



This product is meant to accompany the "Perspectives in Crisis" webinar series held between March and June of 2022.

You can watch all four parts of the webinar series on-demand [here](#).

Perspectives in Crisis

Overview of Perspectives in Crisis

Perspectives in Crisis is a four-part webinar series examining the experiences of Certified Peer Support Specialists (CPS) as they navigate, utilize, and provide crisis services.

Moderators and lead speakers:

- Georgia Mental Health Consumer Network
- Roslind D. Hayes (*Statewide Coordinator of Peer Support, Wellness, and Respite Centers*)
- Chris Johnson (*Director of Communications*)



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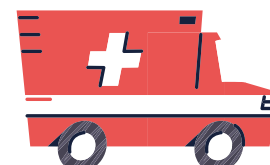
Defining Crisis Services and the Role of Certified Peer Specialists

What are crisis services?

- Crisis response services are a critical piece of the mental health service system. Crisis care services can help people in crisis by offering stabilization services, resolving problems, connecting people with various support networks, and identifying sources of ongoing support.
- Crisis services include:
 - Crisis lines, peer support services, walk-in crisis services like clinics and psychiatric urgent care centers, mobile crisis teams, respite and residential care services like family-based home support, crisis stabilization units, and extended observation units.¹

Who is a Certified Peer Specialist?

- Certified Peer Specialists (CPS) work from the perspective of their lived experience to help build environments conducive to recovery. They promote hope, personal responsibility, empowerment, education, and self-determination in the communities where they serve. CPSs are trained to assist others in skill-building, problem-solving, setting up and maintaining self-help mutual support groups, and building self-directed recovery tools. A critical role of the CPS is supporting others in developing their recovery goals and specific steps to reach those goals.²



How Do CPS Define a Crisis?

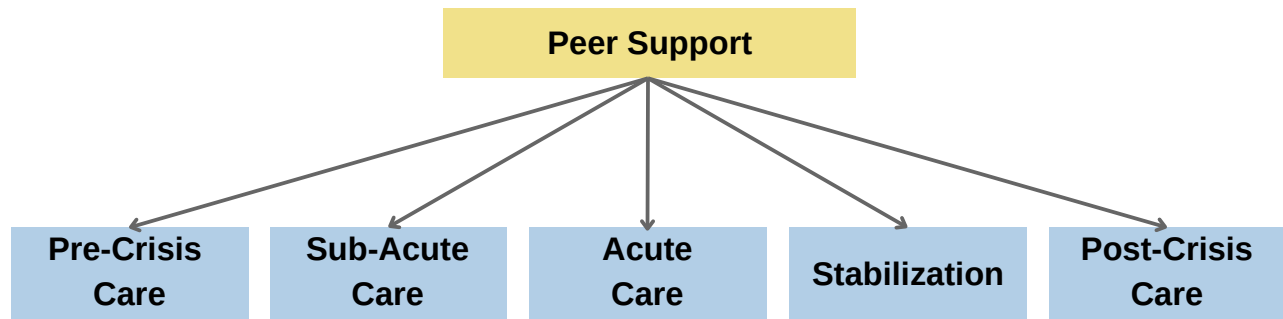


Crises can look different from person to person. There is no definition that fits with everyone's lived experience. Within our current context, a crisis is a time-sensitive manner in which a timely response can prevent negative outcomes.

- We try to view crisis situations as **opportunities** for connection, we want to be there for the person experiencing a crisis, provide a safe and non-judgmental space to talk, and have someone there to listen.
- Many of us aim to provide **intentional peer support**. Using this framework, we view a crisis situation as an opportunity for growth. When people experience a challenging time, the response may be to run or make it stop, but with intentional peer support, the goal is to stay with people experiencing crisis. There's an opportunity to be there and support folks, listen to them, and help them meet their needs.
 - "We want to sit *next to* people going through a crisis, not across a table from them, because we know what it feels like to not be heard, not to be validated, and not to have someone there."



Peer Support Services in Crisis Care



Peers can play an active role across the entire crisis care continuum, from pre-crisis care to post-crisis care. Peer-to-peer relationships are non-hierarchical and based on shared experiences. Support from peers (and CPS) can help individuals experiencing a behavioral health crisis, their families, and those navigating the recovery process. Peer support can also benefit clinical care teams.

- The lived experience of peers can help those in crisis or recovering from a crisis by **modeling recovery**. Peers can bond and help others by sharing an understanding of what it is like to experience and go through mental and/or behavioral crises.
- The peer support model is strength-based and trauma-informed. Peers **offer and promote positive coping** strategies, information sharing, and other activities (e.g., mentoring, advocacy).
- The role of peer supporters is "unique in that it is based on the concept of **mutuality**—or sharing similar experiences."
- Peers' participation in the crisis care continuum **strengthens engagement** in treatment and **improves outcomes** for those at risk for, experiencing, and recovering from a crisis
 - Examples of positive outcomes: reduced trauma and agitation, increased trust, reduced hospitalizations and emergency department usage for behavioral health concerns, reduced recurrence of symptoms, and decreased recidivism"

To learn more about the role of peers in crisis care, click [here](#).

Wellness Recovery Action Plan, Whole Health Action Management, and Psychiatric Advance Directives are some evidence-based self-management tools that can be used to maintain wellness, support recovery, and advocate for one's health and well-being. CPS and other peers can be involved in creating, supporting, and implementing these tools.

Wellness Recovery Action Plan

Wellness Recovery Action Plan (WRAP) is a powerful self-management resource that can help discover tools to create and maintain wellness, develop a daily plan to meet life and wellness goals, identify what can negatively impact one's mental and behavioral health, and gain support and stay in control even in times of crisis.⁴

WRAP consists of the following seven elements:



Wellness toolbox: The wellness toolbox is the foundation for WRAP. Our wellness toolbox consists of things we design for ourselves to keep ourselves well. These things are oftentimes simple, safe, and most likely (and hopefully) free.



Daily maintenance plan: This daily plan provides a structure for putting our wellness tools into action on a daily basis. A daily maintenance plan is specific in that you promise yourself to do these things everyday to maintain your wellbeing.

- Examples include: exercise, taking medications, prayer, eating well



Stressors: Stressors are external events or situations that may signal the need to refer to our toolbox. Stressors include things going on around us that may lead to uncomfortable feelings or behaviors. Stressors are specific to you and look different for everyone.



Early warning signs: Early warning signs are things we notice about ourselves or our environment that may signal that we need to protect or restore our wellness. Early warning signs are internal.

- Examples include: feelings of anxiety, racing thoughts, crying a lot



Signs that things are breaking down or getting much worse: Despite our best efforts, we can sometimes feel worse or like things are breaking down. Interventions may become more serious if we experience things breaking down. In this case, we still have control over what we can do.

- Examples include: taking a few days away from work, calling a close friend, speaking with a counselor



Crisis plan: A crisis plan helps us stay well even when we are not, by making advance plans for ourselves and can let our supporters know what we need during a time of crisis. This is the only part of our WRAP that is recommended to give to our supporters.



Post-crisis plan: The post-crisis plan allows us to navigate a difficult post-crisis situation so that we can return to our daily plans. Our post-crisis plan is there to support us while we are still healing. It is important to know that there are things set aside to keep you well even during the time you are healing.

To learn more about WRAP, click [here](#).

Whole Health Action Management

Whole Health Action Management (WHAM) is a training program that teaches peers ways to self-manage physical, mental, and behavioral health challenges to achieve whole health. “**Whole health**” is highlighted to address one’s physical, mental, and social well-being.⁵

- WHAM training has two focal points: 1) creating a whole health goal by using a person-centered planning process, and 2) developing mind-body resilience as a way to promote health self-management skills.⁶
- WHAM is typically a two-day, 10-session training presented by the National Council for Behavioral Health facilitators.

To learn more about WHAM, click [here](#).



Psychiatric Advance Directives

A **psychiatric advance directive** is a legal document that gives you an opportunity to specify your treatment preferences in times of crisis (particularly when it is challenging to speak for yourself) and/or pick a trusted representative to support your needs when experiencing a crisis.



- Your psychiatric advance directive is "similar to a living will and other medical advance planning documents used in palliative care."⁷
- Your psychiatric advance directive can be part of your crisis plan and can be updated as time goes on to better match your preferences and needs.
 - Make sure to keep track and provide your updated psychiatric advance directives to your supporters.

To learn more about psychiatric advance directives, click [here](#).

For additional information about psychiatric advance directives from SAMHSA, click [here](#).

Decriminalization

Criminalizing mental illness can cause adverse mental health outcomes and create additional barriers to recovery. While many factors may contribute to the criminalization of mental health issues, there are strategies that can help communities to decriminalize mental illness such as diversion, co-responding, forensic peer mentoring, and reduced contact with law enforcement.

One of the ways mental health crises can be decriminalized is through the utilization of programs like the **Policing Alternatives and Diversion Initiative** (formerly called pre-arrest diversion) in Georgia's Fulton County.

Decriminalization (Cont'd)

The **Policing Alternatives and Diversion Initiative** (PAD) is a program based in Fulton County, Georgia that aims to address underlying causes of health and behavioral concerns instead of criminalizing them. PAD operates under a **harm reduction, consent-based** model to support immediate and long-term needs of folks who experience quality of life concerns (e.g., experiencing homelessness, lack of access to food).⁸

- PAD gives law enforcement officers an option to not arrest someone who has been detained for a law violation that officers believe may be connected to an underlying quality of life issue.
 - Arresting and incarcerating people who are experiencing a quality of life issue not only fails to address the underlying cause of the behavior, but also exacerbates pre-existing issues and causes trauma.
- Officers have the ability to divert to PAD when they have probable cause.
 - When an officer chooses to divert, they call a dedicated PAD line for law enforcement, and a PAD harm reduction team is dispatched to meet the officer and the individual.
 - If the individual agrees to work with PAD, the officer leaves the scene, no police reports are made, and the officer has no further involvement with the individual.
- Important **focus areas** for PAD include:
 - Focusing on local criminal justice reform
 - Actively engaging and working with local behavioral health communities
 - Continuing to build rapport with communities and people who are and/or may experience quality of life concerns
 - Working to stop the criminalization of quality of life issues



"PAD has stood behind me 100%. They've helped me grow into the person I am now...I have a renewed sense of purpose."



How Can CPS and Peers Support Themselves and Others in Crisis?

Provide Social Support

Be a "champion" who would help or speak up on behalf of the person experiencing a crisis. A peer with lived experience is extremely valuable.

- *"With the support of people around me, I learned to work with my diagnosis and I began to be myself."*
- *"My support network took care of me and gave me permission to be myself and express what I was feeling."*



Listen, Embrace, and Accept

- *"I need somebody to **listen and hear** what I'm saying without judgment. Somebody to validate what I'm feeling and experiencing, because my sense of a crisis and somebody else's sense of a crisis may be different. Let me be able to trust you, come to you, sit and have a conversation knowing what I say will be between us."*





How Can CPS and Peers Support Themselves and Others in Crisis? (Cont'd)

Build Your "Tool belt"

Some folks experiencing behavioral and/or mental health concerns have chosen to build an imaginary tool belt. This may include your WRAP, WHAM training, psychiatric advance directives, and/or other tools.

- "I wear an imaginary tool belt with three compartments. One for the mind, one for the body, and one for the soul." That way, I know I have the tools I need to make sure I support my recovery and healing.



References

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