Central East (HHS Region 3)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Is the Past Prologue? From Insane Asylums to Peer Support Workforce

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June 25, 2019

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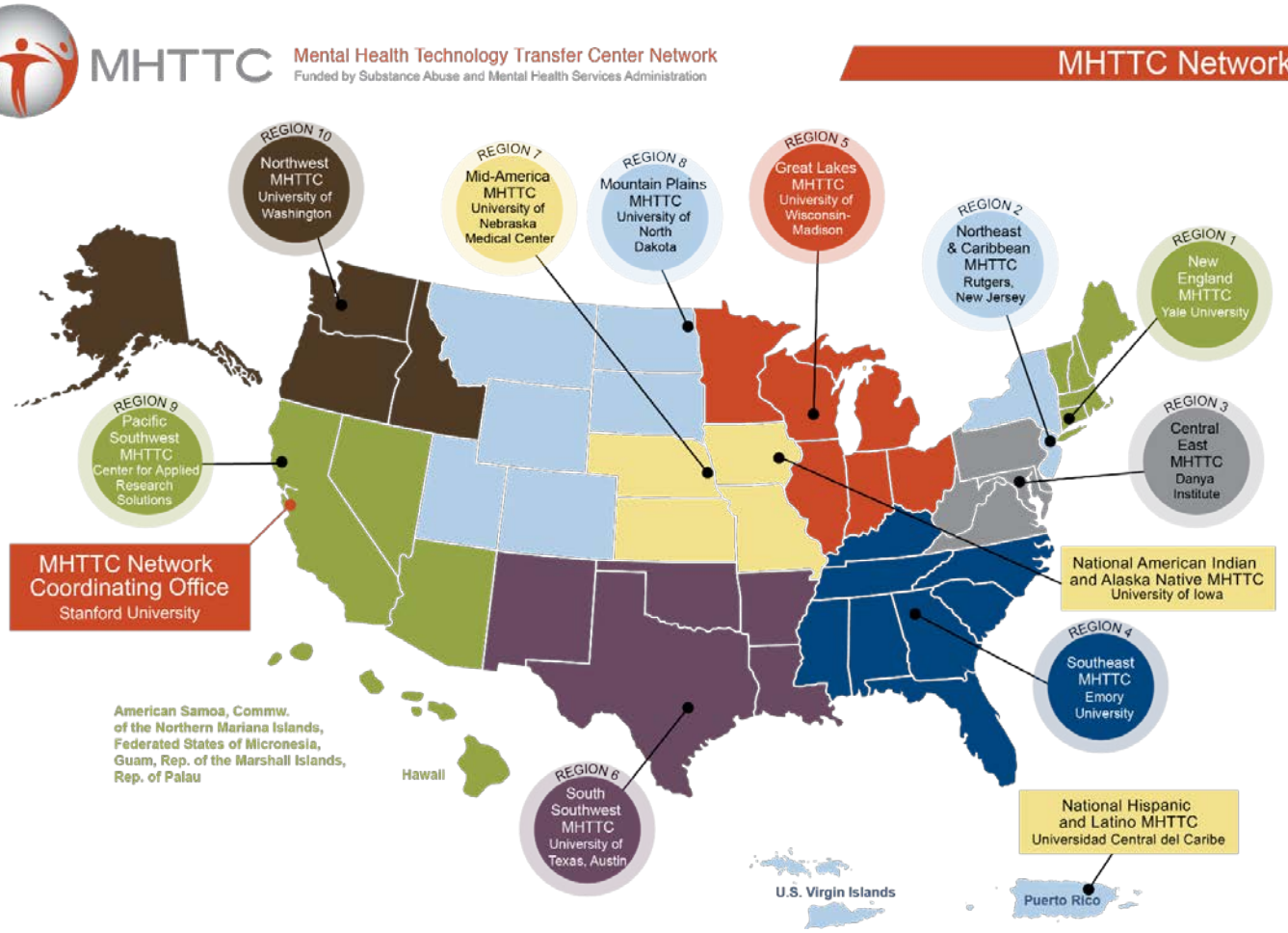

Central East MHTTC Goals

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- **Improve** skills of providers to recruit & retain the BH workforce
- **Improve** knowledge of BH workforce in recognizing co-occurring substance use disorders
- **Provide** T/TA on factors contributing to suicide and strategies for prevention
- **Educate** BH workforce and other public health practitioners on evidence-based smoking cessation strategies
- **Increase** the cultural and linguistic competencies of the BH workforce and other public health practitioners

Central East Region

HHS REGION 3

Delaware

District of Columbia

Maryland

Pennsylvania

Virginia

West Virginia

Treatment Referral Routing Service

SAMHSA's free, confidential, 24/7, 365-day-a-year treatment referral and information service

(in English and Spanish)

for individuals and families facing mental and/or substance use disorders.

SAMHSA
TTY: 1-800-487-4889

This service routes callers to state specific resources for referral to local treatment facilities, support groups, and community-based organizations.

The Webinar Series

- This series of 3 webinars explores how and why the peer support workforce evolved; and implications for changing mental health system practice and improving user outcomes.
- Today's webinar focuses on key indicators and events leading to creation of the peer support workforce.
- The July 16th and July 30th webinars address peer support workforce and mental health system change; and specific practices supporting and sustaining change and improved user outcomes.

Learning Objectives

1. Become familiar with the history of and context for creation of the mental health peer support workforce;
2. Understand key challenges in development of the mental health peer support workforce;
3. Increase ability to build peer support workforce in mental health settings successfully through undertaking necessary complex, interrelated tasks and actions.

Chat Exercise

What do you think are the most important factors leading to the growth of the peer support workforce?

Due Diligence

- The chronology that follows is selective, reflecting the presenter's perspective and experience.
- It's intended to provide a broad brush of relevant historical events as well as some specific markers.
- To some extent it may be idiosyncratic and incomplete.
- We invite you to think about what's missing and what you would like to add; perhaps we can post an interactive timeline that will evolve.

Keep in Mind

- Here's a Bill Gates quote that John Crystal, M.D., Chair of the Yale Department of Psychiatry, offered in a recent talk:
- "We always overestimate changes that will occur in the next two years and underestimate changes that will occur in the next ten."
- As we move through the following chronology, let's think about the changes in the mental health field from the 1950's to the present in relation to the evolution of the peer support workforce.

Let's "Time Travel" Together

- 1922: Clifford Beers, *The Mind that Found Itself*
- 1943: federal vocational rehabilitation amendments fund psychiatric disability services
- 1948: We Are Not Alone (WANA) becomes Fountain House
- 1949: NIMH (National Institute for Mental Health) founded
- 1949: Lithium first used for bipolar disorder
- 1952-1955: Antipsychotic medications introduced
- 1955: Federal Joint Commission on Mental Health Report

1950's and 1960's

- 1950's: people with serious mental illnesses hospitalized in large institutions; discharge possible with antipsychotic meds; little continuity of care from hospital to community; serious mental illness is a "life sentence."
- 1957: MAO inhibitors and tricyclic antidepressants
- 1961: Action for Mental Health Report
- 1963: Community Mental Health Centers Act
- 1965: Medicare and Medicaid authorized
- Community mental health centers tended to treat "worried well," not people with serious mental illness

1970's: "Deinstitutionalization"

- Assumption: large institutions are not the best places to care for people with SMI (serious mental illness); if services are located in communities, people will do better
- 1975: IAPSRS (now PRA – Psychiatric Rehabilitation Association) founded
- 1978: *On Our Own,* by Judy Chamberlin;
- Mad Liberation Front is active
- 1978: federal Community Support Program (CSP) initiated
- 1979: NAMI founded

1980's: CSPs and Rehabilitation

- Open Dialogue (alternative approach to psychosis) developed in Western Lapland
- 1981: National Alliance for Research on Schizophrenia and Depression (NARSAD) founded
- 1985: first Alternatives Conference, federally funded
- 1986: Federal Rehabilitation Act authorizes funding of employment services for people with psychiatric disabilities

1980's, continued

- 1986: Hearing Voices Network founded in Netherlands by Marius Romme
- 1988: 13 consumer/survivor-run demonstration projects funded by NIMH CSP
- 1989: Clozapine approved by FDA as first atypical antipsychotic
- Assumptions: people do better in communities; improvement is possible with a range of coordinated, rehabilitative services.

1990's: "Decade of Recovery"

- 1990: Americans with Disabilities Act
- Intentional Peer Support developed by Shery Mead
- Offices of Consumer Affairs funded and staffed in State Departments of Mental Health
- 1995: SAMHSA National Consensus Statement on Mental Health Recovery
- 1995: *Return to Community*, by Paul Carling

1990's, con't.

- 1999: U.S. Surgeon General's Report on Mental Health
- 1999: Georgia is first state to receive Medicaid reimbursement for peer services
- 1999: U.S. Supreme Court Olmstead decision affirming right of people with disabilities to receive state-funded services in communities.
- 1999: NAMI Report: Families on the Brink

Key 1990's messages

- Recovery is possible
- Disability rights movements
- "Nothing about us without us"
- State hospital downsizing
- Consumer advocacy groups
- Consumer involvement in research and program development
- Olmstead ruling about communities rather than hospitals as locus of care

2000-2002

- 2000: Bill Anthony Recovery Standards article
- 2001: Institute of Medicine Quality Chasm Report
- 2001: CPRP (Certified Psychiatric Rehabilitation Practitioner) credential initiated
- 2001: Surgeon General's Report on Mental Health, Culture, Race & Ethnicity
- 2001: Georgia initiates peer certification
- 2002: National Council on Disability Report
- 2002: NTAC Report on Mental Health Recovery: What Helps and What Hinders?
- 2002: *Mad in America,* by Robert Whitaker

2003-2005

- 2003: President's New Freedom Commission Report calls for involvement of people in recovery and their families
- 2004: iNAPS (International Assn. of Peer Supporters) founded
- 2005: U.S. Veterans Administration begins funding peer support positions
- 2005: Institute of Medicine Report: Improving the Quality of Health Care for Mental and Substance-Use Conditions
- 2005: peer support training, certification and employment in 7 states

2005-2010

- 2005-2010: federal mental health system transformation grants
- 2007: Medicaid letter authorizing reimbursement for peer support services as an “evidence-based” practice
- 2007: National Action Plan on Behavioral Health Workforce Development includes people in recovery and families as partners
- 2009: First Pillars of Peer Support conference

2010

- 2010: Hearing Voices Network USA founded
- 2010: Pillars of Peer Support conferences and reports continue
- 2010: *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*, by Robert Whitaker
- 2010: peer training, certification and employment in 26 states

2011-2015

- 2010-2014: Pillars of Peer Support reports
- 2011- present: SAMHSA BRSS TACS project underway
- 2012: Foundation for Excellence in Mental Health Care (FEMHC) founded
- 2012: U.S. Open Dialogue projects funded
- 2014: NARSAD becomes The Brain and Behavior Foundation
- 2015: SAMHSA peer support core competencies
- 2015: peer support training, certification and employment in 38 states

2016-2018

- 2016: over 25,000 Certified peer specialists employed in 44 States, D.C., and the V.A. (Veterans Administration)
- 2017: V.A. employs @ 1,300 peer support workers with defined positions and career ladders
- 2017: Intergovernmental Serious Mental Illness Coordinating Committee (ISMICC) created
- 2018: Alternatives conference funded for first time by National Coalition for Mental Health Recovery

2018-2019

- 2018: International User/Survivor/Lived Experience Research Network founded
- 2018: SAMHSA Strategic Plan for FY 2019-2023 addresses peer delivered services (Priority 2 Objectives 2.3 & 2.5) and credentialed peer professionals (Priority 5, Objectives 5.2 & 5.3)
- 2019: 45 States, D.C. & Veterans Administration train, credential and employ peer providers; remaining 5 states appear to have peer support in some form, though not state sponsored

Comments/observations

- New attitudes and evolution of new workforce
- System transformation possibilities
- Challenges of change
- Treatment changes – early psychosis intervention, Hearing Voices, Peer-run Respite, Open Dialogue
- Diversity; cultural humility; intersectionality
- Certification; continuing education
- Other key timeline suggestions?

Food for Thought

- There are now different ways of understanding madness and ‘mental illness’ and of addressing them.” Beresford, www.power2u.org/do-we-need-a-survivor-history-of-madness/
- “… this voice that the peer support professions represents, honors, champions and advocates … through the value of ‘nothing about us without us.’ This value base allows practice to become more person-centered, or even person-directed.” Adshead, 2009, *Advances in Psychiatric Treatment 15(6)*: 470-478.
- “Making an omelette requires breaking eggs, adding tasty ingredients and cooking at just the right temperature for just the right time to result in a nourishing, satisfying meal.”

Q & A

1. What are some key events you think should be added to the timeline presented?
2. What does the omelette analogy have to do with peer workforce and mental health system change?
3. What questions or observations would you like to ask or include?
4. Thank you for participating in today's webinar. We hope you will join us on July 16 and July 30.

Selected References

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Funded by Substance Abuse and Mental Health Services Administration

a program managed by

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Funding for this presentation was made possible by SAMHSA grant no. 3H79SM081785. The views expressed by speakers and moderators do not necessarily reflect the official policies of HHS; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.