

Short Communication





Peer specialists' challenges in the current health care delivery system

Abstract

Peer Support Specialists are effective in helping people with emotional difficulties. Their interventions help people in attaining positive and profound changes in their lives. However, their inclusion in the health care system in the US comes with the paradoxical risk of endangering their identity as peer supporters by transforming their intervention into a mix of mainstream clinical services and recovery approaches, which may have very little to do with recovery practices. This brief article is a follow-up on the ongoing debate on the issue on the critical issue of the identity and integrity of the Peer support model.

Keywords: peer specialists, recovery, lived experience

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Introduction

The body of work on recovery provides strong evidence that people in emotional distress can recover from it. In contrast to the medicalbiological model, which views mental illnesses and diagnoses them as chronic conditions, the recovery-based model argues that it is possible to face the challenges of emotional distress and still have a full life. 1-3 The volume of recovery-based research and projects has increased almost exponentially in the past few years, with the result that the mental health services in several countries now include some basic principles of recovery.4,5

Peer Support Specialists are individuals who have had experience with emotional distress and have been trained to assist others experiencing emotional distress. Peer Support Specialists assist people experiencing psychological challenging in developing their own recovery goals by providing feedback for developing, learning and practicing new skills. They view emotional distress not as a chronic condition, but as an aspect of life, which can be overcome with approaches tailored to the specific needs of the individual.⁶ As shown by data and testimonials, Peer Support Specialists contribute to improve the delivery of mental health services. They are effective in preventing episodes of hospitalization, crises and in engendering hope, a sense of self-empowerment and of connection with others, all related to good health outcomes.^{7,8}

In this context, the relationship between peers and individual with history of emotional distress is about equals sharing their experiences and strategies to cope with life difficulties.9 Totally different dynamics from the typical provider-patient's relationship, where the individual is basically stuck in the "sick role" with a passive attitude towards treatment. Peer Support Specialists are largely successful in helping providers to find effective alternative and unconventional ways of communicating and strategizing care with individuals.^{7,9}

Also, Peer Support Specialists have become critical for the delivery of behavioral health services in underserved areas and during the recent pandemic. 10-14 Because of their pivotal role, in the past few years, peer support interventions have become an integral part of the healthcare system.15

Major concerns regarding the integration of peer specialists in the health care delivery system

Several Peer Support Specialists, however, are expressing doubts about their roles and future in behavioral health. These concerns came up during several meetings which the author had with a small group of Peer Specialist from the Albuquerque metro area, during the period spanning from January through February 2022.¹⁶

There was unanimous consensus that the functions of the Peer Specialists are becoming increasingly more in line with the clinical and medical models. This means that they may end up following specific diagnostic and billing guidelines which would change radically their role and functions. As a consequence, they may shift away from their focus on recovery to addressing signs and symptoms of mental illness.

This may slowly evolve, paraphrasing some of the Peers' feedback, in losing the foundations of Peer Support and the "hands-on model" based on one person in recovery "giving back to another".

A major concern was expressed about the fact that Peer Support Specialists are still perceived as "low-ranking eager workers" and not as individuals with a valid set of skills gained from life experience and training.

But probably, one of the most negative consequences identified in the meetings could be that individuals in distress, who prefer to follow the recovery model, will not be able to do so. If, as it seems plausible, no alternatives to the Managed Care-Medicaid Model for the provision of Peer support will be financially available, recoveryoriented agencies utilizing the original Peer Support model, will find it extremely difficult to survive and they may cease to exist.

Conclusion

In conclusion, the feedback provided by this group of Peer Specialists should be taken seriously by all Peer Specialists, providers and consumers who follow the principles of recovery-oriented care, since it may actually be signaling a pivotal change in the role and function of Peer Support and, as a consequence, undermine its identity, efficacy and survival.

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Conflicts of interest

None.





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