

The Integration of Peers in mental health rehabilitation programs

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MENTAL HEALTH ASSOCIATION NASSAU COUNTY

Mental Health Association of Nassau County



Our Mission

The Mental Health Association of Nassau County (MHA) is a not-for-profit membership organization dedicated to improving mental health in our community through advocacy, education, program development and the delivery of direct services.



Vision

Opening Doors, Inspiring Hope

History

Since its founding in 1953, MHANC has advocated and developed concrete rehabilitation services to meet the needs of adults and children with psychiatric and emotional difficulties. MHANC's five decades of achievements include the first group home in Nassau County; the first residence for children with autism; the first supported education program for college students; and, the first newly constructed permanent-home apartment complex for adults with psychiatric disabilities. As a leader in whole-person, behavioral health innovations for adults and children, these "firsts" represent a commitment to establishing standards of excellence in programs and services for those with mental and developmental disabilities.

The vision of MHANC is for every individual to live a life recovered from the often debilitating and devastating impacts of their challenges and to move on to live their most meaningful life.

Mental Health Association of Nassau County – Who do we serve?

MHANC offers 31 services and programs to support adults, children and the community-at-large.

Our Impact:

- Daily visits for the recovery programs – 12,495 days of service
- Housing – 44,165 days of housing with support services
- Education & Training – Providing workshops for more than 1,700 professionals and community members
- Adults Receiving Financial Management – Supporting over 650 individuals
- Veterans Services – Reaching over 4,500 veterans on Long Island, home to the second largest population of veterans in the country and the community-at-large.

The Gathering Place PROS program

Converted from a psychosocial program in 2010

From the programs onset, the use of peer workers were employed by program

The Mental Health Association's PROS program focuses on recovery for mental health conditions while prioritizing rehabilitation, treatment, and support for its members.

Goals center on reassuming life roles that include living independently, building natural supports, finding and keeping a job, reaching higher levels of education, securing preferred housing and improving medication management skills.

The benefits of using peers in mental health rehabilitation programs

Peer support workers are individuals with mental illness who identify themselves as such, and who use their lived experiences to support others as they recover.

There is now a substantial and positive evidence base that exists for peer support services.

Randomized controlled trials (RCTs) have studied the impact of the use of peer workers. There are clearly demonstrated benefits in relation to clinical outcomes (engagement, symptomatology, functioning, admission rates), subjective outcomes (hope, control, agency, empowerment) and social outcomes (friendships, community, connections).

Research supports peer work

Randomly controlled study on peer led self-management interventions showed benefits in relation in relation to utilizing a recovery role model, pursuing recovery, hopefulness, self-perceived recovery, symptom scores and overall quality of life.

**Slade, Amering, Farkas, Hamilton, O'Hagan, Panther, Perkins, Tse and Whitley

How has MHANC integrated peers into our PROS program?

The Gathering Place PROS programs currently employs three peers in their program. Two are certified and the remaining worker is currently working on obtaining certification (she engages in group work only).

Peer staff are considered equal to non peer in that they have the same responsibilities as non peer staff. Peers run WSM, CLE, BLS, BFM, and SSD groups. They carry caseloads, complete assessments, and develop IRPs with program members. Peers receive supervision from senior peer leader, team leader and clinical director.

Our group worker provides billed and non billed activities. She teaches classes on cooking, health and nutrition, and family communication skills. Non billed activities include walking and basic social engagement activities.

The SOAR (Strategic Opportunities to Achieve Recovery) program

A psychosocial program considered “peer run” only. There are three peer staff that include one Intake Coordinator and two Peer Specialists.

Clinical emphasis minimized while life skill is emphasized.

Computer, socialization, and coping skill groups are strongly emphasized but are not mandatory. Socialization is considered primary focus of program.

Program participants are required to participate in “outside” clinic services due to nature of program. Most participants in program are from ACT (Assertive Community Treatment) program and often “do nothing” most days.

Feelings of conflict in peers

Peers often report that while they love their work, they feel a lack of respect from program participants and a lack of support from clinical staff. A feeling of being “between two worlds” often occurs. While most program members report that they enjoy working with peers and see them as a “role model,” they have complained that peers lack the clinical knowledge to understand their symptoms. They also, “don’t want to hear about another person’s problems” Peers may become isolated and experience a lack of confidence in their work.

It is essential for management to ensure that peers workers are given supervision and provided with the supports that they need when they face adversity while working with individuals in recovery (and their own personal recovery) concurrently.

Recovery Success Story

Bill B.

Bill is a 55 year old male who carries a diagnosis of Major Depressive Disorder and Alcohol Use Disorder. When he first started at PROS, he expressed multiple incidences of suicidal ideation and frequent hospitalizations. During the course of his treatment, he discovered that helping others would support him in his own recovery. He began to work as a volunteer in the SOAR program. Bill was such a motivated worker that he was offered a paid position in the department. He runs multiple groups in program (substance, symptom management etc.) Bill adds that working has increased his self-confidence and has remained out of the hospital for over a year. Bill is currently working on obtaining his certified peer credential as well.

Quotes from peer workers

“I am both a peer and a clinician. Thus, I have the unique honor of understanding my clients from two different perspectives. I feel both are of equal importance. As a peer, I have the “I get it; I’ve been there” view. I know what it feels like to feel misunderstood and powerless, but I also know the beauty of rising upward from my circumstances, and seeing my recovery as a tool to inspire others to heal. As a clinician, I appreciate the educational and professional background that has given me a foundation of knowledge to guide me when working with clients. In time, I hope for the mental health world to see the qualities of both sides, and for there to be an alliance of these two perspectives rather than an ‘us versus them’ one. I think we’re getting there.” - Valerie Francisco, BSW – Certified Peer Specialist

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Quotes from Peer Workers (continued)

“I really love working as a peer counselor. I learn very much from members as well as they learn from me. Also, although it is hard to get up in the morning due to side effect of the medication, I still look forward to come to work. I do not dread coming to work like other jobs that I had where you are treated like an outcast or imbecile. Moreover, I get a lot of support over at MHA with the situation I am going through having elderly parents. I am still here after 12 ½ years because it is enjoyable to know that people don't look down on you. At least, I do not see it.” – **Maria Agosta, BA – PROS Group Worker**

Quotes from Peer Workers (continued)

Personally, my position as a peer specialist is rewarding as I really enjoy helping other peers. However, there is also a huge dichotomy as I am also a Mental Health Counselor making me a Clinician living in both worlds. It can put me at a disadvantage, especially when there is a skewed view of clinicians by other peers. So I feel that being both a Peer and a Clinician is my way of bringing the two together which is really how it should be in my humble opinion.” – **Ami Colon Treyger MA, MHC-LP, PROS Advisor**

Conclusion

The Gathering Place PROS program has used peers in its program for almost eight years. Peer staff run symptom management, healthy relationships, financial management, basic living skill groups (and much more).

Research has statistically proven that client outcomes are improved (in multiple domains) when given the opportunity to work with a peer.

Due to the success of integrating peers into PROS, the SOAR program was developed with an “all peer” staffing pattern.

When peers are integrated into PROS programs, their lived experiences serve as a demonstration that recovery is truly possible.

