Central East (HHS Region 3)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Mental Health Peer Support Workforce Designline











Jessica Wolf, PhD, Decision Solutions
Waymon Harrold, Graphic Designer
August 2020

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.

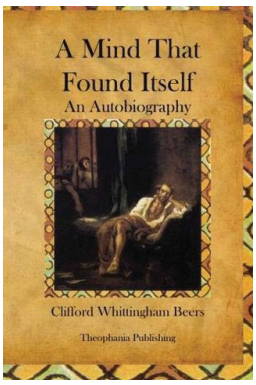
We consulted with current and past peer leaders and reviewed numerous books, articles and accounts in developing this Designline. Not all key events are included. While opinions may diverge about choice of events, our purpose is to increase awareness of peer support workforce history. A list of references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

Decision Solutions
SAMHSA Substance Abuse and Mental Health Services Administration

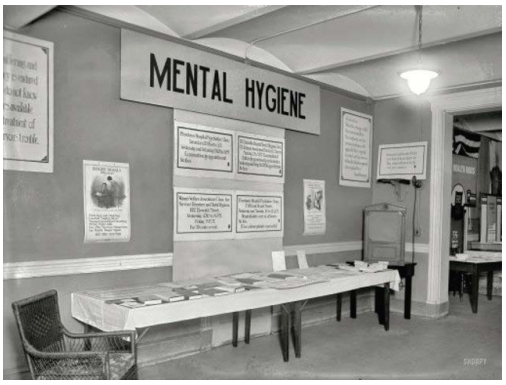
1900-1950

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.



1908: : *A Mind That Found Itself*, by Clifford W. Beers, published.

1900



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

1920

1930

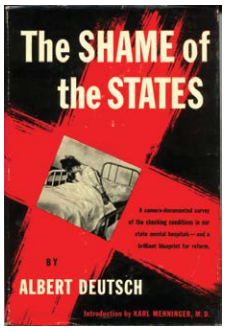


1935: AA (Alcoholics Anonymous) founded by Bill Wilson and Dr. Robert Smith.

RECOVERY INC
Self-Help Mental Health Since 1937

1937: Recovery, Inc. founded by Dr. Abraham Low.

1940



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

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

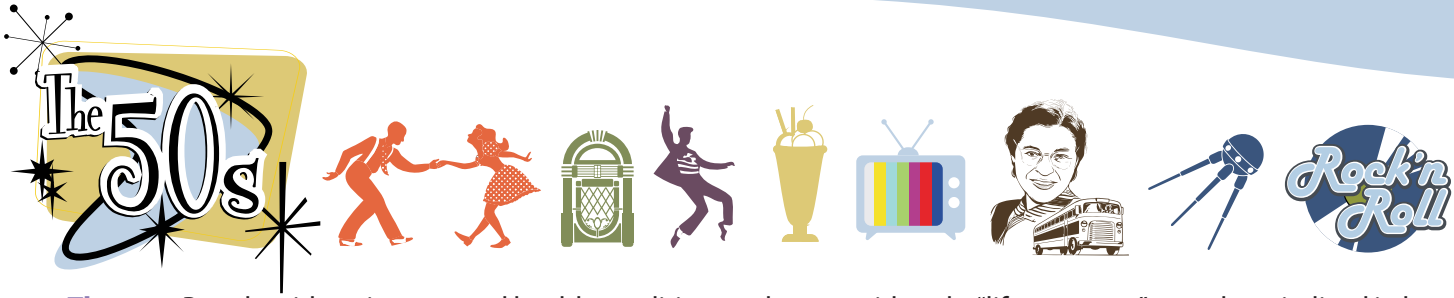


Imaged by Heritage Auctions, HA.com

1950

1948: WANA ("We Are Not Alone"), former patients, found Fountain House.

FOUNTAIN HOUSE
Inspiring Communities for Mental Health



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.



Early 1950s: Monoamine Oxidase (MAO) inhibitors become widely used as antidepressants.

1950

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



1955

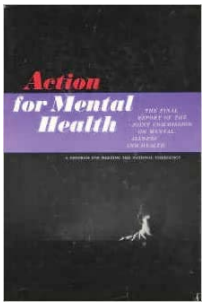


1959: FDA approves Imipramine (Tofranil®) for treatment of major depressive disorder, establishing tricyclic antidepressants as a class of drugs.

1959



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.



1961: *Action for Mental Health: Final Report of the Joint Commission on Mental Illness and Health,* published.

1960

1963: The federal Community Mental Health Act passed.



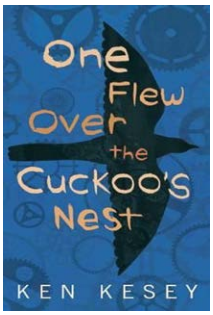
1965



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.

1969

1963: *One Flew Over the Cuckoo's Nest*, Ken Kesey novel, published.



1965: Medicare and Medicaid legislation passed.



the 70s



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

1972: San Francisco-based *Madness Network News* begins publication.



1972

1971: Emotions Anonymous founded.

1972: New York State consumer-operated programs underway.

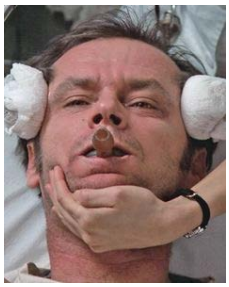
1973: The first International Conference on Human Rights and Against Psychiatric Oppression.

1973

1972: The Mental Health Law Project (now the Judge David L. Bazelon Center for Mental Health Law) founded.

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.

1974



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

1975



1975: "One Flew Over the Cuckoo's Nest," released, based on 1962 Ken Kesey novel.

1976





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

1977

1978: National Institute of Mental Health (NIMH) Community Support Program (CSP) initiated.

1978

1978: : Adult Children of Alcoholics founded.

1979: NAMI (National Alliance for the Mentally Ill, now the National Alliance on Mental Illness, founded.

1979

NAMI
National Alliance on Mental Illness

THE 80s

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.

NARPA
NATIONAL ASSOCIATION FOR RIGHTS PROTECTION AND ADVOCACY

1980: National Association for Rights Protection and Advocacy (NARPA) founded.

NARSAD
The Brain and Behavior Research Fund

1981: National Alliance for Research on Schizophrenia and Depression (NARSAD) founded.

NYAPRS
"Partners in Recovery"

1981: NYAPRS (New York Association of Psychiatric Rehabilitation Services) founded.

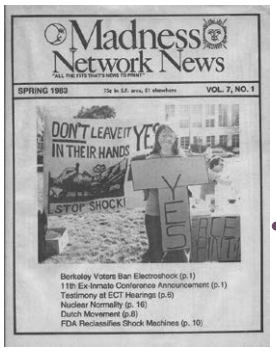
1982: Statement of Principles adopted at 10th International Conference on Human Rights and Against Psychiatric Oppression.

On Our Own of Maryland, Inc.

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: The final International Conference on Human Rights and Against Psychiatric Oppression, in Vermont.

1985: *Madness Network News* ceases publication.

1980

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

1980s-1990s: Offices of Consumer Affairs are established in State Departments of Mental Health.

1982

1982: Survivors of Incest Anonymous founded.



1983

1983: The California Network of Mental Health Clients, first statewide peer-run organization, founded.

1984



NIMH
NATIONAL INSTITUTE OF MENTAL HEALTH

1985

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.



THE 80's continued



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

1986: "Reaching Across: Mental Health Clients Helping Each other," by Sally Zinman, Howie the Harp, and Su Budd, published.



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

NDMDA

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.

NIMH
National Institute of Mental Health

1988-1991: NIMH CSP funds 14 consumer/survivor-run demonstration projects including drop-in centers, outreach, businesses, employment, housing, peer-run crisis respites.

1989: The National Association of State Mental Health Program Directors (NASMHPD) "Position Statement on Consumer Contributions to Mental Health Service Delivery System" approved.

NASMHPD

1986

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.

the Clearinghouse



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.

1987

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



1988

1989: FDA approves Clozapine as the first atypical antipsychotic drug. The danger of death required weekly blood tests.



1989



Google!

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.

SAMHSA
Substance Abuse and Mental Health Services Administration

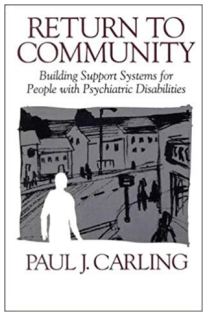
1992: The federal Substance Abuse and Mental Health Services Administration (SAMHSA) succeeds NIMH; the Center for Mental Health Services is created.



1993: The Mental Health Law Project renamed the Judge David L. Bazelon Center for Mental Health Law.

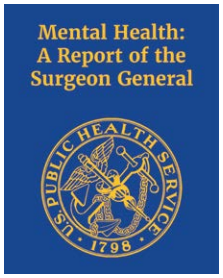
1993: The first consumer Civil Service job title is created, in New York State.

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."

1995: *Return to Community: Building Support Systems for People with Psychiatric Disabilities,* by Dr. Paul J. Carling, published.



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.

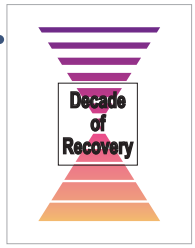
1999: *Mental Health: A Report of the Surgeon General,* published.



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

1990: Bill Anthony, founder of the Boston University Center for Psychiatric Rehabilitation, labels the 1990s the "Decade of Recovery."



1991



1992

1992: National People of Color Consumer/Survivor Caucus launched at Alternatives Conference.

1993

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.

1994

1995: SAMHSA issues first "National Consensus Statement on Mental Health Recovery," with updated versions in 2006 and 2010.

1995

1995: The Howie The Harp Advocacy Center begins peer training program in NYC.



GEORGIA MENTAL HEALTH CONSUMER NETWORK

1999

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.*

NAMI
National Alliance on Mental Illness

The 2000s

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.



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.*

2002: *Mad in America*, by Robert Whitaker, published.

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

GEORGIA CPS project

2001: Georgia initiates peer certification.

2002: NTAC Report published, *Mental Health Recovery: What Helps and What Hinders?*

2003: President's New Freedom Commission on Mental Health Report, *Achieving the Promise: Transforming Mental Health Care in America*, calls for involvement of people in recovery and their families.

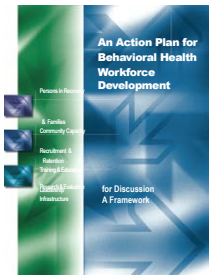
2005: U.S. Veterans Health Administration begins funding peer support positions.

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

2006: Institute of Medicine Report *nproving the Quality of Health Care for Mental and Substance-Use Conditions*, published.

PAT DEEGAN'S COMMONGROUND

2007: Common Ground software launched by Pat Deegan Associates (long-time advocates); also developed Shared Decision-Making recovery-oriented, person-centered software.



2007: *National Action Plan on Behavioral Health Workforce Development* by Michael Hoge, John Morris, Alan Daniels et al. includes people in recovery and families as partners.

2000: Bill Anthony article published, "A recovery-oriented service system: Setting some system level standards."





2001: PRA (Psychiatric Rehabilitation Association) initiates CPRP (Certified Psychiatric Rehabilitation Practitioner) credential.

CPRP CERTIFIED PSYCHIATRIC REHABILITATION PRACTITIONER

2002: National Council on Disability issues *National Disability Policy: A Progress Report*.

DBSA Depression and Bipolar Support Alliance

2002: NDMDA becomes Depression and Bipolar Support Alliance (DBSA).

2004: iNAPS (International Association of Peer Supporters) founded by Steve Harrington.

iNAPS

2005: Peer support training, certification and employment in 7 states

2005: Intentional Peer Support curriculum developed by Shery Mead.

intentional peerSUPPORT

2006: National Coalition for Mental Health Recovery co-founded by Daniel Fisher, M.D., Ph.D., Joseph Rogers, Sally Zinman, Linda Corey, and Mike Finkle.

National Coalition for Mental Health Recovery

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

PILLARS OF PEER SUPPORT

2009: First Pillars of Peer Support: Transforming Mental Health Systems of Care conference at the Carter Center, Atlanta, GA.

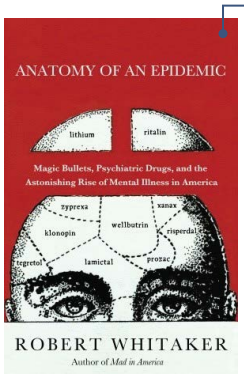
2010s



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: *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, by Robert Whitaker.



2010-2014: Pillars of Peer Support reports.

2012: The Foundation for Excellence in Mental Health Care (FEMHC) founded to undertake progressive research and fund innovative programs.

2013: iNAPS National Practice Guidelines for Peer Supporters circulated.

2014: NARSAD becomes The Brain and Behavior Research Foundation.

2015: SAMHSA circulates Peer Support Core Competences.

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

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

2017: Final SAMHSA-funded Alternatives Conference.

SAMHSA Strategic Plan for FY 2019-2023 addresses peer delivered services (Priority 2 Objectives 2.3 & 2.5) and credentialed peer professionals (Priority 5, Objectives 5.2 & 5.3).

2018-2019: National Coalition for Mental Health Recovery presents independently-funded Alternatives Conference.

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.

2010: Hearing Voices Network USA founded (begun in Netherlands in 1986).

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

2011-2020: SAMHSA BRSS TACS (Bringing Recovery Supports to Scale Technical Assistance Center Strategy) initiated to promote recovery-oriented supports, services and systems.

2012: Open Dialogue approach to schizophrenia initiated in U.S. (begun in Finland in 1980's).

2014: Surviving Race: The Intersection of Injustice, Disabilitity and Human Rights Facebook group founded by Celia Brown and others.



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

2017: The federal Intergovernmental Serious Mental Illness Coordinating Committee (ISMICC) created.

2017: Mental Health America launches National Certified Peer Specialist certification.

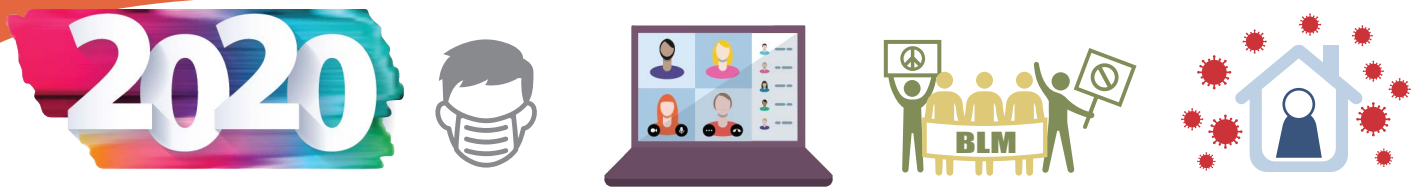
2018: 2018: Federally-funded MHTTC (Mental Health Technology Transfer Network) created to accelerate adoption of mental health related evidence-based practices, improve workforce skills, foster alliances and assure availability of training and technical assistance across the nation.

2018: Darby Penney article "Defining 'Peer Support'" addressing professionalization, peer support versus peer delivered services.



2018: International User/Survivor/Lived Experience Research Network founded at NCMHR-sponsored Alternatives Conference.

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



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 respites; certification, continuing education, career development and advancement; behavioral health and primary care integration; digital peer specialist certification; virtual and remote practice.

2020



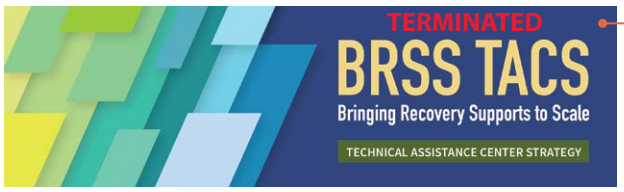
43 states, the District of Columbia and the Veterans' Administration train and certify mental health peer specialists; 7 states restructuring, planning or offering non-certified peer support.

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

Academy of Peer Services, Virtual Learning Community (2019). *Gallery of History*. Gallery of History

Academy of Peer Services (2019). *The Historical Roots of Peer Support Services*, Historical Roots

Consumer Family Network of North Dakota (2010). Movement History of the Consumer/Client/Survivor/Ex-patient/Ex-Inmate/User Community (Timeline) Movement History Timeline

Gagne, C., Finch, W.L., Myrick, K.J, & Davis, L.M. (2018). Peer workers in the behavioral and integrated health workforce: Opportunities and future directions, *American Journal of Preventive Medicine, 54 (6S3),258-266*. Gagne et al. Peer Workers

Marill, M.C. (2019). Beyond twelve steps, Peer-supported mental health care. *Health Affairs 38*(6), 896-901. Marill Beyond 12 Steps

Kaufman, L., Kuhn, W., & Stevens Manser, S. 2016. Peer Specialist Training and Certification Programs: A National Overview. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin. PS Training & Certification Programs

Milestones of the Consumer/Survivor/Ex-patient (C/S/X) Movement for Social Justice (2012). Compiled by Risser, P., Rogers, S., & Spiro, L.

Penney, D. (2018). Defining "Peer Support:" Implications for Policy, Practice, and Research. Advocates for Human Potential, Inc. Retrieved from Penney Defining Peer Support

Psychiatric Services, Editor's Choice articles on Peer Support, March 2019, Peer Support Editor's Choice

Rogers, S. (2015). The Power of Peers: Peer support and the evolution of the peer provider workforce. Psychiatric Rehabilitation Association (PRA) Conference, Philadelphia, PA, June 2.

Wolf, J. (2018). National trends in peer specialist certification. *Psychiatric Services, 69(10), 1049*. Peer Certification Trends 2018

Zinman, S., Budd, S., & Bluebird, G. (2009). History of Mental Health Consumer Survivor Movement. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Illness (Webinar; December 17). Consumer Survivor Movement History

Our sincere thanks to the many colleagues who contributed knowledge, information and perspective to the development of this unique Designline. We hope it will contribute to understanding our rich peer support history, will be widely circulated, and will guide future evolution of peer support practice. My personal thanks to Waymon Harrold, Graphic Designer, for his creative work and patience.

Jessica Wolf, Stratford, CT, August 2020

Decision Solutions

This publication was prepared for the Central East Mental Health Technology Transfer Center under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this publication, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this publication for a fee without specific, written authorization from the Central East Mental Health Technology Transfer Center.

At the time of this publication, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the Central East Mental Health Technology Transfer Center and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA for the opinions described in this document is intended or should be inferred.

SAMHSA
Substance Abuse and Mental Health Services Administration