

Preparing the Adult Mental Health Workforce to Succeed in a Transformed System of Care

Peer Roles in Mental Health Settings

Module IX

NASMHPD/OTA Workforce Curriculum

Module by Huckshorn,
Jorgenson, and Bluebird

January 2009



Objectives

At the conclusion of this module participants will:

1. Gain an understanding of the background and history as it pertains to the development of peer specialist roles
2. Understand and identify the many varied roles that peers now hold in both inpatient and community mental health settings
3. Learn about the benefits of peer-led services to staff and individuals served
4. Become further enlightened by hearing first-hand perspectives from providers and peer specialists



Some Background

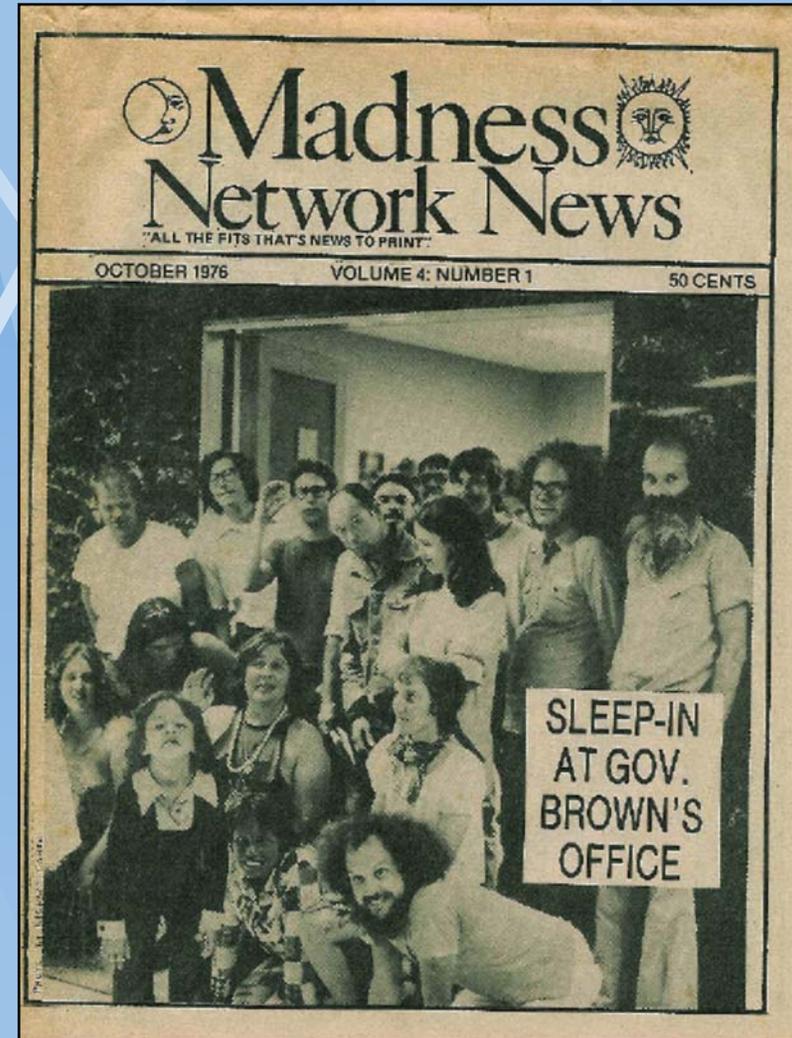
Pioneer advocates, such as Clifford Beers, wrote about their “outrage at the indignities and common abuse inside mental hospitals”

(Wikipedia, 2009)



Some Background

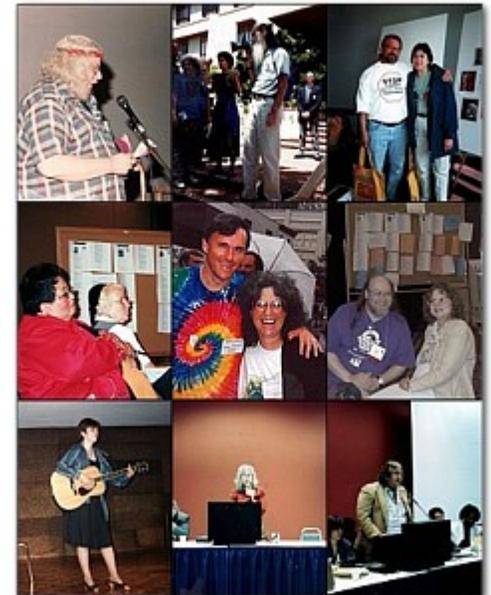
The formal ex-patient movement began in the 1970's when groups began to form in different parts of the country to protest abusive treatment they had received. They were strongly opposed to the medical model, involuntary treatment, ECT, and psychiatric medications



Some Background

These groups met informally in homes, churches or community centers to organize and provide mutual support. Later they held conferences, started newsletters & authored books

(Chamberlin, 1990)



Early movement activists

Helpful Definitions:

- **Consumer:**

Current or former patient who has a serious mental illness and has received psychiatric services

- **Peer:** A person who has equal standing with another or others, and has had similar experiences as another

- **Peer Specialist:**

Most common term used for self-disclosed consumers who deliver recovery-oriented services. Most often they have specialized training and sometimes a certification

(Bluebird, 2004)

Definition of Peer Support

- *Peer Support is not like clinical support, nor is it just about being friends. Peer support helps people to understand each other because they've been there, shared similar experiences, and can model for each other a willingness to learn and grow*

(Mead & MacNeil, 2003)

Consumer Operated Service Programs (COSPs)

Consumer Operated Service Programs are self-help organizations or groups run by mental health consumers. With a COSP, persons with mental illnesses can give and receive peer support in empowering ways



(SAMHSA, In press)

New Freedom Commission

The New Freedom Commission...called for the complete inclusion of consumers and family members as providers, advocates, policymakers, and full partners in creating their own plans of care

*(The President's New Freedom
Commission on Mental Health, 2003)*

Rationales for Peer Involvement in Mental Health Settings

Providing Empathy:

- One of the key benefits of peer support as opposed to other forms of mental health services is the greater perceived empathy that Peer Specialists have for the people they support

(Campbell and Leaver, 2003)

Additional Rationales for Peer Involvement in Mental Health Settings:

- Peers can serve as role models, communicators, mediators, advocates, teachers and legal protectors
- Peers provide support from a perspective of experiential rather than professional authority
(Borkman, 1975)
- First hand experiences provide unique insights and interpretations of situations

Additional Rationales for Peer Involvement in Mental Health Settings:

- Self-help, peer support, and self-advocacy are being recognized as components of wellness, recovery, and even treatment

(Curtis & Hodge, 1995)

- Peers understand the need for reform and often have the initiative to begin the task of creating new approaches to care
- Peers, hired as staff at all levels, promote movement towards an organizational culture shift

Exercise

- How have your peers/friends been supportive to you when facing life challenges (e.g. facing a death, divorce, cancer, religious beliefs)?
- Are there peers that have been hired in your agencies and what are their roles?

Typical Peer Specialist Duties and Responsibilities in In-Patient Settings

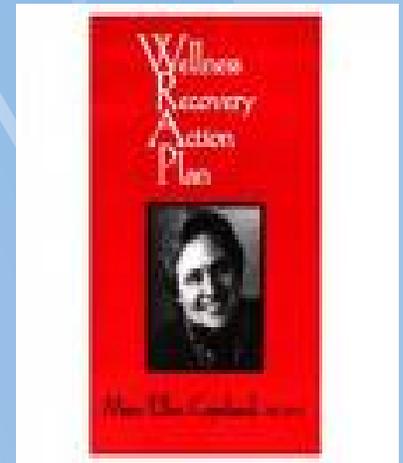
- Participate in treatment team meetings
- Facilitate peer support groups
- Provide individual peer support
- Work with people at risk for crises
- Address minor complaints
- Help develop hospital policies



Example of Peer Roles in Support and Recovery

- One core function of many Peer Specialists is facilitating Wellness Recovery Action Planning (WRAP), a ‘personal monitoring system in which an individual documents techniques and strategies for reducing symptoms, as well as for ongoing management and prevention of symptoms

(www.mentalhealthrecovery.com/vtrecovery.html)



Examples of Peer Roles in the Community

- ACT (Assertive Community Treatment) team members
- Mobile crisis team members
- Community Mental Health Center staff
- Directors of Peer Run (Consumer-operated) drop-in and wellness centers
- State Offices of Consumer Affairs Directors
- And others

Peer Roles in Mental Health Settings:

Individual Benefits

- Acceptance/Empathy/Respect
- Sharing what works/Strategies for recovery
- Empowerment
- Holistic/non-medicalized approach
- Social support
- Reducing psychiatric symptoms and hospital admissions

(Campbell and Leaver, 2003; Clay, 2005)

Peer Roles in Mental Health Settings: *Staff Benefits*

- Potential to be a force for positive change
- Education for mental health professionals about living with a mental illness
- Learn to increase choice within the existing mental health system
- Provides Hope and Optimism
- Reduced workload

(Campbell and Leaver, 2003; Clay, 2005)

The Role of Cultural and Linguistic Competence in Peer Roles

- *In a perfect world there would be no consideration of race, color, or background. Everyone would be equal. We need to consider ALL people and make allowances for peoples' differences*

(Jerome Lawrence, 2008)



Examples of Specific Roles: Client Liaison/“De-Briefer”

- Position created in Massachusetts, now in several MA state hospitals
- Conducts individual interviews following seclusion and restraint episodes
- Serves as a full member of the clinical team
- Works preventively with patients at risk for crises
- Works with patients proactively on their treatment plans

(Worcester State Hospital, MA, in *Bluebird*, 2008)

From a Patient Liaison/De-Briefer in Massachusetts:

In some cases peers may be the most able to reach someone, particularly if they approach them with their own history of seclusion and restraint, their history of trauma, or their own vulnerabilities as a person who experiences symptoms from their own psychiatric disability

(Deni Cohodas, Patient Liaison/De-briefer, Worcester State Hospital, MA)

The Role of Inpatient Drop-in Center Director:

Supervises drop-in center on hospital grounds to provide recreational and social opportunities

- Drop-in center is always a popular place
- Best if center operates independently
- Director serves in various roles:
 - Assist with orientation for newly admitted persons
 - Facilitate monthly Advisory Council meetings
 - Administer consumer satisfaction surveys

From a Peer Drop-In Center Director in Florida:

- *For as long as I've been here, since 2002, there have been no safety incidents. We have 100-150 people come every day who claim it as their favorite place. They play pool, watch TV, hang out with their peers and have choices about what they want to do*

*(Ilisa Smukler, Director, Forest Park DIC and Patient Advocate, GEO Care, Inc. /South Florida State Hospital, in *Bluebird*, 2008)*

Peer Roles in Inpatient Settings: *Peer Bridger*

- Provides support to individuals in institutions 3-5 months prior to discharge and 6-months to a year afterward in person's home
(Bluebird, 2008)
- Provides intensive support through a balance of social, recreational, and skills teaching
- Establishes linkages to community-based services and natural supports
(Mead & MacNeil, 2003)

From a Peer Bridger:

People served by a Bridger are often able to develop more trusting relationships. The difference between me and them is that I have power. I can come in to help mediate

(Marty Cohen, Baltic Street Mental Health, Staten Island, NY)

From an Administrator in MT:

- *In August of 2006 we hired two individuals. They do a lot of things together and are a support to each other. They have become WRAP trainers and are available to people to model recovery*

(Ed Amberg, Administrator, Montana State Hospital, Warm Springs, Montana)

A Mental Health Provider Perspective:

- *Peers have helped us transform our organization making it recovery oriented in design and in service delivery. Our peer employees have helped us achieve and maintain a new way of being with people that does not require seclusion and restraint interventions*

*(Lori Ashcraft, Director Recovery Education
Center, Recovery Innovations, Phoenix, Arizona)*

From an Administrator in MA:

- *What is most important is that the person hired is a 'good fit'. 'Good fit' is the capacity that any employee has to navigate a work environment in order to maximize their effectiveness*

(Tony Riccetelli, CEO, Worcester State Hospital, Worcester, MA)

Resources to Consider

Paving New Ground **A Dialogue With Peers & Family Members**



This DVD was possible because of the support of SAMHSA's Center for Mental Health Services through its contract with the National Technical Assistance Center (NTAC) located at the National Association of State Mental Health Program Directors (NASMHPD)

29  minutes