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Introducing Peer Support into Your Organization: Expanding Peer Support in Behavioral Health

May 17, 2019

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CSS-SMI Initiative

The Clinical Support System for Serious Mental Illness (CSS-SMI) is a Substance Abuse and Mental Health Services Administration (SAMHSA) funded initiative implemented by the American Psychiatric Association (APA).



Funding Statement:

Funding for this initiative was made possible (in part) by grant no. 1H795M080818-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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4

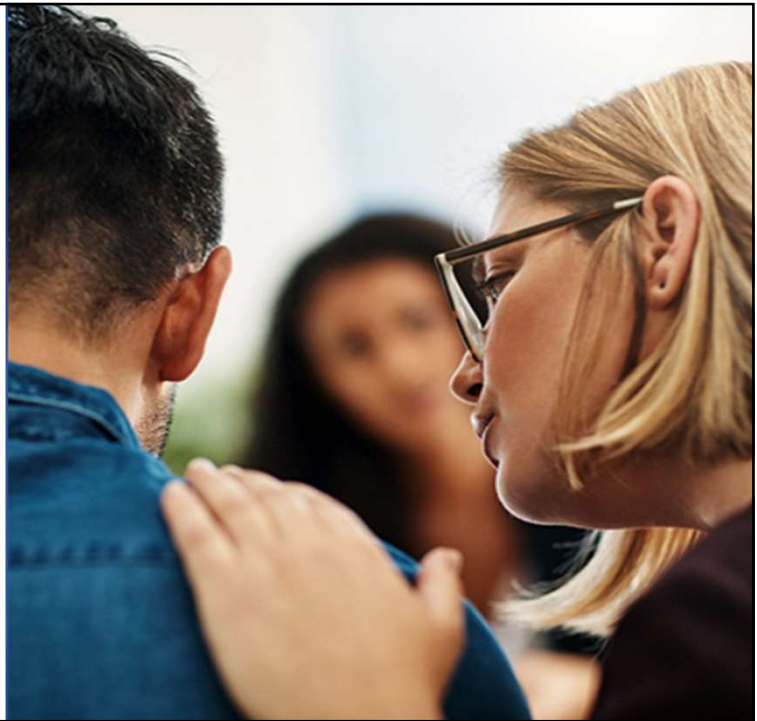
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Why Would a Clinical Behavioral Health Organization Want to Integrate Peer Support into Their Practice?

Behavioral health providers face many difficulties in treating individuals with serious mental health disorders: activating people to self-manage and work in partnership with their clinicians, workforce shortages, difficulties in connecting people to community resources, lack of positive role models and mentors, and other issues.

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Why Introduce Peer Support into Your Organization?

On its' most basic level, peer support provides important benefits for recipients:

- The feeling that the individual is directly involved in making important treatment decisions leading to increased self-management of their whole health needs.
- Enhanced quality of life as perceived by the person receiving services.
- Peer role models for recovery
- Reduction in re-hospitalization rates.
- Decreased number of inpatient days and/or crisis services.
- Greater satisfaction with services.

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Why Introduce Peer Support into Your Organization?

This translates into benefits for providers in a number of ways:

- Increased self-management and feelings of ownership in treatment leads to greater commitment to follow treatment decisions.
- Enhanced quality of life is an important marker for enhanced whole health.
- Improved outcomes such as reductions in re-hospitalizations and inpatient stays result in dramatically lowered costs, thus allowing providers to provide services to more people.
- Peer support has a dramatic effect on other staff in understanding and believing in a recovery model of care. (Peer Support Toolkit 2017)
- Non-peer staff experiences greater job satisfaction as service recipients lives improve.

Why Introduce Peer Support into Your Organization?

Three reasons why peer support services play an important role in recovery-centered systems:

First, prejudice and discrimination can cause individuals with behavioral health disorders to feel helpless, hopeless, and despairing. Despite existing cultural backgrounds of misinformation, pessimistic prognoses, and stigmatizing stereotypes, peer staff provide proof of the reality of recovery.

Second, for a wide variety of reasons, including those above, many people with BH conditions do not seek or access, timely, or effective treatment.

Third, using their personal life experiences, peer support staff are able to provide others, who are just beginning the journey to recovery, with positive role models and insight. This experiential knowledge complements the clinical and technical knowledge acquired by practitioners in their training. (Peer Support Toolkit, 2017)

Recovery, Medical Model & Cultural Clash

- Avoiding an organizational culture clash is why it is so important to take time upfront to prepare an organization for the introduction of peer support staff.
- Peer staff are integrating into settings that have traditionally been grounded in a medical model of stabilization and symptom management.
- Assessment and service planning in a recovery model of treatment focuses more on the multiple domains of an individual's life in order to foster meaningful change.

“Transformation is nothing short of
Revolutionary” -

(Peer Support Toolkit, 2017)



GUIDE TO
CREATING MENTAL HEALTH
TREATMENT PLANS



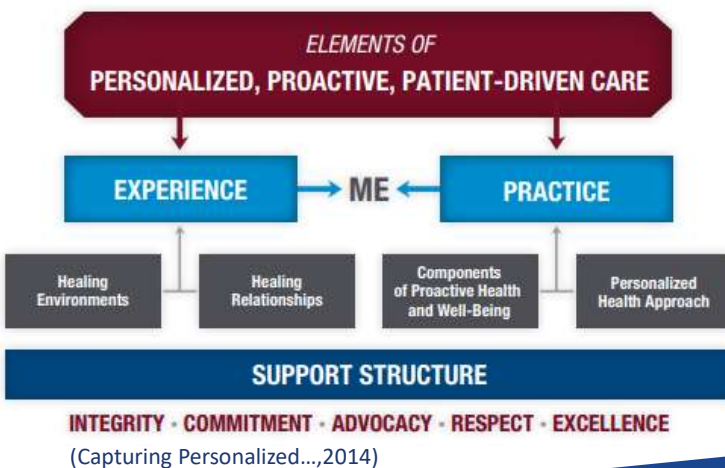
Recovery, Medical Model & Cultural Clash

- Organizational culture plays an influential role in most health care organizations. It has a pronounced effect on organizational values, staff and leaders' attitudes, as well as policies and procedures. (Organizational Culture..., 2015)
- Historically, practitioners using a medical model have focused on stabilization and symptom management.
- In a recovery-oriented model, providers try to understand people with behavioral health disorders in the larger context of the effect their mental health issues have on their lives. (Peer Support Toolkit, 2017)

Effects on Organizational Culture

- When peer-support providers join a mental health service team, they help the entire team become more patient centered or recovery oriented and they promote a better, more empathetic understanding about the people they provide services to. (Miyamoto, Tamaki, 2012)
- Some early adopters of peer support, such as North East Treatment Centers (NET) and Horizon House Inc., in the Philadelphia area, have consistently demonstrated that successfully integrating peer staff improves staff retention and morale, and most importantly, improved outcomes for service recipients. (Peer Support Toolkit, 2017)

Recovery, Medical Model & Cultural Clash



- In recovery-oriented approaches, power shifts from the service provider to the person receiving services, and decision making is collaborative. It is not always easy for traditional clinical staff to accept these changes
- (Peer Support Toolkit, 2017)

Peer Workers in Clinical Environments

- Formalized peer support is rapidly expanding throughout behavioral health.
- Significant progress has been made in including them in areas that have traditionally been clinical services. (Chapman, S. A., 2018)
- It is critical that inclusion in these environments does not imply that peer support staff perform clinical roles.
- Peer support is proving to be the primary change agent in transforming the system to a recovery orientation. (Hendry, et al., 2014)

The Transition from “Patient” to Staff/Provider

- A number of studies have shown that peer support staff can find the transition from “patient” to staff to be challenging. (Myamoto, Sono, 2012)
- Particularly in small towns and rural communities peers may find themselves working as peer support staff in the same agency where they receive services.
- They may be working alongside staff whom they have previously received services from.
- Dual relationships are not uncommon in small communities with limited behavioral health services, even for clinical staff. People may be connected through a variety of relationships.

The Transition from “Patient” to Staff/Provider

- These circumstances call for frank discussions of the issue with supervisors and with the individual(s) involved. Boundary crossing is not necessarily the same as a boundary violation. (Younggren, 2002)
- Peer staff should not be receiving services from a clinician that they are working with in their peer support staff capacity. This sets up the possibility of role confusion and a negative dual relationship.

Preparing Your Organization for Change

The City of Philadelphia Dept. of Behavioral Health and Intellectual Disability Services published their Peer Support Toolkit in 2017
<https://dbhids.org/peer-support-toolkit/>

It is an excellent document for organizations preparing for introducing peer support.



Preparing Your Organization for Change

The toolkit contains step-by-step plans and detailed activities to assist in staff orientation.

- **Step 1.** Senior Leadership Communicates the Organization’s Commitment to Shifting to a Recovery-Oriented Philosophy.
 - In order to shift the focus and nature of services to a recovery model it requires changes in:
 - Organizational policies
 - Budgets
 - Evaluation practices
 - Other administrative aspects

Step 1. Senior Leadership Communicates the Organization’s Commitment to Shifting to a Recovery-Oriented Philosophy.

Fundamental changes in an organization require the efforts and support of agency leadership in order to articulate a clear vision of where the organization is headed.

“For culture change to occur, a ...prerequisite is for someone in a position of significant authority and leadership in the agency to announce that a recovery-focused transformation process is an agency-wide priority.”

*Joe Schultz, Clinical Director, NET
(Peer Support Toolkit, 2017)*

Senior Leadership Communicates the Organization's Commitment to Shifting to a Recovery-Oriented Philosophy.

Sample Change Management Team

- Board Member
- Top organizational leader (CEO, ED)
- Strategic planning or org. change expert
- Medical director
- Clinical director
- Clinical supervisor
- Members of peer advisory council if one exists
- Certified peer support staff
- Organizational change expert
- Human Resources representative
- Performance improvement staff
(Peer Support Toolkit, 2017)

Step 2. Solicit the Perspectives of People in Recovery, Family Members, and Staff

One way to instill a sense of urgency about the process is to gather input from staff, people in recovery, family members, and other allies. This can be done through focus groups or listening sessions.

- By having clearly defined groups the stakeholders may express their views more candidly than those in mixed groups.
- All participants should be heard and respected even those who voice a negative perspective about the plan to introduce peer support.
- These groups can be followed up with mixed groups where staff has the opportunity to hear directly from people in recovery. This can instill a different perspective on what people in recovery want and need.
- This can produce change at both the individual and the agency levels.

(Peer Support Toolkit, 2017)

Step 3. Provide Ongoing Training, Resources and Opportunities to Orient the Current Staff.

- Behavioral Health organizations are generally diligent about training new peer staff but may neglect providing existing staff with resources and training to re-align their approach to a recovery orientation.
- When staff is provided with training and resources they are more likely to increase their understanding of recovery and begin to explore how it can be brought into their day to day services.
- In orienting their services to a recovery model Philadelphia partnered with the Yale Program for Recovery and Community Health available at <https://medicine.yale.edu/psychiatry/prch/>
- Early training is critical and allows for deeper exploration of needed practice changes. (Peer Support Toolkit, 2017)

Step 4. An Agency Walk-Through

- Doing an agency walk-through after initial orientation to a recovery model gives providers an opportunity to see processes through new eyes.
- This can provide an opportunity to gain a sense of how the agency and its' services are experienced by individuals receiving services.
- Select someone from your group to play the role of a person seeking services and another person to play the role of a family member or supportive friend.
- It is especially helpful to have someone who has received services through the agency, as well as someone who is unfamiliar with it.

Step 5. Language Matters: Is it Recovery Oriented?

- Part of changing agency orientation is making sure that references to people receiving services, conditions, and programs reflect the new model of care.
- Many organizations now use person-first language as a way to counter discriminatory attitudes.
- In this way we acknowledge the personhood of people receiving services. Referring to someone AS their diagnosis (he/she is a schizophrenic) is dehumanizing and relegates them to the margins of society.

Step 5. Language Matters: Is it Recovery Oriented?

- Some people will object to person-first language as merely political correctness but the effects of labeling and other negative language shapes how society perceives people living with mental health disorders.
- The perception of someone labeled as “crazy” differs greatly from someone who is described as having a diagnosis.
- When we refer to a group of people as “the mentally ill” or “the homeless” we separate them from the mainstream of society and the communities in which they live. (Peer Support Toolkit, 2017)

Step 5. Language Matters: Is it Recovery Oriented?



- Language can assist people in feeling included as equal members of their community or it can push them to the margins of society.
- When people are diminished by the way they are referred to by providers and by implying that they are totally taken over by their disorders we risk them coming to view themselves as unlikely to recover or leading satisfying lives.

Step 6. Anticipate and Address Concerns of the Staff

- Staff frequently have concerns and questions when faced with the prospect of working with peer staff.
- Even behavioral health staff may have inaccurate information, and myths and biases when thinking about the people they serve.
- These questions are not unusual even for clinicians who have worked in the field for many years.
- Anticipate that questions will be asked and be prepared to answer them.

(Chinman, Henze, Sweeney, 2018)

Anticipate and Address Concerns of the Staff

- Helping staff understand how peer support workers will function can be of great benefit.
- Peer support is still a relatively new role in clinical settings, and staff frequently have many questions about it.
- Typical questions about peer support staff:
 - **Question:** Aren't peer staff likely to relapse?
 - **Answer:** "Relapse among PS's is rare. This is mainly because PS's who are hired have already demonstrated that they can handle job stress." Even if they do have a relapse they should be treated like any other employee who has a serious illness that interferes with job performance. (Chinman, et al 2012)

Anticipate and Address Concerns of the Staff

- **Questions about peer support:**
 - **Question:** Is an individual who has received services from the same clinic they now work for more likely to not be trusted by the traditional staff.
 - **Answer:** As staff becomes more familiar with the assets that a qualified CPS brings to the practice and observes their professionalism and trustworthiness, these concerns will dissipate. (Hendry, et al, 2015)
 - **Question:** "Is mistrust a significant issue between peer provider employees and their supervisors?"
 - **Answer:** At the onset of hiring peers this may be true, but when traditional staff members are trained to work with CPS's and when the effect of their use is examined, mistrust is removed from the workplace." Chinman, et al (2012)

Anticipate and Address Concerns of the Staff

- **Question about peer support staff:**
 - **Question:** Can peer support staff fulfill valuable roles in the treatment and support of the people being served?
 - **Answer:** While most peer specialists do not have advanced degrees, they do have experience as mental health service consumers, and this experience makes them uniquely qualified to serve as recovery role models and provide services to other consumers in ways that are different from non-peer providers. (Chinman, M. et al 2012)
 - **Question:** Won't peer staff cause harm by breaking confidentiality or saying the wrong thing?.
 - **Answer:** On the contrary, because of their personal experience peer staff are often more likely to understand the importance of confidentiality and to use appropriate language when providing peer support services. (Peer Support Toolkit, 2017)

Step 7. An Agency Self-Assessment

- Just as an agency self-assessment is important in preparing a new strategic plan, an agency wide self-assessment is necessary in developing new services that require cultural change.
- It is important to be aware of unconscious biases that affect service delivery.
- An agency that fosters cultural diversity in areas of race, ethnicity, and sexual orientation, among other important areas, is well suited to develop a recovery-oriented culture.
- There are many tools for agencies to use to do self-assessments.
- The Recovery Self-Assessment (RSA) is an excellent example and is available at the Yale Program for Recovery and Community Health. (Peer Support Toolkit, 2017)

The Successful Introduction of Peer Support in Your Agency

- These basic steps are critical in preparing for change, but they are not the full answer.
- Issues of ethics and boundaries need to be resolved. The relationship between supporters and those receiving support is unique and traditional clinical staff will have many questions.
- Agency policies must be examined and adjusted to fit the new culture.
 - Policies about education, dual relationships, and criminal history will likely need restructuring.

The Successful Introduction of Peer Support in Your Agency

- It is critical that new peer staff have a clear understanding of the duties of their roles.
- Well written, plain language job descriptions are essential.
- Effective supervision with supervisors with in-depth understanding of peer support and recovery can allow peer support services to flourish.
- Inappropriate supervision can easily lead to failure.
- Every employee has a right to be evaluated periodically. That is often how we measure success and the possibility of career advancement.

The Successful Introduction of Peer Support in Your Agency

- As is clear, introducing peer support into a behavioral health organization that is not fully prepared can easily result in program failure.
- Conversely, with proper preparation peer support can improve services significantly.

Peer support can improve agencies and it can make the work of other staff more effective and successful.

Most importantly, it can change lives for the better

Thank You!

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