

# WHY PEER SUPPORT?

Understanding Recovery as a  
Mental Health Service Provider

2012 Fall Change Agent Conference

# CAN PEOPLE RECOVER FROM MENTAL ILLNESS?

What do you think?

- Yes?
- No?
- Maybe?
- I don't want to answer that ludicrous question?

Have you ever known someone close to you with a mental illness? What was their experience with recovery?

# MY EXPERIENCE WITH MENTAL ILLNESS AND RECOVERY

## Early years

- Something's not right
- Ups and downs of high school and college
- Military days

## Things fall apart in my 30's

- What the world needs now is a new religion
  - The power of zero
  - The God is in the static
  - You can't really call yourself a good driver if you have to use your hands

# MY EXPERIENCE WITH MENTAL ILLNESS AND RECOVERY

- Nightcap anyone? No thank you, I have my 90,000mg of Neurontin.
- The miracle of Zyprexa.
  - A miracle with side effects.
  - Two weeks in the hospital later...
- Ten years to equilibrium
  - Darn it, I downed another space shuttle!

# WHAT DOES MENTAL HEALTH RECOVERY LOOK LIKE?

## Recovery *from* mental illness

- Up to 25% of those with a severe mental illness recover to the point of having no symptoms.
- Up to 25% of those with a severe mental illness experience a continual deterioration.
- 45 - 65% of those with a severe mental illness are in some stage of recovery

# WHAT DOES MENTAL HEALTH RECOVERY LOOK LIKE?

Being *in* recovery with a serious mental illness

- This is the experience of most individuals
- We shouldn't wait for someone to recover before affording them their civil rights.
  - It would be like demanding that someone with a spinal cord injury start walking again before they are afforded their civil rights

# WHAT DOES MENTAL HEALTH RECOVERY LOOK LIKE?

Most individuals in recovery with Severe Mental Illness will go through a process like this:

- **Renewing hope and commitment**
  - People in recovery describe the importance of having hope and believing in the possibility of renewed sense of self and purpose in the process of recovery (Davidson, et al., 2001)
- **Being supported by others**
  - It is important that an individual feel supported, accepted and if possible, loved as a person of value and worth (not as a mental patient).

# WHAT DOES MENTAL HEALTH RECOVERY LOOK LIKE?

- Finding a niche in the community
  - Involves the development of valued social roles in the community through involvement in meaningful social activities (Anthony, 1993; Davidson, et al., 2001).
- Redefining self
- Incorporating the illness
  - Not to be confused with traditional notions of “accepting” one’s illness, if by acceptance we denote a passive stance of resignation.
  - It is “taming” or coming to understand and integrate the illness.
  - Literature and first person accounts are clear that coming to some sense of understanding and incorporating the illness are essential steps in recovery (Munetz and Frese, 2001).

# WHAT DOES MENTAL HEALTH RECOVERY LOOK LIKE?

- **Managing symptoms**
  - This is more than taking medications
- **Assuming control**
- **Overcoming stigma**
  - Internal
  - External
- **Becoming an empowered citizen**
  - Gaining a sense of mastery and control over one's environment and self
  - Taking back control in one's public life

# THE TOP TEN CONCERNS ABOUT RECOVERY

1. Recovery is old news. “What’s all the hype? We’ve been doing recovery for decades.”

- The past has helped usher in the present, but...
- Much of what has been promised has yet to be realized.
  - Supported education, housing and employment

# THE TOP TEN CONCERNS ABOUT RECOVERY

- Current strategies shift care from an acute model of treatment and aftercare provided by practitioners to a civil rights model that views serious mental illnesses as disabilities that the ill person is responsible for learning how to manage.
  - This approach not only emphasizes the person's right to pursue his or her own life and recovery goals, but also the opportunities and supports needed to do so.

# THE TOP TEN CONCERNS ABOUT RECOVERY

2. Recovery-oriented care adds to the burden of mental health practitioners who already are stretched thin by demands that exceed their resources.
  - If what you are doing now is not oriented to recovery, what is it for? Why should the system pay for it?

# THE TOP TEN CONCERNS ABOUT RECOVERY

3. “Recovery” means the person is cured.  
“What do you mean our clients are ‘in recovery’? Don’t you see how disabled they are? Isn’t that a contradiction?”
- Remember: two types of recovery
    - Recovery *from* mental illness
    - *In* recovery *with* mental illness

# THE TOP TEN CONCERNS ABOUT RECOVERY

4. Recovery in mental health is an irresponsible fad that sets people up for failure. “This is just the flavor of the month, and it’s cruel to set people up for failure. Why raise false hopes?”

- Recovery is defined by the individual with the mental illness.
- When this tenet is lost, practitioners believe that they already know what recovery-oriented care looks like, recovery then becomes vulnerable to the accusation of being simply the latest fad.

# THE TOP TEN CONCERNS ABOUT RECOVERY

5. Recovery happens for very few people with serious mental illness. “You’re not talking about the people I see. They’re too disabled. Recovery is not possible for them.”

- The “Clinicians Illusion” (Cohen & Cohen, 1984)
- Consistent documented recovery rate of 45% - 65% for schizophrenia. Even when recovery is defined in a narrow clinical fashion as “remission in symptoms and other deficits” (e.g., Harding et al., 1987).

# THE TOP TEN CONCERNS ABOUT RECOVERY

6. Recovery only happens after, and as a result of, active treatment and the cultivation of insight: “My patients won’t even acknowledge that they’re sick. How can I talk to them about recovery when they have no insight into being ill?”

- The person with a mental disability may not say “I want to work on my recovery.”
- They are more likely to say, “I want to get my life back.”

# THE TOP TEN CONCERNS ABOUT RECOVERY

“If by insight we mean that one must accept that they have a pervasive and permanently disabling condition that dooms them to a life of dependency and despair then, no, [insight] is not needed for recovery. This kind of unwarranted pessimism masquerading as insight has been very destructive to hundreds of thousands of individuals with serious mental illness over the preceding century, and it is an expectation that we need to jettison from a recovery-oriented system of care.”  
(Davidson, et al., 2009)

# THE TOP TEN CONCERNS ABOUT RECOVERY

“If by insight we mean the expectation that the person with a serious mental illness will be aware of the fact that something has gone terribly wrong in his or her life, then we have yet to meet a person with a serious mental illness who does not already possess this form of insight.” (Davidson, et al., 2009)

# THE TOP TEN CONCERNS ABOUT RECOVERY

7. Recovery can only be implemented with additional resources, through the introduction of new services. “Sure, we’ll be happy to do recovery: just give us the money it will take to start a new recovery program.”

- Recovery-oriented services should not be “added” to the system.
- The system should itself be based on recovery-oriented care.

# THE TOP TEN CONCERNS ABOUT RECOVERY

8. Recovery-oriented services are neither reimbursable nor evidence-based. “First it was managed care, then it was evidence-based practice. But recovery is neither of those.”

# THE TOP TEN CONCERNS ABOUT RECOVERY

- In Alaska, state Medicaid regulations allow for billing Peer Support Services, on par with Comprehensive Community Support Services, Individual.
- The state is spending a great deal of energy to encourage the use of peer provided recovery-oriented services.
- The evidence at this point is that peer driven recovery-based services are at least as effective as, and at times more effective than, typical services.
- More research is needed

# THE TOP TEN CONCERNS ABOUT RECOVERY

9. Recovery approaches devalue the role of professional intervention. “Why did I just spend 10 years in training if someone else, with no training, is going to make all the decisions?”

# THE TOP TEN CONCERNS ABOUT RECOVERY

- Mental illness is an illness like any other and should be treated as such, both by medical staff and by the general public.
- All services need to be provided with informed consent.

# THE TOP TEN CONCERNS ABOUT RECOVERY

- There are exceptions to this rule.
  - If there is a risk of harm to self or others.
  - This is no different than in other areas of health care, e.g. emergency medicine.
- The role of the professional is still very important for many for various reasons.

# THE TOP TEN CONCERNS ABOUT RECOVERY

10. Recovery increases provider exposure to risk and liability. “If recovery is the person’s responsibility, then how come I get the blame when things go wrong?”

- Most individuals with a psychiatric condition pose no risk to the community.
  - They are much more likely to be victimized than to victimize others (Sells et al., 2003).

# THE TOP TEN CONCERNS ABOUT RECOVERY

- People need to have the dignity of risk and the right to fail in order to learn from their mistakes (Deegan, 1992).
- We must improve good risk assessment techniques.

# THE TOP TEN CONCERNS ABOUT RECOVERY

- Recovery-oriented care does entail risk:
  - It entails risk because everyday life entails risk, as does the responsibility for managing one's own civic roles and duties.
  - For the most part this should involve risk-taking by the person with the serious mental illness, not by the practitioner.

# PRESIDENT'S NEW FREEDOM COMMISSION 2003

The mental health system is “fragmented and in disarray,” leading to “unnecessary and costly disability, homelessness...and incarceration.” Our Current approach to care “simply manages symptoms and accepts long-term disability” (DHHS, 2003).

# THE FEDERAL ACTION AGENDA 2005

“Mere reforms to the existing mental health system are insufficient...transformation is not accomplished through change on the margins but, instead, through profound changes in kind and in degree. ...transformation...is nothing short of revolutionary. It implies profound change-not at the margins of a system, but at its very core. In transformation, new sources of power emerge and new competencies develop.”

# ACMHS CONSUMER DRIVEN SERVICES, LLC

## **Philosophy:**

Mental health recovery is possible for everyone. Recovery is not one size fits all. Recovery means people will grow roots in their communities of choice; be they family, spiritual, intellectual, creative, work or other. CDS staff helps people find work, passion and connection in their community.

# ACMHS CONSUMER DRIVEN SERVICES, LLC

## The Wellness Innovations Center (WIC)

- Peer run day programs similar to a clubhouse.
- Peer cooked lunches served 3 days a week.
- Peer developed and run groups.
- Peer Support Services
- Individual and family psychotherapy

# ACMHS CONSUMER DRIVEN SERVICES, LLC

## Vocational Training and Employment Connections (VTEC)

- “DVR” type services for those with a severe mental illness.
  - DVR has quotas that are hard to meet when serving those with a mental illness.
  - We provide very similar services without the quotas.
    - Job development
    - Job coaching
    - Job placement

# ACMHS CONSUMER DRIVEN SERVICES, LLC

## Innovations Industries

- Develops social enterprise businesses that then hire those with a severe mental illness.
- Currently 40 individuals in the labor pool and 3 full time staff members hired through the labor pool. Two of these individuals serve as team leads and one as a courier.
- Skill building

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