

# Mental Health Peer Support: Using Lived Experience to Promote Recovery

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5<sup>es</sup> rencontres  
scientifiques  
de la **cnsa**  
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# What I hope to cover:

- What is mental health peer support?
  - What are the benefits of peer staff using their experiential knowledge in supporting others?  
(both from peer staff perspective and research evidence)
  - What conditions and factors promote and/or impede the effectiveness of peer support?
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# What is “Peer Support”?

- History extends back to Pinel at the end of the 18<sup>th</sup> Century
- In contemporary form, emerges from Mental Health Consumer/Survivor Movement
- Resurrected as a strategy for increasing access to care and addressing the gap between treatment and recovery (i.e., “a life in the community”)



Dr. Philippe Pinel at the Salpêtrière, 1795 by Robert Fleury.  
Pinel removing the chains from patients  
at the Paris Asylum for insane women.



# Birth of Peer Support in the 1790's in France

“In lunatic hospitals, as in despotic governments, it is no doubt possible to maintain, by unlimited confinement and barbarous treatment, the appearance of order and loyalty. The stillness of the grave, and the silence of death, however, are not to be expected in a residence consecrated for the reception of madmen. A degree of liberty, sufficient to maintain order, dictated not by weak but enlightened humanity, and calculated to spread a few charms over the unhappy existence of maniacs, contributes, in most instances, to diminish the violence of the symptoms, and in some, to remove the complaint altogether.



## The Leadership of Jean Baptiste Pussin

... Such was the system which the governor of the Bicetre endeavored to establish on his entrance upon the duties of his office. Cruel treatment of every description, and in all departments of the institution, was unequivocally proscribed. No man was allowed to strike a maniac even in his own defense. No concessions however humble, nor complaints nor threats were allowed to interfere with the observance of this law. The guilty was instantly dismissed from the service.



In might be supposed, that to support a system of management so exceedingly rigorous, required no little sagacity and firmness.

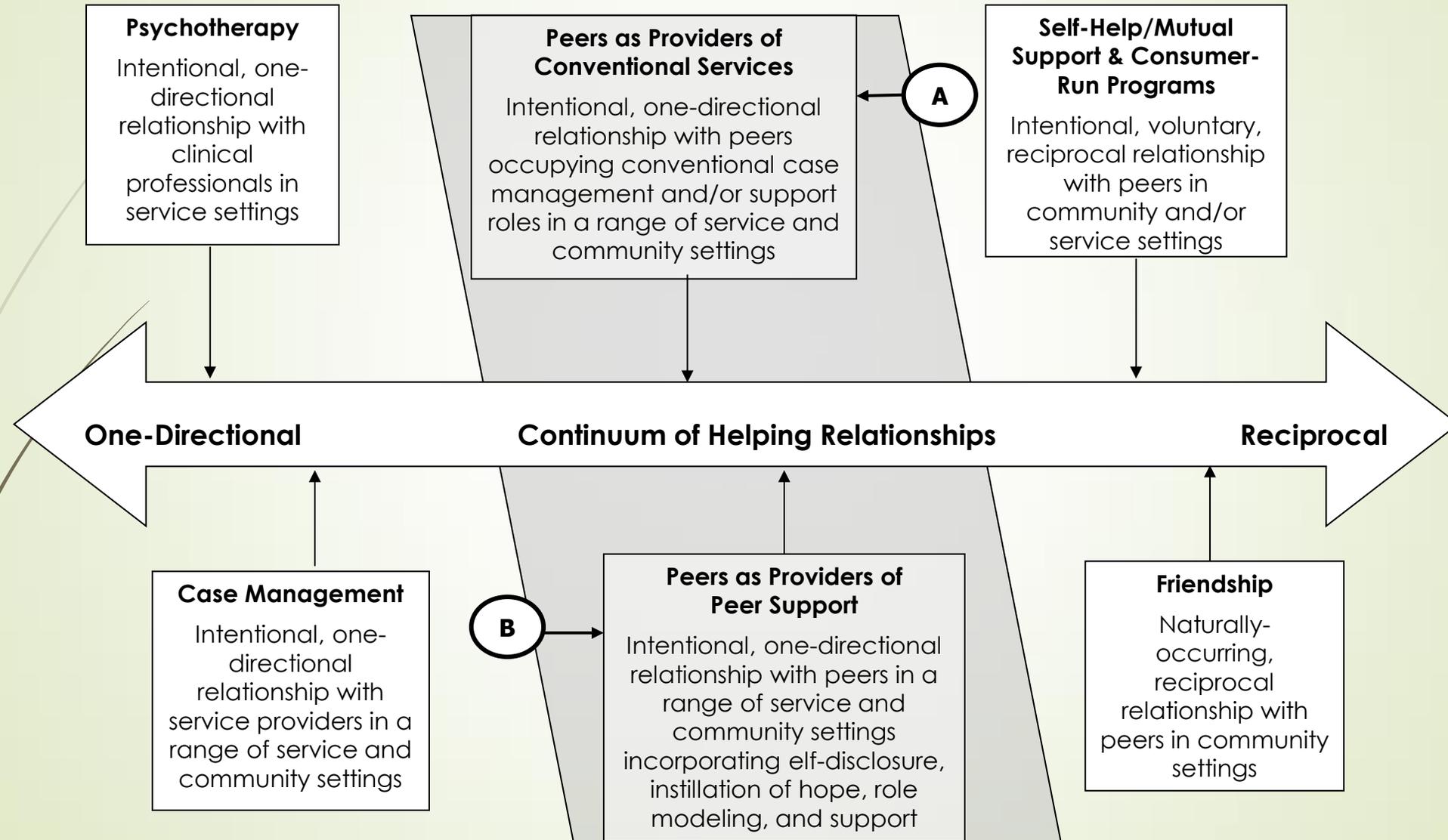
The method which he adopted for this purpose was simple, and I can vouch my own experience for its success. His servants were generally chosen from among the convalescents, who were allured to this kind of employment by the prospect of a little gain. Averse from active cruelty from the recollection of what they had themselves experienced;—disposed to those of humanity and kindness from the value, which for the same reason, they could not fail to attach to them; habituated to obedience, and easy to be drilled into any tactics which the nature of the service might require, such men were peculiarly qualified for the situation. As that kind of life contributed to rescue them from the influence of sedentary habits, to dispel the gloom of solitary sadness, and to exercise their own faculties, its advantages to themselves are equally transparent and important” -- Pinel, 1801

# Jean Baptiste Pussin



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# A Continuum of Helping Relationships





# Key Mechanisms of Peer Support

- Instillation of hope (through acceptance and positive self-disclosure)
  - Encouraging and role modeling self-care (including persistence and the use of mental health services and supports)
  - Assistance accessing care and navigating complex health and social systems
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# Navigation includes:

- Engaging skeptical people in trusting relationships
  - Helping with required paperwork and bureaucratic processes
  - scheduling appointments
  - arranging for child care
  - reminding people of appointments
  - providing transportation to and/or accompanying people to appointments
  - providing information, education, support, and encouragement
- 



# Acceptance and Persistence

- ▶ I'm no better than the next man. It's just that I changed, I don't use no more. I can wake up in the morning and shower and shave. I'm not gonna knock him 'cause he ain't got himself together yet.
- ▶ I keep pushing them . . . and when they give up, I still push them. Because everybody has those days. When they don't want to take their medicine. When they think the whole world is against them. Or when they just don't want to do nothing, regardless, period.



# Encouragement and Empowerment

- ▶ You learn not to prescribe for people or treat people and at the same time you can help them move forward in their lives. So it gives them a lot of autonomy in terms of what they want to do, kind of guided by us, without forcing them or coercing them to do anything like that.
- ▶ One of the things I work on in my own recovery is patience and stuff. It took me years and years to transition into the person that I am. I'm a firm believer, you gotta meet the person where they're at—you gotta understand that this is the best that the person can do with who they are and what they have at that particular moment.



# Empirical Evidence to Date

- First generation studies showed that it was feasible to hire people in recovery to serve as mental health staff
- Second generation studies showed that peer staff could generate equivalent outcomes to non-peer staff in similar roles
- Third generation studies are investigating whether or not there are unique contributions that peer support can make



# Evidence Summary

- Addition of peer mentors reduced:
  - Readmissions
  - Emergency room visits
  - Days in hospital
- Addition of peer mentors also:
  - Decreased substance use
  - Decreased depression
  - Increased hopefulness
  - Increased self-care
  - Increased well-being



# Conditions and factors that promote and/or impede the effectiveness of peer support

- ▶ System level
  - ▶ Organizational level
  - ▶ Individual level
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# System level

- Educate all stakeholders about the reality of recovery from serious mental illnesses, processes that promote recovery above and beyond symptom reduction, and the need to re-orient the system as a whole to the restoration of functioning and promotion of community inclusion based on a disability rights framework
- Educate all stakeholders about the nature, roles, and effectiveness of peer support and the complementarity of roles in relation to clinical care
- Enact policy and practice changes necessary to train, hire, and deploy peer staff, including reconsideration of job qualifications (e.g., value of life experience vs academic training; criminal justice experience), conventional notions of “boundaries,” and the shift from institutional care to community support



# Organizational level

- ▶ Involve all stakeholders in the introduction of peer support from the start (e.g., creating job descriptions, revising policies); elicit and address the concerns of non-peer staff
- ▶ Nest introduction of peer support in a broader context of organizational transformation to promoting recovery, including conducting an environmental scan for remaining indicators of stigma, discrimination, and stereotyping of persons in recovery (e.g., separate bathrooms) and resulting culture change processes
- ▶ Adapt relevant human resources policies and practices to allow for hiring people with criminal justice involvement and fewer credentials
- ▶ Develop clear job descriptions that build on the unique strengths peers bring to the work and that complement existing roles
- ▶ Provide “reasonable accommodations” as needed
- ▶ Provide supervision that understands, values, and reinforces lived experience and peer roles



# Individual level

- ▶ Pay attention to ensuring and sustaining role clarity
- ▶ Train/supervise peer staff for the roles they are being asked to perform
- ▶ View peers as colleagues (i.e., not as lesser than)
- ▶ Create an inclusive and strength-based work environment (address inevitable discrimination, e.g., micro-aggressions)
- ▶ Promote and support self-care for all staff
- ▶ Provide opportunities for upward mobility and career counselling
- ▶ Honor the resilience peers have shown in overcoming adversity and illness; view recovery as a sign of strength
- ▶ Value the contributions peers make to the lives of their patients (e.g., instilling hope, role modeling self-care, promoting lives in the community)
- ▶ Encourage non-peer staff to share their own struggles related to the work so that peers realize that it is difficult for everyone
- ▶ Invite peers to participate in activities/events that involve other staff



# In summary, you will be effective in training & deploying peer staff to the degree to which:

- ▶ Peer staff are enabled to fulfill a “peer” role as opposed to conventional non-peer roles, and are valued for it
- ▶ Peer staff are enabled to focus on cultivating a trusting relationship and supporting people in exercising self-care and reclaiming meaningful lives in the broader community within the context of a system- and organization-wide transformation to recovery orientation (i.e., emphasize recovery over symptom reduction)
- ▶ All staff are enabled to view and treat persons with serious mental illnesses with dignity and respect, and to focus on our shared humanity as the foundation for promoting recovery and community inclusion



## For further reading:

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