FAQ: Defining, Supporting, and Sustaining the Peer Support Specialist Role

Research and Training Center for Pathways to Positive Futures
Pathways RTC, together with staff from the Technical Assistance Partnership and the Federation of Families for Children’s Mental Health, decided to interview agencies that were developing peer support specialist (PSS) roles. The goal was to find out what these agencies were learning about defining, supporting, and sustaining the PSS role. This FAQ summarizes some of the main things that were learned.

The period of “emerging adulthood,” spanning the ages from 17-25 or so, is the time of life when people are most likely to experience a serious mental health issue. It is also the time of life when people are least likely to seek out mental health services. When young people do seek out services, a majority leave before treatment is considered complete, often because they feel that available services are not engaging or not responsive to their needs.

Service providers are increasingly exploring the use of one-on-one peer support as a strategy for engaging emerging adults in treatment and other services; and for helping to ensure that the services that are provided feel helpful and useful to the young person. However, while many agencies and communities have experience providing peer support of some kind, it is only very recently that they have begun to develop peer support specifically for older adolescents and young adults. As a result, communities and providers around the nation are exploring ways of providing peer support, and grappling with issues related to hiring, funding, training, and supervising peer support providers to work with emerging adults.
A peer support specialist (PSS) is a young adult who has had some sort of personal experience with the mental health system. Peer support specialists generally range in age from 18 years old to 30 years old. Some agencies do not set specific limits, but hire PSSs based on how youth perceive them. Other qualifications include: having a driver’s license, passing a background check, being successful in one’s own recovery, and/or having previous work or volunteer experience. Each site has different requirements or guidelines.

Training for these positions varies greatly from organization to organization. Many agencies provide basic training on the wraparound process and agency-specific information. Others provide some sort of adaptation of current adult peer support trainings, such as IPS (Intentional Peer Support). There are some organizations creating youth/young adult-specific PSS trainings; however, these are still being developed.

The roles peer support specialists perform range from direct one-on-one support to state- and national-level advocacy. In the most common role, direct one-on-one support, peer support specialists will undertake activities ranging from accompanying youth to service meetings to staffing a drop-in center. Peer support specialists use their own experiences to model strengths and frame challenges as opportunities. A PSS guides young people towards self-advocacy, helps providers hear and honor youth voice, and supports young people in learning participation and communication skills. A PSS can ensure that meetings and trainings are conducted in a youth-centered manner. The PSS also helps the young person not feel outnumbered in a team meeting full of adults. Many organizations have a PSS as a team member to answer questions for young people and help discuss and explain how services work and what to expect. Sometimes, a PSS will be placed within a context such as a day program or community center in order to provide one-on-one assistance to the youth attending as an advocate and guide.

In the second most common scenario, peer support specialists work as staff at drop-in centers. They can facilitate groups focused on topics such as leadership and employment support. These groups develop self-advocacy, build skills, and encourage confidence. Because the centers are drop-in, all youth are welcome. Supportive and positive relationships are fostered through contact at drop-in centers. This venue also allows networks and connections to be made between and among youth, peer support specialists, and community members and service providers. Youth can engage in discussions and have questions about resources answered by the peer support specialists.
With the PSSs in these different roles, organizations have come up with various ways to supervise the position. Some are using near-peers or family support specialists as supervisors. Other agencies are using clinical supervisors or wraparound supervisors, or a program manager or director. Just as the roles and training vary, so does how the peer support specialist is supervised.

Some programs are using federal and/or local grants to fund PSS roles. Other organizations, like several in California, are using state levies and taxes. Sustainability is a concern under both of these scenarios.

Medicaid reimbursement is being used in several states, though some advocates for the PSS role are concerned that the requirements for Medicaid billing undercut the flexibility and integrity of the PSS role.

With all of these variations, describing the peer support specialist role comprehensively is difficult. With this in mind, Pathways RTC is supporting the development of a network of providers that can offer support and advice to others who are working to implement the role. If you would like to participate in this network, please email rtcpubs@pdx.edu.

Fact sheet produced by Transition Policy Consortium, Research and Training Center for Pathways to Positive Futures, Portland State University, Portland, OR.

Project funded by National Institute of Disability and Rehabilitation Research, United States Department of Education, and the Center for Mental Health Services Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services (NIDRR grant H133B090019).
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