughout its first year, the Southeast MHTTC conducted a region-wide needs assessment to identify the mental health priorities for each of the Southeastern states. One of the primary foci of the needs assessment was to learn more about what states are doing in terms of peer work, and how the MHTTC will be able to support these efforts. Regionally, the southeastern state mental health agencies partner with organizations that provide peer certification and trainings. Through discussions with state leaders, the Southeast MHTTC identified two main challenges related to peer services: expanding the capacity and effectiveness of the peer workforce in specialty settings and educating providers and managers on the role and value of peer specialists. Many Southeastern states expressed interest in further integrating the peer workforce in the behavioral healthcare system and specialty services.

The Southeast MHTTC is providing a series of state-wide and regional trainings throughout Region IV. In partnership with Georgia Mental Health Consumer Network (GMHCN), a leader in peer services in Georgia for over 25 years, peer-driven trainings emphasizing the unique role and value of peers are being provided.¹¹ GMHCN is excited to expand and share its knowledge of peer support promotion and engagement throughout the region. The Southeast MHTTC is looking forward to further collaboration with the states in the area of peer work.

Upcoming Southeast MHTTC Peer Services Event:

The Peer Voice

Wednesday, May 29th

1:00—4:00 PM

The Hamilton Center

Calera, AL

Listening Session at 9:30 AM

Register at

[mhttcnetwork.org/
southeast](http://mhttcnetwork.org/southeast)

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