

Reducing Hospitalization Through Peer-Delivered Services

Peer Support Services: Using Personal Crisis as a Starting Point for Recovery

Laurie Coker, Director of North Carolina Consumer Advocacy, Networking, and Support Organization

Mark Jacques, Director of North Carolina Mental Health Consumers Organization

Introduction

- Who am I and Why am I Interested?
 - Former RN, medical and psychiatric nurse
 - Student of the system through my own two sons
 - Diagnosed with a psychiatric condition in late 30s.
 - Became very involved in national recovery movement, mentored by brilliant minds.
 - Question our culture's understanding of what we are responding to and how we should best do so.

Gain a Better Understanding of . . .

- Why mutual support roles make sense in crisis situations.
- The emerging role of peer support nationally and internationally
- The role of trauma in frequent hospitalization
- Models of hospital diversion

Why Peer Support?

- **REAL interpersonal engagement minimizes fear, empowers a person to “get his bearings”.** People are less afraid of sharing because the power differential in these relationships is more even.
- **Unique role of mutual support.** Shared life experiences result in a sense of safety and a more creative social platform person-to-person. **Hope** arises from this platform.
- **Mutual support foundational.** Mutuality generates trust, self-help and the potential for problem-solving that helps a person regain some control in spite of symptoms. Even in emergency treatment settings, people can be empowered to accept linkage to the appropriate treatment setting when hospitalization may not be what is needed.
- **Trauma commonly underlies mental un-wellness.** Crisis extremes are very often triggered when a person experiences something that connects him or her to an earlier damaging or painful event. Further, research tells us that trauma is a common factor to most who suffer from mental illness (90 per cent of people hospitalized suffer from trauma). Peers can support a person in crisis from a mutually based and humane approach which help people feel safer.

The Jefferson Quote

*Who then can so softly bind up the
wound of another as he
who has felt the same wound himself.*

-Thomas Jefferson

Peer Support Models that Work!

(Diversion)

- **Warm Lines or Hope Lines.** Trained peer specialists staff telephones that are available to individuals needing support pre-crisis. These are often embedded in Peer Centers and funded with local area grants.
- Hope Lines are part of the continuum of peer operated strategies for offering people opportunities to process their experiences with peers who can help them consider how difficulty can become productive in individual's lives.
- For years, people in our communities have expressed how they would be so much better off if they “just had someone to talk to sometimes.” We should take this seriously if we want to reduce episodes of illness.

Peer Support Models that Work!

Diversion

- **Peer Operated Support Centers** (also called Drop-In Centers, Wellness Centers, Recovery Centers, and Peer Centers) are informal settings that are operated by their participants, staffed by peer specialists, and are identified as independent community solutions.
- Such settings are deliberately not typical provider settings or psycho-social clubhouse models. Their appeal is in the sense of community and shared will that define them—unlike provider agencies where clinicians tend to have more power in the relationships than the clients. Participants are not interested in experiences that feel like provider agency programming. However, peer settings and recovery-oriented providers often work in a complementary way as providers often introduce clients to a peer center as a resource for social connection and mutual support.
- Peer Centers offer programming according to the needs and expressed wishes of their participants (examples—wellness class, communications, self-advocacy, etc.) However, unstructured time is also very important so that people can exchange ideas in a more normal social setting.

GreenTree Peer Center

- Voluntarily operated by peer specialists and participants 3 days a week, just south of downtown in Winston-Salem, NC for about 18 months.
- Core of 16 active participants. All have histories of frequent hospitalization, but four have had hospitalizations since beginning to participate with GreenTree. Each of these have come to GT literally upon discharge to be with their community. Of these, one has psychosis. The others would have benefited more by acute care in outpatient setting or by support at a peer operated respite center.
- Participants have become proactive about their living, developing their resilience. Social skills have improved, friendships developed, and the ability to challenge AND support has grown.
- We have just finished an 8-week Healthy Habits course taught by two peer health coaches. We plan to study a financial self-management course after Christmas, All My Money developed as a psychiatric rehabilitation course .

Peer Support Models that Work!

(Diversion)

- **Peer Operated Respite Programs** are innovative and unique hospital diversion programs where individuals seeking temporary residential care/ respite care can stay for one or several nights. Services are designed to help at-risk individuals to break the cycle of learned helplessness and recidivism through twenty-four hour peer support, self-advocacy education and self-help training.
- Guests are taught to use new recovery and relapse prevention skills and to move away from what are often long histories of cycling from home to crisis to hospital, year after year. The home-like environment is warm, friendly, safe and supportive. Peer staff are trained in trauma informed peer support approaches (*important*).

Peer Support Models that Work!

- Peer Respite is also called Peer Hospital Diversion Programs.
- There are close to twenty across the country and most have been evaluated for many markers of recovery as well as reduction in need for future hospitalization.
- Many centers have a pre-entrance interview process so that there is a file on record that helps peer staff to respond uniquely to an individual's needs and preferences. This is not a medical model but a rehabilitative model. However, residents are expected to bring and administer own medications.
- The goal of Peer Hospital Diversion *goes beyond preventing the need for hospitalization, but focuses also on using a time of deep personal turmoil as an opportunity for growth.*

Peer Support Models That Work!

- **Peer Counselors** supportively engage individuals in hospital waiting areas, focusing on assistance while helping them to manage their experience. They can help people consider what has triggered circumstances and who else there may be to contact that might offer part of the solution.
- If a clinician determines a person does not actually need hospitalization, the peer counselor can help hospital staff connect with more appropriate levels of service, returning a person to community supports instead of hospitalizing. This would well include connecting to a peer support group.
- It is very helpful (and typical) for Peer Counselors to be staff associated with a peer support center.

Peer Support Models that Work!

- **Peer Bridger Programs** are peer-run self-help programs that give advocacy, information, and hands-on assistance to mental health recipients as they move from the hospital into the community. Bridger staff offer help in self-empowerment and promote opportunities for peer companionship by linking people with peer operated support settings. They accompany discharged patients to support meetings and workshops that focus on hope, resilience, relationships, patients' rights, and recovery.
- They may assist in linking to support sources such as family supports, service providers, housing resources, and supportive community resources. They may help with obtaining necessary personal documents: identification cards; birth certificates; and social security cards. They inform people on other resources such as SSI, SSD, Medicaid, Medicare, food stamps, reduced fare transit cards in larger cities, and other aspects of being successful moving to the community. **Research of two programs has shown that peer bridgers have reduced re-hospitalization of hospital patients by 73%!**

Moving Forward in North Carolina

- **Questions**
- **Involving communities in innovative peer programs (next discussion)**
- **Resources and bibliography will be available online through NCHA**

Thank You for your timely interest!

Contact:

Laurie Coker, Director of NC CANSO

www.nccanso.org

Director, GreenTree Peer Center

930 South Broad Street in Winston-Salem

Email lcokernc@gmail.com

Phone 336-577-3743

Marc Jacques, Director NC MHCO

www.ncmhco.org

Email marcjacques@ncmhco.org

Phone: 860-917-3142