



American Medical Women's Association  
The Vision and Voice of Women in Medicine since 1915

Adam Taylor  
Representative Peters' office  
[Adam.Taylor@mail.house.gov](mailto:Adam.Taylor@mail.house.gov)

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### **AMWA Supports a Veteran Peer Specialist**

Recently, there has been an increase in demand for veteran mental health services. Veterans have higher rates of depression, PTSD, and suicidality than the general population, due to combat and the unique challenges associated with active deployment. Due to the urgency of this issue, the Department of Veteran Affairs (VA) recently employed veteran peer specialists at select medical centers- veterans who use their own experience with recovery to support fellow veterans on their path to better mental health.

The peer specialists encourage healthy coping mechanisms, treatment adherence, and offer a sense of community to veterans who often feel ostracized from the general population. Peer specialists supplement the professional mental health treatment that veterans receive through the VA. Research has demonstrated several benefits to evidence-based peer support services: increased adherence to psychiatric treatment, a reduction in the recurrence of hospitalization due to psychiatric hospitalizations, and improvement in a veteran's relationship with her healthcare provider.

In 2018, Congress passed section 506 of the VA MISSION Act, in which they expanded the peer specialist program to 30 primary care sites nationwide. Additionally, section 506 of the VA MISSION Act, ensured female veterans would have the ability to be paired with a female peer specialist. This program needs to be maintained and expanded to continue to benefit the veteran population.

The Veteran Peer Specialist would enhance the VA MISSION Act by i) expanding the peer specialist program to all VA medical centers over five years, ii) assigning at least two peer specialists to

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Two Woodfield Lake • 1100 E Woodfield Road, Suite 350 • Schaumburg, IL 60173 • Telephone (847) 517-2801 •  
Fax: (847) 517-7229 • [www.amwa-doc.org](http://www.amwa-doc.org)



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the medical center, and iii) prioritizing rural areas and areas underserved by the department. The Veteran Peer Specialist would pursue diversity by i) hiring female peer specialists to support female veterans as sex-congruent peers improves outcomes and ii) by hiring peer specialists in percentages that reflect the racial and ethnic composition of the veteran population. Additionally, the VA will provide annual reports to Congress, that will include i) the findings and conclusion of the Secretary concerning the program, ii) assessment of the benefits of the program to veterans and family members of veterans, iii) assessment of the effectiveness of peer specialists engaging with health care providers in the community and the veterans served by those providers, iv) the name and location of each medical center where new peer specialists were hired, v) the number of new peer specialists hired at each medical center and the total number of peer specialists in the VA.

The American Medical Women's Association supports the use of Veteran Peer Specialists. The American Medical Women's Association champions the increase in access to mental health care to our veterans and underrepresented populations and continues to encourage increased hiring of licensed clinical mental health professions with Peer Specialists being an additional program. We believe that a Veteran Peer Specialist will benefit thousands of veterans by reducing the rate of recurrent psychiatric hospitalization, improving behavioral health outcomes, and offering social support for veterans during their mental health recovery journey.

American Medical Women's Association

Submitted: Theresa Rohr-Kirchgraber, MD, FACP, FAMWA

Chair, Advocacy Committee

On behalf of Jan Werbinski, MD, FACOG, FAMWA

President, AMWA

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Resources:

Veteran Mental Health: <https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-VeteranTrends-2016/NSDUH-DR-VeteranTrends-2016.htm>

[https://www.rand.org/pubs/research\\_briefs/RB9336.html](https://www.rand.org/pubs/research_briefs/RB9336.html)

<https://allthatsinteresting.com/veteran-suicide>

Benefits of Evidence-Based Peer Support Groups:

[https://ps.psychiatryonline.org/doi/full/10.1176/ps.62.5.pss6205\\_0541](https://ps.psychiatryonline.org/doi/full/10.1176/ps.62.5.pss6205_0541)

<https://psycnet.apa.org/record/2017-21184-001>

<https://academic.oup.com/milmed/article/180/8/851/4160556>

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