Department of Mental Health

DMH Certified Peer Specialist Code of Ethics

The Department has adopted a code of ethics for Certified Peer Specialists. Each Certified Peer Specialist is required to comply with the code of ethics and shall sign a copy of the code of ethics. The code of ethics includes the following principles, which are intended to guide Certified Peer Specialists in their various professional roles, relationships and levels of responsibility. Certified Peer Specialists shall:

1. Be responsible for helping fellow mental health consumers meet their own needs, wants and goals in personal recovery;

2. Maintain high standards of personal conduct in a manner that fosters their own personal recovery;

3. Openly share with consumers and colleagues their personal recovery stories from mental illness and be able to identify and describe the supports that promote their personal recovery;

4. At all times, respect the rights and dignity of those they serve;

5. Never intimidate, threaten, harass, and use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to the individuals they serve;

6. Not practice, condone, facilitate or collaborate in any form of discrimination in violation of federal or District law;

7. Respect the privacy and confidentiality of those they serve;

8. Advocate for the full integration of consumers into the communities of their choice and promote their inherent value to those communities;

9. Not enter into dual relationships or commitments that conflict with the interests of those they serve;

10. Comply with the Department's policies regarding the protection of consumers from abuse or neglect;

12. Not abuse substances;

13. Not work at an mental health agency where they are receiving mental health services; and

14. Not accept gifts of any value from consumers or family members of consumers they serve.

Signature of Certified Peer Specialist: _____ Date: _____

Printed Name: _____ Certification Date: _____

Printed Name and Signature of Witness: _____ Date: _____