

# Peer Support and its Relevance

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**A Presentation for Idaho Providers of Mental Health Services**

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# What is a Peer Support Specialist ?

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A **Peer Support Specialist** is a person who has progressed in their own recovery from mental illness and is working to assist other people with a mental disorder.

- The Certified Peer Specialist (CPS) provides peer support services; serves as a consumer advocate; provides consumer information and peer support for consumers in emergency, outpatient or inpatient settings.
  - ✓ The CPS performs a wide range of tasks to assist consumers in regaining control over their own lives and over their own recovery process.
  - ✓ The CPS will role model competency in recovery and ongoing coping skills.
- Peer Support Specialist Services complement the member's behavioral health treatment services.

For our purposes of this presentation it is important to mention that:

**Peer Specialist, Peer Bridger** (developed by NYAPRS), **Peer Coach** and **Peer Link** are all used as interchangeable terms.

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# The Results

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## Members who received Peer Specialist services:

- Have a Significant Decrease in the number of behavioral health hospital admissions
- Have a Significant Decrease in the number of behavioral health inpatient days
- Have a Significant Increase in outpatient behavioral health visits
- Have Significantly Decreased total behavioral health care costs

# New SAMHSA definition

**Working definition of recovery:** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

## Principles of recovery

- Is person-driven
- Occurs via many pathways
- Is holistic
- Is supported by peers
- Is supported through relationships
- Is culturally-based and influenced
- Is supported by addressing trauma
- Involves individual, family, and community strengths and responsibility
- Is based on respect
- Emerges from hope

## Four major domains that support recovery:

- 1. Health:** Overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way
- 2. Home:** A stable and safe place to live
- 3. Purpose:** Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
- 4. Community:** Relationships and social networks that provide support, friendship, love, and hope

# Research on Recovery

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# Long-term studies: “People can recover from severe mental illness”

Just in case you don’t believe us...

Study	Sample size	Follow up (in years)	Percent significantly recovered
Bleuler (1972)	208	23	53%–68%
Humber et al (1979)	502	22	57%
Ciampi and Muller (1976)	289	37	53%
Tsuang et al (1979)	186	35	46%
Harding et al (1987)	269	32	62%–68%
Hinterhuber (Austria)	157	30	75%
Kreditor (Russia)	115	20	84%
Marino (Bulgaria)	280	20	75%
Ogawa (Japan)	140	23	57%
Desisto et al (1995a 1995b, USA)	269	35	49%
Marnersos et al (1992)	148	25	58%
<b>11 studies</b>	<b>2,563</b>	<b>20–37</b>	<b>60%</b>

1. Bleuler (1978). *The Schizophrenic Disorders*, New Haven Yale Press
2. Huber et al. (1975), Long-term follow-up. *Acta Psychiatrica Scand* 53:49–57
3. Ciampi and Muller (1976), *Lebensweg und alter*, Berlin Verlag Springer
4. Harding et al. (1987), Vermont Longitudinal Study, *American Journal of Psychiatry* 144: 718–735
5. Tsuang et al (1979), Long-term Outcome. *Arch. Gen. Psych* 36: 1295–1301

# Recovery parameters

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The definition for recovery used was quite narrow:

- They no longer experienced symptoms of mental illness
- They were no longer taking medication
- They were working
- Carrying on multiple social relationships
- Taking sole responsibility for their self-care



# Older model vs. newer recovery model

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Older recovery model	Newer recovery model
Focused on symptoms, illness, deficiency	Focused on strengths, goals, where we are going
Provider/client roles in pursuit of <i>treatment goals</i>	Partnership based on valued roles (we each know something of value) focused on <i>recovery goals</i>
Consumer is to comply with directions of professional	Consumer is empowered to take personal responsibility for agreed on treatment
Staff prescribes	Staff educates
Motivation for change is punitive	Motivation for change based on consumers own goals
Medication compliance is key	Medication is based on informed choice and consumer values
Responsibility for treatment and progress rests on provider	Consumer is guided to assume responsibility for self-monitored behavior
Services are embedded in the mental health system	Emphasis on the use of natural community resource

# The recovery process

There are times when a person...



**Peer Support Specialist,  
Peer Coach,  
and  
Whole Health Peer Coach**

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# Overview of peer support services and recovery

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## In this model, the peer:

- Helps the consumer with the development of their health goals
- Supports the consumer in creating and implementing health strategies
- Monitors progress toward the goals
- Helps the consumer brainstorm to overcome barriers
- Acts as facilitator, teacher and coach, and provides encouragement

## For example:

If the consumer's health goals are to eat three low fat meals a day, the peer coach may help them find some resources for recipes, might help them plan a week of meals and help them shop, might help them cook, might check in each day to see what barriers they are facing...

## or

If the consumer wants to add wheel chair exercises each day, the peer finds a resource to teach the exercises, helps the peer set up a routine that works for them, does the exercise with the peer several times, checks in each day on how they are doing.

# What is a Peer Coach?

## Peer support coach

A *peer support coach* is a person who has progressed in their own recovery from mental illness and is working to assist other people with a mental disorder.

## Certified peer specialist

The *CPS*:

- Provides peer support services
- Serves as a consumer advocate
- Provides consumer information and peer support for consumers in emergency, outpatient or inpatient settings
- Performs a wide range of tasks to assist consumers in regaining control over their own lives and over their own recovery process
- Plays a role model competency in recovery and ongoing coping skills

## Peer support specialist

Services provided by the *peer support specialist* complement the member's behavioral health treatment services.

# Why use a peer as a part of a team?

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## Isolation

These are illnesses of isolation, when we isolate we get worse. A peer supporter can reduce isolation and connect consumers with other peers.

## Support

Often we have stressed family and friend relationships because of the symptoms of the illness. A peer can provide support and access to other peers for needed support.

## Internal stigma

These are also illnesses of shame. A peer can normalize the experience and reduce the internal stigma that gets in the way of staying in treatment.

## External stigma

Society still sees mental illnesses as frightening and shameful. Having a peer who is in recovery can reduce the fear of external stigma.

## Hope

Having a role model of a peer who has been there and has moved into wellness is a powerful symbol of hope for consumers struggling with symptoms.

# What roles do they take in the system?

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## They are not:

A physician | A talk therapist | A case manager

## They are or can be:

- A support system
- A role model
- A provider of hope
- A coach for WRAP or other engagement tools
- A translator between “doctor talk” and the consumer
- A cheerleader

# One role: Peer Support Specialist

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Assigned to about 20 consumers who have been hospitalized or are in the hospital, they stay with the peer for an average of six months and help with:

- Soft landing back home
- Weekly or more frequent contact
- Connect with support groups
- Work on wellness recovery action plans (WRAP)
- Facilitate the creation of recovery goals
- Access to other engagement tools
- Help prepare for doctor and therapist visits
- Help problem solve around issues like transportation to the doctors office, waking upon time, remembering to take medication, child care

# Optum research: Does it work?

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## Wisconsin PeerLink Program

Showed a significant **decrease of 71%** in average number of acute inpatient days per month

## Tennessee PeerLink Program

Showed a significant **decrease of 90%** in average number of acute inpatient days per month

## Optum Texas Program

Identified a **70% reduction** in hospital days

## Optum Pierce

Society still sees mental illnesses are frightening and shameful Having a peer who is in recovery can reduce the fear of external stigma.

## NYAPRS

Data shows **71%** of the people the Peer Bridgers worked with were able to stay out of the hospital in 2009.

## Recovery Innovations

Identified **56% reduction** in hospital readmission rates

# **The Whole Health Peer Specialist Initiative**

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# Whole health peer coaching

- Assessment of the need for this service
- Criteria for admission to the program
- 60 years of age or older
- Two hospitalizations in the prior year
- Diagnosed with both a mental health issue and a general health issue
- Willingness to develop a relationship with our Whole-Health Peer Specialist (WHPS)
- Contract established with an elder care provider to administer the program
- Provider in conjunction with Optum search and locate the Peer Specialist for this project
- Referrals were offered to provider by Optum

## Peer Whole Health Specialist

- A specially trained advocate who has actually experienced mental illness as well as having a physical health issue
- Training includes standard Peer Specialist Training as well as an additional component to deal with the physical health issues
- Understands the impact such illness can have on a person's physical and emotional well-being
- Does not diagnose or treat any medical issues
- Does help a mental health consumer who is dealing with physical health conditions develop recovery goals
- Offers support in following the care and wellness treatment plan created by the consumer and the treating clinician

# Whole health peer coaching *(continued)*

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- Project launched September 1, 2010
- WHPS starts to engage referrals
- WHPS works with between 18 and 22 individuals
- Both in-person and phone contact regularly established with program participants
- Relationships develop

## Findings

- Act in a way that shows they believe that my family member can recover
- Focus on my family member's wellness not their illness
- Treat my loved one and me with respect
- Listen to what my family member needs instead of telling him/her what they need
- Be more accessible

# Case Study

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# Whole health peer coaching

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Initially, Mrs. D was very dependent on her husband. She had become helpless in her decision making and was largely non verbal. She was a frail older woman with little or no self confidence.

With the engagement of the WHPS and their self disclosure and patient listening, Mrs. D was able to identify her own goal. She was very aware that she no longer was able to care for their home and she wanted help to do heavy cleaning and laundry.

The WHPS suggested that they contact their church for in-home care referrals. They were able to identify a wonderful woman from the church that could work for them part time. This arrangement worked well as it helped Mrs. D with the housework, and provided another person for her to engage with.

Midway through the program, working with the WHPS, Mrs. D identified that she had a history



of enjoying baking things for her husband. Together the WHPS and Mrs. D baked chocolate chip cookies for him. This was a wonderful opportunity to talk, discuss problems and opportunities; completing a task she loved. This activity gave her a sense of hope and reward.\*

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Stock photo used. Member name and some details changed to protect member privacy.

# Whole health peer coaching *(continued)*

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At the present time, Mrs. D has also confided about her diabetes and the complications she has including fatigue, light headedness and foot numbness/dull pain. Her physical therapist has recommended a home program for exercise to relieve circulation problems in her feet. Together, the WHPS and Mrs. D have established a calendar for daily activities that included her doctor's appointments, exercise and relaxation.

The WHPS has also taught her relaxation response techniques which she continues to do daily. Mr. D also learned to trust his wife's visits with the WHPS and uses that time to do some of his own in-home projects.

Occasionally Mrs. D experiences what she calls "panic attacks". When they are particularly difficult, she will call the WHPS or ask to schedule a visit. The WHPS visits her and provides supportive listening or just sitting quietly. This has become a part of her recovery and

stability solution and has helped limit her need for hospital stays.

It is also important to mention that Mrs. D has been discharged from the program after 18 months of successful engagement and was instructed that if she needed to talk that she could call the WHPS.



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Stock photo used. Member name and some details changed to protect member privacy.

# Outcomes

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- 1 The program has assisted to decrease hospitalization rate by 70%
- 2 Length of stay prior to entry to program: 6 days
- 3 Length of stay after entry to program: 2.3 days
- 4 Participants engaged in their local communities
- 5 Participants willingly call WHPS as needed

# Support for identifying strengths

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- What do you care about?
- What matters to you?
- What are some of the traits people mention when they talk about you?
- What are one or two things that you see as making you different and unique from others?
- What makes you smile?
- Name three things that you occasionally look forward to.
- What dissatisfies you about your life? What do you wish you could change? Turn this into a positive: “I dislike being trapped in the house all day” turns to “I want the ability to come and go as I wish.”

# Support for building a recovery plan

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## Ask the person:

- What you are seeking?
- What are your greatest strengths?
- What obstacles might you face?
- What has helped you in the past?
- What are your goals for yourself?
- What can the staff do to help?
- What can you do to help?
- Who else can help?
- What services do you want? What, if any, do you want to avoid?
- What do you hope to accomplish from this recovery plan or plan for recovery?
- What are your hopes for the future?

# Support for building a recovery plan *(continued)*

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- Listen to the individual's concerns before interrupting with an opinion
- Help the person identify his/her strengths and resources to move toward achieving their goal
- Assist the person in identifying a few possible first steps to move toward achieving their personal goals, help the person choose from among possible options
- Include the family member and other members of the person's support network in the interview process and elicit their feedback, if desired by the member *and appropriate*
- Respect the individual's preferences, needs and values
- Ensure the member understands what to expect from *any service* and make sure the treatment *and/or recovery plans* can be clearly linked to the member's recovery goal
- Agree together on the individual's next steps
- Provide them with tools and resources that support and empower the consumer to take the next steps

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Creating using Treatment Planning for Person Centered Care, The Road to Mental Health and Addiction Recovery by Neal Adams MD, PhD.

# Recovery goals that focus on where we uniquely want to go, not where we are stuck

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## Most treatment goals:

Take medication, visit doctor and therapist

## Recovery goals:

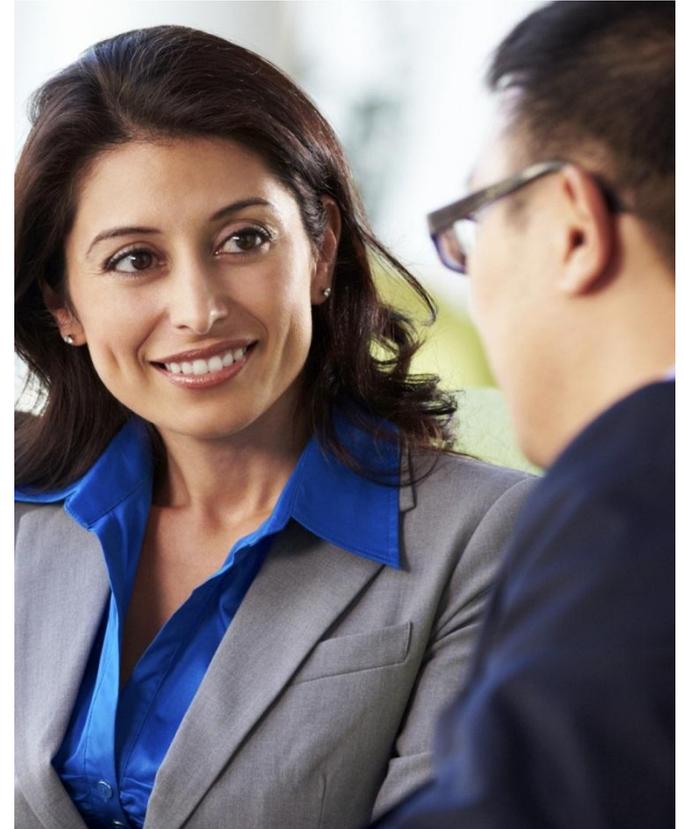
“Enjoy my life more by volunteering to walk dogs at a local animal shelter twice a week”

- This means “I have to get out of bed”
- This means “I have to take my meds to have energy and be more able to function”
- This will allow me to build new supports and move further along the recovery continuum
- This will give me something positive to look forward to, to prepare for and talk about in therapy
- Domains can help inform goals: Health, Home, Purpose, Community
- Takes time and trust; years of reduced expectations and little hope

# Engaging an individual

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- Meet the person where they are comfortable in the community
- Let them know that you, too, are a person with the lived experience of a mental health issue
- Using the person centered assessment support the development of the recovery plan
- Identify the resources to meet the recovery goals
- Provide linkage and support with needed resources to meet the recovery goals
- Average length of stay is three to six months
- Average face to face time with the individual is three to five hours per week and is subject to the needs of the person



# Overview of peer support services and recovery

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**Peer Support  
Whole Health is a  
person-centered  
planning process  
that:**

- Looks comprehensively at a person's health life-style
- Is a strength-based and focuses on a person's strengths, interests and natural supports
- Stresses creating new health life-style habits and disciplines
- Provides peer support delivered by peer specialists to promote self-directed whole health

# Survey of 2,000+ consumers: “I want a health care system to...”

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## Consumer

- Give me hope/seem hopeful about my future
- Let me make decisions/have some input into my treatment and care
- Focus on my wellness not my illness
- Act in a way that shows they believe that I can recover
- Listen to what I need instead of telling me what I need

## Family member

- Act in a way that shows they believe that my family member can recover
- Focus on my family member's wellness not their illness
- Treat my loved one and me with respect
- Listen to what my family member needs instead of telling him/her what they need
- Be more accessible

# Helpful National Community Resources

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# Depression and Bipolar Support Alliance

The screenshot shows the DBSA WellnessTracker website. At the top, there is a navigation bar with the DBSA logo, the text "WellnessTracker", and links for "Sign Up", "Login", and "Reports". Below this is a horizontal menu with five categories: "MOOD" (Track Daily), "SYMPTOMS" (Track Daily or Weekly), "LIFESTYLE" (Track Daily), "MEDICATION" (Track Changes), and "HEALTH" (Track Changes). The main content area features a heading "Stay well and stay on track with the DBSA Wellness Tracker!" followed by a paragraph describing the tool's benefits. To the right of this text is an illustration of a clubhouse labeled "FACINGUS". Further right is a "Login to FACINGUS" button and a list of features available in the clubhouse. Below the main text are two boxes: "Tracking" (Daily and Weekly Items) and "Reporting" (Reveal to You). At the bottom, there is a footer with a disclaimer and the DBSA logo.

**DBSA WellnessTracker** Sign Up Login Reports

**MOOD** Track Daily

**SYMPTOMS** Track Daily or Weekly

**LIFESTYLE** Track Daily

**MEDICATION** Track Changes

**HEALTH** Track Changes

**Stay well and stay on track with the DBSA Wellness Tracker!**

The DBSA Wellness Tracker is one of many customizable tools in the Facing Us Clubhouse at [FacingUs.org](http://FacingUs.org), your online home for wellness. Use it to monitor, daily or weekly, the many things that influence your health—body and mind. And, when talking with your clinician, use your reports (along with the goals in your wellness plan) to evaluate, and make decisions about, the next step in your course of treatment.

**FacingUs**

Login to **FACINGUS**

The Facing Us Clubhouse is home to a variety of personal wellness tools. At [FacingUs.org](http://FacingUs.org), you can:

- Keep a personal journal.
- View inspirational videos, music & art.
- Create a wellness book.
- Develop a wellness plan.

[Step Inside](#) and come home to wellness.

**Tracking**  
Daily and Weekly Items

Chart your moods, symptoms, lifestyle, medication, and overall physical health. Setting aside a few minutes at the same time each day/week to record how you're doing will help you keep your mind and body "on track."

**Reporting**  
Reveal to You

Use the reports to see, at a glance, any trends or patterns in your health that your tracking might show. Use them with your clinician to see how effective your treatment is and make the choices that are right for you.

If you live with depression or bipolar disorder — or are simply seeking inspiration and support for living a full, healthy and happy life — the Facing Us Clubhouse is your online home for wellness. © DBSA 2009 | [Privacy Policy](#)

**DBSA**  
Depression and Bipolar Support Alliance

# Community-based tools and resources

## Peer warm lines

<http://www.warmline.org/>

A warm line is a peer-run listening phone line staffed by people in recovery themselves. Peer operators are trained to attentively and empathically listen to anonymous callers, offer compassion and validation, and assist callers in connecting with their own internal resources, strengths, and direction. **This website offers a listing of warm lines by state and those listings in red are national warm lines for anyone to use in the US.**

A fundamental principle of warm lines is a belief that within each peer is a unique value, an emergent strength and wisdom. When callers present problems, they are encouraged to facilitate their own exploration of the associated issues and concerns. Operators tend to refrain from offering direct advice, but rather engage callers as their peers. Operators talk about day-to-day experiences in living with behavioral health issues and concentrate on the transformation and recovery possibilities from a place where many people feel disabled, isolated and perhaps stuck.

The operators can provide local, state and national resources to assist callers in their recovery. The message of hope is emphasized, because operators themselves offer living examples of personal accomplishment and achievement of wellness.

# Community-based tools and resources *(continued)*

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## Clubhouses

[http://www.iccd.org/search\\_form.php](http://www.iccd.org/search_form.php)

A Clubhouse is first and foremost a local community center that offers people who have mental illness hope and opportunities to achieve their full potential. Much more than simply a program or a social service, a Clubhouse is most importantly a community of people who are working together to achieve a common goal.

A Clubhouse is organized to support people living with mental illness. During the course of their participation in a Clubhouse, members gain access to opportunities to rejoin the worlds of friendships, family, employment and education, and to the services and support they may individually need to continue their recovery.

A Clubhouse provides a restorative environment for people whose lives have been severely disrupted because of their mental illness, and who need the support of others who are in recovery and who believe that mental illness is treatable.

# Community-based tools and resources *(continued)*

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## Other tools

- Directory of Consumer-Driven Services (CDS): <http://www.cdirectory.org>  
The purpose of the Directory is to provide consumers, researchers, administrators, service providers, and others with a comprehensive central resource for information on national and local consumer-driven programs. Such programs have a proven track record in helping people recover from mental illnesses
- State Groups List: <http://www.power2u.org/consumerrun-statewide.html>  
Consumer-run organizations are defined as organizations in which consumers make up the majority of the staff and the board of the organization. These consumer-run organizations encompass the entire state or large parts of states. These organizations can be contacted for consumer support groups or programs in their respective states.
- Mental Health First Aid: <http://www.mentalhealthfirstaid.org/cs>
- QPR Suicide Gatekeeper, booklet app: <http://www.qprinstitute.com>
- Volunteering
- Your favorite community resources

# Consumer-run services, support groups, community-based resources supporting recovery

## Support groups

Research shows greater adherence, fewer hospitalizations, greater self efficacy, less social isolation:

- NAMI
- DBSA
- CHADD
- MHA
- Al-Anon
- Bipolar Kids
- Alcoholics Anonymous
- Narcotics Anonymous
- Federation of Families
- Families for Depression Awareness

## Peer bridgers

39% reduction in re-hospitalization

## Peer whole health coaches

70% reduction in re-hospitalization

## Peer engagement coaches

Society still sees mental illnesses are frightening and shameful. Having a peer who is in recovery can reduce the fear of external stigma.

# Tools and resources

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## Mental Health Tools

Wellness Recovery Action Planning (WRAP)

<http://store.samhsa.gov/product/Action-Planning-for-Prevention-and-Recovery-A-Self-help-Guide/SMA-3720>

Advance Directives

<http://www.nrc-pad.org/>

Mood charting tool

[http://www.cqaimh.org/pdf/tool\\_edu\\_moodchart.pdf](http://www.cqaimh.org/pdf/tool_edu_moodchart.pdf)

Facing Us

<https://www.facingus.org/>

Building your Way to Wellness

<https://www.liveandworkwell.com/public/content/showHotTopic.asp?hid=18&lang=1>

## Substance Use Tools

Young People in Recovery

<http://youngpeopleinrecovery.org/>

National Council on Alcoholism and Drug Addiction

<http://ncadd.org/>

Faces and Voices of Recovery

<http://www.facesandvoicesofrecovery.org>

# Support groups: Signs of a healthy group

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- Group leader facilitates instead of lectures. If he/she spends most of the group's time speaking or teaching (lecturing), it is not support
- People are supported to move toward wellness and take action instead of staying stagnant or sick
- Members are encouraged to act in partnership with doctors and other professionals
- Multiple paths toward wellness are honored
- Disruptive members are managed in a caring way
- Members are safe from physical or emotional abuse
- There is an agreement to "share the air" so that one or two members do not dominate the meeting. That agreement is honored
- Members are encouraged; knowledge, ideas and insights are shared
- Meetings are open to everyone and held at a consistently scheduled time and consistent location
- Member's privacy is honored

**If a meeting is not welcoming, many others are in the recovery mutual aid venue.  
Try a different meeting or fellowship.**

# Videos

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Optum has developed many videos of individuals who have lived the experience and speak about their personal recovery.

I find these videos very helpful when I am having a difficult time with my challenges, I hope that you will also.

### ***Video Stories of Hope***

<http://www.optum.com/landing/testimonial-video-directory.html>

### ***Video Stories of Recovery***

<https://www.liveandworkwell.com/public/content/showHotTopic.asp?hid=19&lang=1>

# Questions?

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Thank You!



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