

Peer Recovery Support Implementation Guide | Hospitals & Emergency Departments

Introduction

Peer supporters, also referred to as peers or Peer Recovery Specialists (PRS), provide recovery support based on their own lived experience of substance use and/or mental health disorder and recovery.¹ Peers are a rapidly growing workforce in mental health and substance use recovery in the U.S.² and bring unique value in their ability to **work across multiple settings, supporting a wide range of individuals.**

The implementation of peer recovery support services can signify a notable change in the way an organization operates, resulting in both logistic and cultural challenges that are specific to the setting.³ **This guide offers recommendations to address common challenges of peer implementation in hospital settings.**

Much of peers' impact comes from sharing their lived experience with disorder(s), which, as with the experiences and characteristics of those they serve, are highly individualized. In all strategies for overcoming obstacles to effective implementation of peer support services, consideration should be made to avoid over-developing professional mandates and approaches, which can undermine peers' contributions.⁴ Thus, finding a collaborative and adaptable balance between the organization's needs and the peer's needs to do their best work is key to successful implementation.

For more information on the history, definition, and outcomes related to peer recovery services in mental health and substance use treatment settings, refer to the **Measuring Outcomes of Peer Recovery Support Services Literature Review** at omni.org/peer-recovery-lit-review.

For those experiencing mental health or substance use concerns, lack of health insurance and other socioeconomic issues can make access to professional treatment and primary medical care difficult,⁵ forcing some in crisis to access care through hospitals and emergency departments.⁶ Hospital and emergency department settings may also include mental healthcare facilities, large urban federally qualified health centers, or other clinical settings that provide inpatient, intensive outpatient, and outpatient treatment.

Peers play a potentially critical role in building trust and developing trauma-informed, patient-centered systems to respond to the needs of patients who are in mental health or substance use crisis in hospital settings.⁷ In the U.S., such settings typically operate with a culture that emphasizes security over autonomy, and symptomatology over wellness.⁸ These dynamics can enable mistrust, tensions, and communication gaps between patients and staff that result in poor outcomes, such as patients leaving against medical advice and increased provider distress or burnout.⁹ **Peers are a particularly valuable resource for patients with substance use or mental health disorders, who often feel judged, discriminated against, or unwelcome in hospital settings.**

In emergency departments, staff are usually not equipped to provide respite care or warm handoffs between patients and appropriate services. Acute crisis patients who are not considered a significant danger to themselves or others are either hospitalized or released with minimal service and a referral for service elsewhere.¹⁰ Peers fill this gap in services by offering support to individuals who are in crisis but do not require hospitalization. Often this support can continue following hospital discharge.

Hospital providers are often unfamiliar with peer roles.⁹ Unlike conventional therapeutic relationships in primary or acute care settings, peer relationships rely on the principles of mutuality and reciprocity of two equals who share similar experiences.¹¹ These contrasts create challenges when integrating peers into hospital settings, where the traditional medical provider model is typical.¹²

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CHALLENGES

Peers Contrast With Traditional Hospital Roles.

Hospital roles are based on training, discipline, and specialization, while peers' expertise comes from their lived experiences. Because of this difference in orientation, peers may consider themselves pioneers of their role and feel great pressure to succeed without support.¹³ Hospital staff can also be confused at times about whether a peer is a colleague, rival, or patient.¹⁴ The traditional roles in hospital settings may be intimidating or infuriating to peers from outside the system.

Professional Boundaries. Healthcare staff typically are trained to maintain clear boundaries with patients.¹⁷ In contrast, peers disclose their experiences and prioritize personal connections. It may be uncomfortable for hospital staff to see peers act in a less formal role.¹⁸ Similarly staff express concerns that peers may stigmatize evidence-based medications for disorders, in favor of relationship building as a kind of treatment.¹⁹

Goals of Hospital-based Care. While hospital staff do engage patients in shared decision-making, providers' goals are to decrease patients' substance use and treat their medical conditions. In contrast, the role of peers is not to persuade patients, nor is their relationship with patients tied to such specific agendas as staff. These differing priorities and goals can cause tension among providers.

Intensity of Hospital Environment. Peers are placed in the middle of a patient's world, subjecting them to stressors including potential physical and mental illness, distressed family members, and conflicts between staff. This can exacerbate the stress, burnout, risk for relapse, and re-traumatization that peers experience in their work.¹⁶

RECOMMENDATIONS

1

Prioritize Training. Providing cross-training to peers and hospital staff can build familiarity, trust, and understanding across roles and orientations, as well as ensure efficacy of services. Capitalizing on the expertise of other health centers in hiring, training, and supervising peers can save an organization from re-inventing the wheel in the training process.¹³ A hospital staff champion can also support training and integration by advocating for the value of peers and their services, problem-solving as challenges arise, and building a sense of belonging for peers.^{15,16}

2

Minimize Barriers to Peer Service Delivery. Simplifying referral and introduction processes and informing all staff of the pathways for referral facilitates the autonomy of peers and effectiveness of their services. Concerns about professional boundaries arise when there is a lack of close collaboration between clinicians and peers. Clarifying processes can ensure that peers and staff are on the same page.

3

Allow for Autonomy in the Peer Role. Peers must be able to work confidently with patients and be given the latitude to perform the needed services. Rather than mandating that peers report or document details about patients' substance use or other behaviors, peers should be supported in encouraging patients to share such information with staff if they see how it could benefit their care.

4

Establish Effective Peer Supervision. Effective supervision for each peer may mitigate some of the increased stresses experienced in a hospital setting. Supervision can help peers navigate difficult situations that could potentially compromise patient trust (e.g., mandatory reporting), and help peers fit in to the traditional and more professionalized environment while maintaining their "peer-ness."¹⁶

General Recommendations for Peer Implementation

- Incorporating peer supporter input into policies and procedures supports cultural change.²⁰
- Training staff on the benefits of the peer supporter role increases buy-in and understanding across the organization.²¹
- Addressing stigma associated with peer supporters mitigates other challenges.²²

To view the list of references, download electronic copies of this guide, and find other peer support resources, visit the **Peer Recovery Support Reports & Research** page of the Virginia SOR Support website at virginiasorsupport.org/peers. This guide was created by the OMNI Institute with support from the Virginia Department of Behavioral Health & Developmental Services and State Opioid Response grant funding. Contact sorrecovery@omni.org for more information.