PEER SUPPORT AS AN ANCHOR IN MENTAL HEALTH CARE IN THE "NEW NORMAL"

Diana Spore, PhD, MGS
Recovery Consultant, Mental Health and Recovery Board of Ashland County
Former Board Member of Mental Health and Recovery Board of Ashland County

As Ohio reopens and new "normals" emerge, one major issue has risen to the forefront of challenges that must be faced. The pandemic has been traumatizing for many, linked with isolation, weak support systems, and increased stress. While the pandemic has not been a trauma for all, the ramifications have been serious. Some experts have noted that the next "pandemic" will be escalating needs for mental health care – for those who have not been viewed as "mentally ill" (the "normals") as well as for those who have psychiatric diagnoses.

The potential for overloading the mental health system -- particularly in relation to specialized mental health services – appears to be high. However, other mechanisms could be in place to assist those who are reaching out for help and support. Rather than having specialized mental services (where providers are psychiatrists and licensed psychologists/therapists) as the first stop or continuing pathway for mental health care, one major anchor could be peer support.

Peer support promotes recovery and wellbeing, opens the door to develop and strengthen healthy relationships, and helps to maximize resilience. In other words, peers – those who get it and who have faced similar challenges – can serve as "natural" supports. There is also value in having peer support linked with age, particularly among older adults. While multiple options can be considered in efforts to be "creative" in programming/services by providers, there is value in having experts and "peers" at the table.

Developing models of how peer support can be an anchor, how services could be delivered, requires that peers be "at the table." Like Pat Risser's position in the psychiatric survivor movement, the table belongs to peers (for Risser, he argued that it was the survivors' table).

Peer Support as an Anchor

Peer support can be a primary mechanism for embracing recovery, for offering support so that isolation and risks of depression/suicide are reduced markedly, so that stress can be dealt with in healthy ways.

To have peer support be an anchor, four issues need to be prioritized.

First, it will be necessary to have peers be skilled at promoting connectedness in a variety of ways.

Second, peers will need to be comfortable with, knowledgeable, and trained in offering trauma-informed care/approaches.

Third, skills in advocacy writing and advocacy efforts will need to be developed and strengthened.

Fourth, it will be advantageous for peer support "agencies" to link recovery-focused programming with community service projects. Also, peer support specialists should be involved as much as possible.

First, connectedness can be promoted and happen using non-tech means, such as letters, phone contacts, texts, and emails. There would be value in having peers on care lines, rather than relying on crisis lines in which those in need may not know who they are talking to, may fear being hospitalized in psychiatric wards. As far as relying on more high tech methods, using zoom approaches for programming and for checking in with each other is ideal when individuals cannot be in the same room. Facial expressions are revealed, tones of voice are clear cut. Questions can be posed on-the-spot with group discussions facilitated and made possible. To facilitate connectedness, the process should be interactive, providing mutual support in the process. More high tech methods for connecting may require use of ipads and other computer devices. Some parties may need to be brought up to speed with using technology, to receive training and to even be provided with computer devices, using funding from grants.

Second, peers should be well-trained in using trauma-informed care approaches with every contact. Peer support specialist training prioritizes this education, providing opportunities to "practice" and find out what they might need to do differently. Actually, trauma-informed care should be the cornerstone to any peer support program, to be part of their mission and vision.

Third, as far as building an advocacy initiative into programs, consideration should be given to what it would take. Peers would need to be familiar with consumer rights – this is the linchpin for being able to advocate for self and others. They would need to be aware of major problematic issues in our mental health system in the past and during the "new normal." Peers should be familiar with supports that are grounded in psychosocial and narrative approaches to healing and

recovery. These include approaches such as Open Dialog, expressive arts such as creative writing, supported employment, and education.

As far as being adept in advocacy writing, peers should be knowledgeable about how to write blogs/articles as well as letters to newspaper editors and politicians, and to engage in research to write effective white papers. Advocates also need to be very discriminating and critical in their evaluation of programs and information that they will rely on. There is a tremendous amount of information readily available to anyone who seeks it, but the quality and reliability of the information varies widely. Peers should learn how to use the power of the pen effectively, and to engage in public speaking with comfort while ensuring that information provided is current and accurate.

Fourth, recovery-focused programming, advocacy efforts, trauma-informed care approaches, and community service projects should be linked to maximize resilience, to promote wellbeing and healing. Community service projects should be framed to reduce stigma; e.g., through finding voices via collaborative creative writing, sharing stories. These types of efforts would help to clarify that community members are more alike than different. We should move away from medical model approaches that focus on labels and symptoms. Rather, we should move toward a trauma-informed model that focuses on an individual's experiences. In the language of trauma-informed care, it means that we look at what has happened to someone as opposed to what is wrong with him/her.

Closing Comments

The "new normal" for mental health care must not rely on traditional, specialized mental health services. Rather, the primary anchor should be peer support, taking advantage of "natural supports" in healthy social support networks (however they are defined, some may not include family members). When you are struggling with mental health concerns (e.g., anxiety, depression), interacting with those who have been "there," have faced and overcome life challenges and trauma will play a major role in promoting recovery and reducing stress.

For peer support to be a major anchor: promoting, developing, and strengthening relationships and connectedness are keys. Steve Stone, Executive Director, Mental Health and Recovery Board of Ashland County (Ohio) notes that "peer support is about fostering connections and relationships built on trust, and relationships are the bedrock of community. So peer support is a building block of community. Leadership consultant, Margaret Wheatley, puts it this way: "Most cultural traditions have a story to explain why human life is so hard, why there is so much suffering on earth. The story is always the same – at some point, early in our human origin, we forgot that we were all connected. We broke apart, we separated from each other. We even fragmented inside ourselves, disconnecting heart from head from spirit. These stories always teach that healing will be found when we remember our initial unity and reconnect the fragments.""

Let's look toward the value and benefits of peer support in meeting mental health needs during our "new normals." We know that peer support works in promoting recovery and healing from trauma, in forging healthy relationships, and in providing opportunities for stories to be shared safely and confidentially.

Mental Health & Recovery Board of Ashland County
www.ashlandmhrb.org 419-281-3139