



Depression and Bipolar
Support Alliance

October 11, 2021

The Honorable Mark Takano
Chair
House Committee on Veterans Affairs
364 Cannon House Office Building
Washington, DC 20515

The Honorable Mike Bost
Ranking Member
House Committee on Veterans Affairs
1440 Longworth Office Building
Washington, DC 20515

The Honorable Julia Brownley
Chair
Veterans Affairs Health Subcommittee
2262 Rayburn House Office Building
Washington, DC 20515

The Honorable Jack Bergman
Ranking Member
Veterans Affairs Health Subcommittee
414 Cannon House Office Building
Washington, DC 20515

Dear Chair Takano, Ranking Member Bost, Subcommittee Chair Brownley, and Subcommittee Ranking Member Bergman,

On behalf of the Depression and Bipolar Support Alliance (DBSA), I am writing to express our strong support for the Veteran Peer Specialist Act of 2021 (H.R. 4575). We urge you to quickly pass this legislation so all veterans across the nation, regardless of their geographic location, can benefit from the support of a peer specialist and peer support services.

DBSA is the leading national peer-focused organization for people living with mood disorders. Our national network of chapters offers over 600 weekly support group meetings around the country, including groups dedicated for U.S. Veterans. DBSA reaches over four million individuals with support, educational resources, and tools to help individuals living with mood disorders lead productive and fulfilling lives. Additionally, through our advocacy efforts we amplify peers' voices and work towards systemic change in the delivery of mental health care.

Our nation's veterans are in crisis and providing support and access to care has been a long-standing focus for DBSA. According to the U.S. Department of Veterans Affairs, on average 17.6 veterans die by suicide each day.¹ This mental health crisis has been exacerbated by the COVID-19 pandemic. In their annual survey, The Wounded Warriors Project reported that 52% of veterans reported their mental health has worsened since social distancing.² Even more

concerning, 18% of deaths by suicide are among individuals over the age of 65.³ Given that 50% of our veterans are over 65, the increased isolation brought on by the COVID-19 pandemic is a cause for even more concern.⁴ It is for these reasons that DBSA strongly supports H.R. 4575 because it provides access to a veteran peer specialist where veterans are most likely to enter the system—at a VA primary care facility.

According to Dr. Patricia Sweeney, National Director, Peer Support Services for Veterans Health Administration (VHA), the total number of peer specialists in VHA has remained relatively stable over the past several years. In the October 2020 VA Congressional Mandated Report (CRM) the number of peer specialists was reported as 1,163.⁵ One year later the total is 1,198, an increase of only 35 positions.

Peer specialists in VHA, are spread out over 151 medical centers, hundreds of Community Based Outpatient Centers (CBOCs) and hundreds of programs within them including, substance use disorder, post-traumatic stress, homelessness, inpatient (residential) and outpatient mental health as well as primary care settings. A single medical center may only have a few peer specialists serving one or two programs or dozens serving many programs. At the current time, there is no rubric or benchmark for how many peer specialists should be assigned to each program. The result is that many veterans who receive treatment in VHA may never cross paths with a peer specialist.

Benefits of peer support services

Within VHA peer support is not a program, but a profession or discipline. As such, peer specialists work within programs as do other professionals such as physicians, psychologists, social workers, and nurses. Peer specialists provide veterans living with behavioral health conditions a place to build a community, share experiences, discuss coping skills, and offer hope to one another. Participation in peer support services are generally part of an individual's recovery and wellness plan and works in partnership with the care provided by the interdisciplinary treatment team.

Former Airman First Class Nicholas Podjasek is enrolled in the DBSA Veteran Peer Specialist Apprentice program and receives care at Edward Hines Jr. VA Center. According to Mr. Podjasek, “peer specialists first and foremost helped me see many of the things being taught to me by the clinical staff in a more realistic and practical way. There are certain limitations with clinicians that can be overcome with peers that I think can be greatly beneficial to more departments than they are currently assigned to.”

Research has shown that evidence-based peer support services improve outcomes by:

- reducing recurrent psychiatric hospitalization for patients at risk of readmission,⁶
- improving individuals' relationship with their health care provider,⁷
- reducing outpatient visits,⁶ and
- better engaging individuals in their course of treatment.⁷

Another way of understanding the benefits of a peer specialist is to review the empirical data around DBSA peer-to-peer support groups. Participants reported that they were.⁸

- better informed about their mental health condition,
- had better acceptance of their mental health condition,
- were more confident about their mental health care treatment, and
- expressed optimism about and control of their future.

What is a veteran peer specialist?

The first two requirements to become a certified veteran peer specialist is to: 1) be a veteran, and 2) have the lived experience of recovery from a mental health condition. Individuals are then required to take a 76-hour peer specialist course and gain a full year of supervised experience working or volunteering as a peer specialist apprentice.

Benjamin Bramer is a combat veteran who served multiple tours in the Middle East as a medic tending to wounded soldiers and works as a peer specialist at ASPIRE Center, a residential treatment program within the San Diego VA health system. During a 2020 DBSA congressional briefing, Mr. Bramer shared that after being sent home to recover from combat injuries sustained during his second tour, he experienced extreme guilt about leaving his unit, severe adjustment challenges transitioning back to civilian life and was eventually diagnosed and treated for PTSD.

He shared, it is these experiences of trauma and recovery that enable him to validate the experiences of the veterans he works with. He credits participating in and completing both the peer specialist course and the year apprenticeship in providing him with effective listening skills and an understanding on how to use his story appropriately to listen to and support other veterans as they talk about the struggles they are going through.

The ultimate goal of peer support services is to help veterans develop the confidence to manage their own health and wellness. Peer specialists are not only integral in connecting veterans and providing them with meaningful interventions, but they go one step further and work to integrate veterans back into their community.

Peer specialists often work with veterans who are socially isolated due to their service-related disabilities. Using motivational interviewing and goal setting techniques they learn in the peer specialist course and during their apprenticeship, they take the time to understand others interests and encourage them to connect with community resources for support and growth.

A peer specialist at Hines VA developed the *Confident and Courageous* program, which helps women veterans create projects that enable them to give back to their community. One hundred percent of the participants reported they were satisfied or mostly satisfied with the program, noting they felt less ashamed, more connected, and more confident.

At ASPIRE Center, where Mr. Bramer works, the scuba diving program he founded with a local non-profit has reaped benefits beyond discovering a new hobby for participating veterans. Many have gone on to find employment in the field, while for others, the program mitigated the tendency to isolate because they need a dive buddy

According to Army Specialist Nicole Bowden who has received care at Jesse Brown VA Center and is enrolled in the DBSA Veteran Peer Apprentice program, “Peer Specialists help bridge the gap left by the medical system. They are there to help empower people to take the next steps on their path to a healthier, happier existence. I realized that I had work to do for myself. I was determined to do the work so that I could help other veterans.

Diversity and female veterans

H.R. 4575 builds upon the framework already in place at 30 VA locations by expanding the peer specialist program to every VA primary care site over a five-year period of time. A key element of the program is to provide access to female peer specialists. Yuki Imai, a peer specialist within the San Diego VA system and a survivor of military sexual trauma, shared at the 2020 DBSA congressional briefing that she is the only female peer specialist and the only survivor on the team where she works.

Ms. Imai explained that female veterans are often overlooked and fall through the cracks. A common theme she has heard from female veterans is that they stopped asking for care or took a long break from care because they just don’t feel like they are heard or understood.

She runs two support groups for women—one for women experiencing depression and another for survivors of military sexual trauma and hears comments such as “this is a breath of fresh air to talk freely in here without feeling like I am taking up too much time or I’m going to be talked down to by a man.”

According to Ms. Imai, a woman of color, the value of peer support lies in representation. In her own words, “When you know someone has gone through the same agony you have endured, you feel a little less alone in the world. And when you see someone do something inspiring that looks like you, you can more clearly see yourself follow in those footsteps. When you meet someone with a shared story of trauma that still struggles sometimes but is moving forward in a healthy way, there’s nothing more motivating than that.” She explains, nothing beats the experience of, “I’ve been there. I am with you. I stand next to you, and if you’re feeling low, I can help pull you up because I know what it’s like to be there and I know you can get out of it, just like I did.”

Suicide prevention

Recovery oriented care and peer support are an important component of suicide prevention as it cultivates a culture that is antithetical to suicide. Statistics show that veteran peer specialists are able to engage veterans and connect them with VHA services. The significance of this fact is that the 63% of veteran suicides occur among veterans without recent VHA use.¹

During the DBSA congressional briefing, Dr. Megan Mayberry, Peer Support and Recovery Services Program Manager at Hines VA drove home this point by sharing the work of a peer specialist who supported a veteran who was not actively engaged in treatment. Once the veteran was assigned to a peer specialist, she became more engaged with VHA and was benefiting from services. During a low point, when she was actively planning an overdose, she reached out to her peer specialist and because of the bond between the two of them, the peer specialist was able to convince her to come in for support and averted a tragedy.

Emphasizing whole health

With additional peer specialists working at the 30 primary care facilities, as authorized by the Veterans PEER Act that was passed as part of the MISSION Act, VHA has been able to advance the VA Whole Health Coaching program. This structured program is designed to support veterans in making healthy behavior changes to promote holistic well-being centering on what matters to veterans—not what's the matter with the veteran. Additionally, the sites were provided resources to create new Whole Health Coaching programs and empower veterans to take charge of their well-being and focus on their values and strengths.

Dr. Mayberry has been responsible for implementing and overseeing new programs at Hines VA as a result of resources made available through the Veterans PEER Act. In one program, peer specialists were instructed to call veterans participating in a weight management program who had missed an appointment. The peer specialist engagement went beyond the standard missed appointment call. The objective was to connect with the veteran, understand their obstacles using veteran-centered questioning, and to understand the participant's health care needs. As a result, 31% of veterans receiving peer support outreach returned to the program versus 13% who received the standard missed appointment call.

Need for empirical data

While the medical community knows that peer support is effective and leads to greater patient engagement, better outcomes and lower costs, it is important to quantify that information. Recognizing that the VA is a closed health care system, its ability to collect and analyze data is extensive. Therefore, the data collection requirements included in H.R. 4575 are critically important. This information helps Congress, the VA and outside entities capture the value of peer support as well as continue to improve the program.

It also is important that Congress provide adequate funding to recruit, hire and train the peer specialists called for in H.R. 4575. While the VA has an extensive budget, those funds are

allocated to other programs, services and care. For the peer support program to be successful and ensure that two peer specialists are hired and retained at every VA primary care facility, at least \$5 million per year over five years is needed. However, I encourage the committee to seek guidance from the VA to understand the complete level of financial support needed to ensure the funding level is accurate.

Respectfully,



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References

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²Wounded Warriors, 2020 Annual Warriorsurvey

³Centers for Disease Control and Prevention

⁴United States Department of Veterans Affairs, [U.S. veterans by age and gender 2019 | Statista](#)

⁵Congressional Mandated Report on VHA Peer Support Services Program (Public Law 115-271: Section 8051), October 24, 2020

⁶Chinman, Weingarten, Stayner, & Davidson, 2001; Davidson, et al., 2012; Forchuk, MarNn, Chan, & Jenson, 2005; Min, Whitecra>, Rothbard, Salzer, 2007)

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⁸Natasha Thapar-Olmos, PhD, Principal Investigator, The Recovery and Evidence-Based Practice Lab at Pepperdine University