Peer Support in Service Delivery Models

Findings from the 9th Annual Veterans Mental Health Summit

Swords to Plowshares

February 2022

Research suggests there is high value in including peer support specialists in mental health care. Peer support specialists can increase the comfort level with seeking mental health care and the effectiveness of treatment itself. These positions should be recognized as professionals and a formal part of the clinical model.
“I didn’t feel like I was alone walking on this path anymore. I knew there was somebody on the path ahead ... helping point the way ... and it was really special,” Daniel Alfaro told attendees at the 9th Annual Veteran Mental Health Summit held on September 30, 2021, co-hosted by the San Francisco Department of Veterans Affairs Health Care System (SFVAHCS) and Swords to Plowshares. The Iraq war veteran was echoing the words of other veterans and non-veterans alike who attest to the value of speaking to peers who have shared their life experiences.

Research suggests that there is high value in including peer support specialists in mental health care. Peer support specialists can increase the comfort level with seeking mental health care and the effectiveness of treatment itself. An assessment of the use of the vet-to-vet model in the VA health care system found that it was associated with positive self-image and outlook on life as well as engagement in mental health treatment activities.

During the Summit, veteran peer support specialists from the SFVAHCS and Swords to Plowshares discussed the importance of hiring a diverse peer support team and the significance of recognizing peer support specialists as professionals and as part of a clinical team. The panel was moderated by Tracey Helton, MPA, Mental Health Services Act Program Manager at San Francisco Department of Public Health who runs peer support programs for the county. Panelists were Quincy Tatum, Daniel Alfaro, Evana Mack, Mario Nava, all veteran peer specialists at the SFVAHCS, and Dennis Johnson, an outreach coordinator at Swords to Plowshares.
Mario Nava told summit attendees that peer specialists who are veterans and also have lived experience with mental health or substance abuse issues are best able to reach veterans who may otherwise assume that people do not understand their challenges. “It’s hard to reach some veterans when they’re in that moment of thinking that people don’t understand where they’re coming from,” he explained. In addition, he said that peers who can also share coping strategies can better reach veterans and that nonveterans may be less effective at reaching and engaging with veterans, even if they have lived experience with mental health conditions. Camaraderie and shared military history can increase engagement with services and positive patient outcomes.

“It is absolutely invaluable to have veterans working for organizations such as mine … that have been down that road before and know what it is … When I come across veterans that are looking… I can see that hunger in their eyes. I can feel it… Those are the guys…I want working on my team,” explained Dennis Johnson, Outreach Coordinator in the Swords to Plowshares Oakland office. He pointed out that working as a peer starts with planting a seed, establishing commonality, listening, and forming trust that can lead to giving a “light of hope.” He cautioned, however, that it is important for peer specialists to establish boundaries to prevent burnout.

Recalling his own mental health struggles, Daniel Alfaro said: “One of the reasons I applied for this position is that I met another peer who was here before me … during a time when I was struggling with mental health stuff … For the first time it clicked that there was somebody … who had gone through similar struggles …” He also likened working as a peer specialist to working with a family and said that it was similar to how it felt to be in the service. He added that when a peer describes their military background and common experiences it is an effective way to establish rapport.

Quincy Tatum described the aim of peer specialist’s work as an intention to assist other veterans to achieve self-sufficiency and quality of life, to “walk alongside them … to sit in the bottom of that rabbit hole when they’re down in the bottom.” He focused on the importance of veterans — with the help of a peer specialist — to build self-esteem and sense of accomplishment, saying: “…even though what I’ve experienced may give them insight, give them courage and an example of success, it’s still theirs. And so, any success they have belongs to them.”
Panel moderator Tracey Helton talked about the importance of hiring a diverse team of peer specialists who represent a broad range of experiences, cultures, backgrounds, history, and political beliefs to ensure maximum connection and rapport building: “Some people want someone who speaks the same language, that has the same background, that has the same culture, that understands. So, we actively have to be seeking that out. It’s not just going to come to us.” She added that it is also management’s responsibility to create a safe and equitable work environment, acknowledge historical racism and disparities, and work toward creating safe spaces for people to discuss their challenges. This means “finding trans people, Black people, everybody’s different experiences, really pulling that in...”

Daniel Alfaro pointed out that it is important for the VA through peer support specialists to send the message to sexual and racial/ethnic minorities that the VA “has their back.” Evana Mack added that this is particularly important for women veterans, but that a unique challenge for women veterans is that there are not enough women, especially women of color, peer support specialists in the VA. “Women come with trust issues, sometimes. They want someone that they can trust. That’s my cry. We need women [peer specialists].”

Several of the panelists advocated that peer specialists be recognized as professionals.

“I would like to see in the peer world an increased focus on professional development as a career path... that means having an equal voice on clinical teams ... but also, a focus on certification in evidence-based practices, of which there are many...That will bring greater acknowledgement of what we do....” Quincy Tatum told the summit participants. He added that having certifications, including a state certification system, enhances the field’s attraction and that if employers like the VA acknowledge that peer support is a professional career option, more people with lived experience will aspire to work as peer specialists.
Tracey Helton agreed that peer specialists should be regarded as professionals who are part of a clinical team adding that their value should not be based exclusively on their lived experience, and they should not be seen simply as unpaid volunteers. She described progress over the years in creating respect for peer specialists and told attendees that the county has introductory and advanced courses for peers and monthly specialized trainings focusing on topics such as equity, harm reduction, and working with unique populations to enable peers to increase their skill and enhance their position within a team.

She attributed this change to several factors:

1. The Mental Health Services Act which put aside money for innovative mental health services;
2. Passage of the Affordable Care Act that recognized the importance of peers and peer navigators in the mental health care system;
3. The fact that peers can now bill Medi-Cal for services; and
4. The full integration of peer specialists into the San Francisco mental health care system.

NEXT STEPS

The existing systems of care were not established to address the needs of communities of color and consequently have created inequities and generations of harm. Increased research and data gathered about disparities and health risks in communities of color have not led to constructive change; unkept promises persist. If resources are funneled directly into communities of color, more effective approaches emerge.

There has been a strong effort to inform other providers about the importance and efficacy of Narcan or Naloxone and to destigmatize addiction and use of these drugs to prevent overdoses. This has resulted in systemic change; now when VA clinicians and other health care providers prescribe an opioid, they also prescribe Narcan. While prevention and harm reduction efforts should also focus on supportive services, individuals who use drugs are often first responders to a crisis or overdose and are proven to help prevent overdose deaths.


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