The Evolving Role of Peer Support in Healthcare

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Learning Objectives

1) Evolution of peer support

2) Role of peer support in the evolution of healthcare

3) Role of lived experience and social identity in the evolution of healthcare

4) Opportunities and challenges that peer support faces in the future of healthcare
“We are gardens beneath which rivers flow.” adapted from the Qur’an

Peer Support is that river that flows and feeds the gardens of our movement.
Evolution of Peer Support

- 70’s Civil Rights and Liberation
- 80’s Peer Support Drop In
- 90’s Major System Funding
- 21st Century Peer Specialists
Peer Support in the 70’s

• Autonomous groups; belief in local control

• No money from the mental health system

• Separatism as a means of empowerment

• Liberation from oppression through discovery of voice and core values

• Support, education and consciousness-raising

• Landmark book published in 1978: On Our Own: Patient Controlled Alternatives to the Mental Health System by Judi Chamberlin
Peer Support in the 80’s

- Major transitions for the movement
- Involvement in government planning boards, research consultation, mental health recovery construct
- Funding for drop in centers in Baltimore, Berkeley, Cambridge and Oakland
- First NIMH funded Alternatives Conference in 1985 and federally funded demonstration projects
- Emergence of statewide consumer/survivor run organizations – California Network of Mental Health Clients
Peer Support in the 90’s

• “Decade of recovery” – Bill Anthony, 1993

• New models emerged including peer run crisis respite, peer bridging, peer advocacy, peer run housing, warm-lines

• Continued focus on relationship building and rights;

• New focus on developing community adjustment and wellness skills, fostering community connections and natural supports beyond the mental health system, e.g. NYAPRS Peer Bridger Model
21st Century Peer Support

• Recovery and peer support in the mainstream

• National implementation of peer specialist training and certification

• CMS guidance letter on peer services in Medicaid

• Hiring of peers in every level of service need from correctional facilities, inpatient hospitals, ambulatory services, mobile crisis, ACT teams,

• Peer run organizations in both mental health and addiction recovery communities
TIMH 2014 - Peer Specialist Training and Certification by State

Legend
- Existing program
- In development
- No program
Specialty Areas

- Peer Crisis Diversion: warm lines, respite house
- Peer Bridging: from state and Medicaid hospitals, adult and nursing homes, homeless shelters, criminal justice settings
- Peer Wellness/Recovery Coaches
- Rights Protection & Advocacy
- Life Coaching: work, economic self sufficiency
- Peer Supported Housing, Employment, Education
- Peer ombudspersons
- Health Activation and primary care
- Health care system navigators
National Reports To Expect

• National Overview of Peer Recovery Coaching: Training, Certification and Implementation - Bringing Recovery Supports to Scale Technical Assistance Center – BRSS TACS

• National Standards for Peer Support – International Association of Peer Supporters and Faces and Voices of Recovery

• Core Competencies of Peer Support - BRSS TACS

• http://beta.samhsa.gov/brss-tacs
Current Opportunities for Peer Support

- Healthcare Reform Priorities
- Medicaid Redesign Initiatives
- Triple Aim – health, quality and cost
- Managed Care and Health Home Networks
- National and state level standards, core competencies and certifications for peer services across mental health and addiction
- Growing experience with program design, management and evaluation
Why Intentional Peer Support?

- Peers come together around shared experiences and often a desire to change lives
- Without a new framework to build upon, people frequently re-enact “help” based on what was done to them
- IPS offers a foundation for doing something different from a history of grassroots alternatives that focus on the possibilities that emerge when relationships become mutual, explorative, and conscious of power
We are always at risk of re-creating the qualities of society and systems that ignited our outrage in the first place.
The Integrity and Heart of Peer Support

“If you have come to help me, you are wasting your time. If you have come because your liberation is bound up with mine, then let us work together.”

Lilla Watson, Australian Aboriginal Elder and Activist
Current Challenges for Peer Services

• Rapid growth and a diversity of approaches and models creates challenges for rigorous research models and evidence base for peer services
• Strong peer support conceptual frameworks, standards and structures that are transformative agents e.g. Intentional Peer Support
• Many peer services still lack operational and management disciplines that focus on values and standards of peer services as well as business and operations management
• Current efforts are on improving business and operations management as well as program design and evaluation
Current Challenges for Peer Services

• Financial valuing of peer services and employment
• Medicaid payment systems
• Marketing of peer services
• Contracting with managed care and private sector
• Core competencies, ethics and standards could be driven by systems
Challenge of Disruption

A traveler to a new land came across a peacock. Having never seen this kind of bird before, he took it for a genetic freak. Taking pity on the poor bird, which he was sure could not survive in such deviant form, he set about to correct nature’s error. He trimmed the long, colorful feathers, cut back the beak, and dyed the bird black. “There now,” he said, with pride in a job well done, “you look more like a standard guinea hen.”
Peer Services as Innovative Disruption

• Create a “culture of disruption” in the use of power in services, systems and society
• Engagement and outreach “feet on the street”
• Not about control, expert assessment, prescribing or predicting
• Is about relationship, narrative change and self-disclosure of negative experiences and stories of overcoming
Role of Lived Experience and Social Identity in Systems Transformation

• Evolving role of lived experience leadership
• Grassroots community organizing
• “At the table” roles call for different skills
  – Policymakers
  – Providers
  – Peer Support
  – Trainers and Consultants
  – Research
Literature References

• Centers for Medicare and Medicaid Services, August 15, 2007. Letter to State Medicaid Directors on Peer Services and Medicaid; SMDL #07-011
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