The Importance of Peer Support

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Dewey Defeats Truman
“There is a STIGMA attached to being a forensic patient. A big part of the process is forgiveness – you have to forgive yourself and don’t keep penalizing yourself.”

OMH Forensic Patient
Peer Support Groups

Members share the same problem/experience, providing a powerful "you are not alone" sense of understanding, which can often lead to an almost instant sense of community at the first meeting.
The Case

The use of Peer Support Specialist as part of the treatment team has been shown to have a range of favorable results (Davidson et al., 2003; Felton, Stanstny, Shern, Blanch, Donahue, Knight & Brown, 1995; Mead & MacNeil, 2006). Information provided by peers is often seen to be more credible than that provided by mental health professionals (Woodhouse & Vincent, 2006). When peers are part of hospital-based care, the results indicate shortened lengths of stays, decreased frequency of admissions, and a subsequent reduction in overall treatment costs (Chinman, Weingarten, Stayner & Davidson, 2001). Other studies also suggest that the use of peer support can help reduce the overall need and use for mental health services over time (Chinman, et. al, 2001; Klein, Cnaan, & Whitecraft, 1998; Simpson & House, 2002).
Why Should We Care?

- Participation in self-help groups has been found to lessen feelings of isolation, increase practical knowledge, and sustain coping efforts (Powell, 1994; Kurtz, 1997)

- For people with mental illnesses, participation in self-help groups increases knowledge and enhances coping (Borkman, 1997; Trainor et al., 1997)

- Various orientations include replacing self-defeating thoughts and actions with wellness-promoting activities (Murray, 1996), improved vocational involvement (Kaufmann, 1995), social support and shared problem solving (Mowbray & Tan, 1993), and crisis respite (Mead, 1997)
Reduced Hospitalizations

Through a case study, which included focus groups and interviews, Lieberman and colleagues (1991) found a consumer-run support group to improve members’ self-confidence and self-esteem and to lead to fewer hospitalizations.
**Tx Engagement vs Peer Support**


- “Despite succeeding in supporting patients' participation, the intervention had minimal impacts on internalized stigma, personal recovery, personal empowerment, service engagement, therapeutic milieu, and the recovery orientation of services.”

- “Peer support demonstrated positive effects on internalized stigma and personal recovery.”
Peer Functions

- Role models for risk free effective behaviors both in the facility and upon residential placement
- Unique communicators between consumer and the professional staff during sensitive treatments such as trauma related care
- Identifiers and innovators for improved consumer care procedures within the facility culture, and in the local, state and federal systems
- Mediators during complaint or grievance resolutions between consumers and family members with facility staff or community resources
- Mentors and teachers for self-advocacy skills for the attainment of treatment, housing, education, employment and economic recovery goals.
What Can Peers do?

- Sharing experiences as returning offenders and modeling ways to advanced in recovery
- Helping people relinquish attitudes, beliefs, and behaviors learned as survival mechanisms in criminal justice settings
- Supporting engagement in mental health and substance abuse treatment services in the community, including the use of psychiatric medications and attending 12-step and other abstinence-based mutual support groups
- Providing information on the rights and responsibilities of discharged offenders and on satisfying criminal justice system requirements and conditions
Role Models for Risk Free Effective Behaviors

- As role models for risk free effective behaviors, peers are able to relate to consumers through their own experiences, and successful ways to overcome various risky situations or challenges that could have put their stability in jeopardy.
- Peers provide role modeling through interacting with consumers in a variety of situations. They can engage in open discussions about a variety of community life issues and problems, including how to get their needs met and how to negotiate services in the community.
- The peers provide their perspectives of maintaining responsibility for oneself in the community as they navigate within a complicated community mental health system.
- Peers share experiences how to use personal skills to keep community mental health treatment schedules, and thus maintain medication compliance, and how to refrain from drug and alcohol abuse when other people around them are using and abusing substances.
Unique Communicators between Consumers and the Professional Staff

- Peers can share unique communications with consumers and staff since they are able to use language or “lingo” which can be closely representative to a consumer’s idiosyncratic thoughts and emotions.

- Consumers relate they perceive their peers as providing unique insights from a perspective of “real life knowledge” rather than “second hand professional training.” This perception of a peer’s “real life knowledge” can facilitate the consumer’s acceptance and practical use of treatment advice and enable the consumer to unify cognitions and feelings seamlessly in a solidified pathway to recovery. This is especially true during sensitive therapies such as post-traumatic stress disorder treatment; for example, when a peer has suffered a similar trauma event, such as a mugging or sexual assault.

- These types of unique communications, such as defining a trauma in the framework of peer’s experience, can provide a bond between the consumer and the peer that can be a crucial agent for therapeutic change.
Identifiers and Innovators for Improved Consumer Care Procedures

• Peers are able to recall and assess experiences when they were consumers in terms of what “worked” or “did not work” for them.

• At the time when the peer received services, their energies were occupied with their own treatment, thus they may not have been able to become active as identifiers and innovators for changes, which could improve mental care. When they were receiving services, peers may have recognized the need for improvements, and discussed these with their treating sources, but at that time, their focus was inward on their own recovery.

• Now employed as peers, their identified mental care improvements can be addressed as one of the special goals of their work.
Mediators during Complaint or Grievance Resolutions

• Peers can be mediators between consumers and treatment staff during complaint or grievance resolutions, since complaints are a sensitive or difficult topic for consumers to address themselves directly with staff.

• Consumers are less fearful and more trusting with their peers in terms of disclosing their discontent and complaints. Consumers relate that they believe their peers are closer to them in overall identity, and thus will be empathic listeners to complaints or grievances.
Mentors and Teachers for Self-Advocacy Skills

- Peers during the course of their own recovery, learn strategies to advocate for themselves in the community. Peers recognize that self-advocacy strategies are important survival skills, which have enabled them, on their own, to obtain or utilize community resources for treatment, to secure and maintain housing, and to achieve education and employment opportunities.

- Upon discharge, consumers often begin to feel isolated and deserted when they do not have daily contact with treatment staff. They realize that they have to fend for themselves and draw on their own strengths to meet their physical and emotional needs. The success to which consumers can meet these physical and emotional needs post-discharge depends largely on the adequacy of their survival skills.

- One of the essential functions of the peer staff is to work as mentors and teachers for self-advocacy skills. Peer staff can uniquely impart or teach the lessons they learn about self-advocacy to consumers utilizing their experiences in the community after their own discharge from the hospital.
Questions???

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