Position Paper

Developing a Mental Health Peer Specialist Workforce in Massachusetts

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Introduction

The President's New Freedom Commission on Mental Health identified significant shortcomings of the nation's mental health system and sounded a call for its transformation. One of the most striking weaknesses identified was the system's lack of focus on recovery for individuals with mental illness. The Commission asserted that a transformed mental health system should focus primarily on recovery versus its current emphasis on symptom reduction. Key elements of recovery include the consumer being at the center of their care, self-determination, and improved quality of life such as housing stability, competitive employment, and meaningful relationships despite one's psychiatric disability.

This transformation hinges upon two key principles according to the report:

- "Services and treatments must be consumer and family centered, and
- Care must focus on increasing consumers' ability to successfully cope with life's challenges, on facilitating recovery, and on building resilience, not just on managing symptoms."

Key to these principles is the engagement of consumers in all facets of the mental health system. The report states that in a transformed system "Consumers will play a significant role in shifting the current system to a recovery-oriented one by participating in planning, evaluation, research, training and service delivery." In these multiple roles, consumers can continually assert a focus on recovery.

Massachusetts' Department of Mental Health's plan of developing a Unified Behavioral Health System also prioritizes a focus on recovery by involving consumers and their families fully in the delivery of services. The state's mental health system, therefore, is poised to begin the transformative process called for by the New Freedom Commission.

One important role in which mental health consumers can act as transformative agents in Massachusetts is as peer specialists. Peer Specialists are usually paid staff persons with a mental health or co-occurring disorder who have been trained and certified to help her/his peers identify and achieve specific life goals and achieve recovery. They promote self-determination, personal responsibility and empowerment inherent in recovery, and assist people with mental illnesses to regain control over their lives and their recovery process. Peer specialists help those they serve and the settings in which they work to focus on the recovery needs of consumers. In this way, peer specialists can assist the state's mental health system in its transformation process towards recovery orientation.

Nationally, policy makers and other stakeholders are beginning to recognize the value and potential of peer specialists in transforming mental health delivery systems. Several states including Georgia, Arizona, and South Carolina have developed a strong workforce of certified peer specialists. Massachusetts is also committed to being at the forefront of this movement. In October 2004, the Commonwealth received a Center for Medicare and

Medicaid Services (CMS) Real Choice System Change Mental Health Transformation Grant. The aim of this grant is to promote a recovery orientation throughout the state's mental health system with a particular focus on strengthening the role of peer specialists statewide.

A group of stakeholders, known as the Transformation Committee (Transcom), have come together as a result of the CMS Transformation Grant and are committed to expanding the use of peer specialists in the state and have been exploring mechanisms to achieve this. This proposal, supported by the Transcom, serves to

1) Educate stakeholders on the roles a peer specialist can play and are currently fulfilling in the state's mental health system
2) Build awareness of the value of peer specialists to mental health consumers, providers, and the overall mental health system
3) Describe the next steps planned for expanding the use of peer specialists throughout Massachusetts

Current Peer Specialist Activities in Massachusetts

Mental health consumers are currently providing peer support services to consumers in a variety of locations across the state including community and inpatient settings. They are running mutual support groups statewide, working on PACT teams, providing transition services to individuals discharged from hospitals in Worcester and Springfield, conducting MBHP provider trainings on recovery-orientation, and giving personal advocacy assistance to mental health consumers through programs such as the Homeless Empowerment Advocacy Program, Northeast Independent Living Program, the Jonathon Cole Mental Health Resource Center and several other consumer-run initiatives.

A diverse array of mutual support groups are in place across the state facilitated by mental health consumers. The Peer Educators Project (PEP), a collaboration between Vinfen Corporation and the Massachusetts Behavioral Health Partnership (MBHP), recruits and trains Peer Educators to teach other consumers about the recovery process through facilitating recovery meetings. Peer Educators ran 944 recovery meetings in FY2004 with overall attendance of 8,352 participants. A survey of group members in 2004 found that 84% felt the overall quality of their life had improved and 81% experienced improvement in their psychiatric symptoms as a result of participation in the groups. There are many other mutual support groups active throughout the state including Double Trouble in Recovery, NAMI-Care, Emotions Anonymous, Wellness Recovery Action Planning (WRAP) and Manic Depressive and Depressive Association (MDDA) groups.

Mental health consumers are also providing recovery-oriented services on PACT teams, bringing their first-hand experience about the recovery process to the team and its clients. The varied responsibilities of PACT peer specialists include mentoring clients to promote

hope and empowerment, acting as an interpreter to help the team better understand the experience and needs of their clients, promoting a recovery-oriented and client centered culture in all treatment planning, acting as a liaison with community resources especially consumer-run programs, and assisting in all treatment services. To date, there has not been any evaluation of the benefits of having these peer specialists on PACT teams in Massachusetts, although nationally several studies have demonstrated the value and positive outcomes associated with their participation.

Consumers are also fulfilling an important role in helping individuals with mental illness transition successfully from the hospital to the community by connecting them with community resources upon discharge through the Peer Support in Aftercare Program. MBHP funds this initiative which is run out of the Lighthouse and Genesis Clubhouses. Consumers in partnership with non-consumer professionals meet with hospitalized individuals to help them set goals for a successful return to the community, and help them meet these goals upon their discharge. A FY2003 report from MBHP indicated that the Genesis program provided 753 hospital outreach visits and served 83 members over the year. MBHP conducted an evaluation of this program in 2002 comparing 17 program participants to a group of individuals who declined to participate in the program, and found very positive results. The study found that individuals who successfully engaged with the Peer Support program had longer community tenure than those individuals who did not. With regard to service costs, program participants had a significant decrease in their inpatient, emergency, and outpatient costs compared with non-participants who had significant increases in these costs over the same time period.

In addition to these important roles, consumers are running trainings with traditional providers in the MBHP network on recovery orientation and consumer-driven care. Many freestanding consumer-run programs are also operating across the state providing advocacy assistance to individuals with mental illness with regard to accessing appropriate treatment, safe and stable housing, employment services, and other resources.

Evidence Base for Peer Specialists

A growing body of studies is demonstrating the value of peer specialists and peer support for mental health clients, traditional providers, and the overall mental health system. The research has revealed benefits in two categories— medical improvements such as reduced symptomatology and decreased use of hospitalization and crisis services, and recovery-oriented outcomes such as improved quality of life, decreased social isolation, and improvements in housing and employment. While the funding to support large scale evaluations of these programs has been limited, many have still employed rigorous methods using randomized control groups and methodologically sound measures to explore the benefits of peer specialists. This section will provide a brief summary of this literature.

Evaluations conducted on support groups for individuals with mental illness including GROW, Recovery Inc. and MDDA groups have found several benefits for participants in the areas of symptom reduction and overall quality of life. A study of GROW support group members that used a matched comparison group of non-participants found that GROW members had significantly shorter lengths of hospital stays after joining compared with non-GROW members (Kennedy, 1989). Galanter (1988) and Kurtz (1988) also found that Recovery Inc and MDDA group participation was associated with significant decreases in hospitalization rates after members joined these groups. Studies have also explored the effect of mutual support on participant's quality of life. Group membership is positively associated with self-esteem, improved decision making skills, and improved social functioning (Carpinello et al, 1992; Galanter, 1988; Kaufman et al, 1994). Although there is evidence of benefits for support group participants, two studies have also found that a large group of mental health consumers do not attend these groups, which underscores the importance of having other peer support options available for consumers such as one-to-one support (Kaufmann et al, 1994; Luke at al, 1994).

Several studies have identified positive effects of peer specialists on ACT teams and other intensive case management teams for individuals with serious mental illness. Some have shown that the addition of peer specialists on these teams resulted in greater gains in quality of life such as satisfaction with living situation, finances, and personal safety and improvements in social functioning and coping skills compared with those who were served by teams without peer specialists (Felton et al, 1995; Klein et al, 1998). Another study compared the outcomes associated with a consumer-run ACT team versus a non-consumer run ACT team, and found that consumer-run ACT team clients had significantly fewer hospitalizations, emergency room visits, and overall significantly longer community tenure than non-consumer ACT team clients (Clarke et al, 2000). While two additional studies found no significant differences in the outcomes associated with case management services provided by consumers compared with non-consumers (Chinman et al, 2000; Solomon and Draine, 1995), no studies have reported negative effects of peer specialists for clients on ACT teams.

Peer specialists have also had a positive impact on the attitudes of traditional providers towards individuals with serious mental illness. Peer specialists have helped providers shift their negative expectations for their clients' prognosis by providing them with positive examples of individuals in recovery (Miya et al, 1997; Dixon et al, 1994; Dixon, Hackman, & Lehman, 1997). Additionally, the presence of peer specialists within a traditional provider setting can facilitate the inclusion of consumer and family members' voices in all aspects of an agency's service planning, delivery and evaluation (Bichsel, 1997).

Additional studies have focused on benefits of other types of peer support provided by consumers. Researchers evaluated a program similar to the Massachusetts Peer Support

in Aftercare programs using a randomized control design. They found that the programs' participants had significantly fewer and shorter hospitalizations than similar individuals who didn't participate (Edmuson et al, 1982). Another study highlighted the benefits experienced by peer specialists themselves including improvement in their own recovery, increased feelings of social approval and self efficacy, professional development skills, and stable employment (Salzer and Shear, 2002). A recent study demonstrated several positive impacts of a consumer-led provider training on traditional provider's recovery attitudes and skills. Specifically, providers who completed the training had significantly higher competency skills in recovery-oriented care than those who didn't complete the training (Young et al, 2005).

Challenges and Solutions for Successful Integration of Peer Specialists

While there has been both anecdotal and empirical support for the benefits of peer specialists, challenges in successfully integrating them into traditional mental health settings do exist. One challenge has been the lack of clarity on the role and responsibilities of a peer specialist in relation to traditional providers. For example, peer specialists working on ACT teams throughout Massachusetts have experienced difficulties in their roles that stemmed from ambiguity about their responsibilities on both the consumer and providers' parts. The non-consumer team members didn't understand the valuable contribution that the peer specialists could make for their clients, which led to their underutilization and marginalization on teams. As such, peer specialists felt isolated and undervalued in their roles.

Other studies on peer specialists refer to additional challenges for their successful integration into mental health services. One barrier involves the dual relationships that can arise when a consumer serves as a peer specialist in the same agency where they are receiving or received services (Paulson et al, 1999). Dual relationships can occur between providers and peer specialists, and between peer specialists and other consumers with whom they have friendships. One strategy for avoiding this issue is to adopt policies that do not allow peer specialists to work for agencies where they also receive(d) services. This is feasible in larger metropolitan areas, but may not be an option in more rural communities. A more realistic strategy for all settings is to encourage open dialogue about dual relationships between all parties involved (Jonikas et al, 1997).

A somewhat related issue is the existence of role confusion between consumer and non-consumer providers. Peer specialists and non-consumer providers may have no experience working collegially on a team. Stigmatization may still exist as staff may not recognize consumer providers as their equals in the workforce (Zipple et al, 1997). Another issue can arise when peer specialists feel torn between advocating for the client and representing the agency for which they work since they may identify more with their fellow consumer (Carlson, Rapp & McDiarmid, 2001).

The process of transitioning from client to consumer-provider can pose difficult challenges for peer specialists as well. Their friends and acquaintances may view their transition distrustfully, feeling that they have given up their consumer identity to be a traditional staff member. On the other side, colleagues of the peer specialist may still view them as clients and not as equal colleagues (Mobray & Moxley, 1997; Zipple et al, 1997). This situation can lead to feelings of isolation and undermine the value of a peer specialist on a team.

Although challenges exist for peer specialists and providers on working together successfully, many strategies exist for addressing them. The following is a series of recommendations developed by Carlson et al (2001) through a series of focus groups with non-consumer professionals and peer specialists:

1) Use job descriptions with clear delineation of responsibilities for peer specialists
2) Create peer specialist friendly cultures by providing training for providers on stigmatization and respect, facilitating dialogue about role confusion and instituting agency policies and guidelines that address issues of dual relationships
3) Provide individual supports for peer specialists such as job coaches, supervisors with specialized training in working with peer specialists, and support groups
4) Promote the development of a professional association of peer specialists where they can discuss their experiences and gain mutual support for a somewhat isolating role
5) Provide quality supervision to both consumers and their non-consumer team members on the challenges that may arise on teams

Next Steps for Expanding Peer Specialists throughout Massachusetts

As mentioned earlier in this piece, a diverse stakeholder group called the Transcom is committed to strengthening the support and resources needed to expand peer specialists throughout the Commonwealth. To achieve this goal, the Transformation Center, a consumer-operated training and technical assistance center, in partnership with Transcom subcommittees are working on very concrete steps to develop a training and certification program for peer specialists statewide. Some of these steps include the following:

- Several subcommittees have formed to work on key issues for expanding peer specialists. They include a Funding and Policy group, Training and Certification Group, Curriculum Development group, and a larger Implementation Steering Committee.
- The Transformation Center is consulting with Larry Fricks and Ike Powell from Georgia who played a major role in developing a workforce of peer specialists who are funded through Medicaid in that state.
- The Peer Specialist curriculum from Georgia is being adapted for Massachusetts trainings.
- Several peer leaders have received Peer Specialist training in both Georgia and Arizona and are preparing to train fellow peers here in Massachusetts.

- The First Peer Specialist Training is planned for August of 2006.
- The Funding and Policy group is exploring several options for funding peer specialists in parallel with all this work.

This is an exciting time for all involved in moving these goals forward in Massachusetts. Members of the Transcom are committed to the success of these efforts, and will continue to keep the mental health community throughout the state up to date on this transformative work.

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