Value of Peer Support Regaining Attention

Studies show method improves symptoms and social functioning while reducing hospitalizations.

BY ALICIA AULT
Associate Editor, Practice Trends

An old idea—using peers to facilitate recovery—is gaining new attention from public mental health specialists as they search for ways to help the mentally ill get care in an overstretched system and return to productivity.

Peer counseling is the foundation of Alcoholics Anonymous, Narcotics Anonymous, and similar groups that tap people during their recovery to help others get on the same path.

The counselors "can provide a powerful message of hope for people who are hopeless," said Sue Bergeson, executive vice president of the Depression and Bipolar Support Alliance. They also "stand with that individual through their journey through recovery," said Ms. Bergeson in an interview.

The DBSA believes that peer support improves recovery and is participating in a research project with Dr. Greg E. Simon, a psychiatrist at Group Health Cooperative of Puget Sound's Center for Health Studies, Seattle, to document the impact of peer support on patient outcomes compared with traditional care.

In the mental health field, people in recovery from depression, bipolar disorder, and other psychiatric conditions may offer one-on-one advice, lead mutual support groups, or staff desks at drop-in centers where they can counsel peers on finding employment and managing day-to-day living issues.

Several self-help groups have been around for decades: GROW Inc., Recovery Inc., and Schizophrenics Anonymous, for instance.

Peer support—which is defined partly as the sharing of experiential knowledge, skills, and social learning—was included as 1 of the 10 fundamental components of recovery in a consensus statement that was recently released by the Substance Abuse and Mental Health Services Administration.

Backers of peer support say it improves outcomes and reduces costs. In an overview of the field, Phyllis L. Solomon, Ph.D., professor of social work at the University of Pennsylvania, Philadelphia, cited numerous studies showing that peer support programs improve symptoms, coping, social functioning, and medication adherence, as well as reduce hospitalizations and use of crisis services (Psychiatr. Rehabil. J. 2004;27:392-401).

Preliminary, yet-to-be-published data from a Georgia study show that peer support improved symptoms and patient functioning at half the cost of traditional care in Medicaid recipients with schizophrenia, depression, and bipolar disorder, said Larry Fricks, former director for consumer relations in the Georgia Department of Human Resources.

However, peer support is not meant to replace therapy—whether talk therapy or medication—provided by a licensed psychiatrist or psychologist.

In Georgia, for instance, where peer services are billable under Medicaid as a psychiatric rehabilitation benefit, a patient who enters the public mental health system is diagnosed by a clinician, who then can recommend peer support as one of the steps toward recovery, said Mr. Fricks, who is now director of the Appalachian Consulting Group in Cleveland, Ga.

The state will bill Medicaid $7 million this year for peer support, Mr. Fricks said in an interview. About 3,000 people are receiving peer support services in Georgia, he said.

He is in recovery from bipolar disorder, and his consulting company is working with the federal government to adopt the Georgia model for use in other states.

Those seeking to become counselors in Georgia have to document that they are in recovery and must go through a certification process. About 300 people have completed that process, which includes two weeklong training modules and a written and oral exam.

Peer specialists are expected to help patients create a recovery action plan, find a job, handle employment-related issues, and learn how to use community and other support systems.

South Carolina and Hawaii have already begun peer certification programs, and seven other states are in the early stages, Mr. Fricks said.

Training is crucial, said Dr. Jana Spalding, the mental health specialist in the Broward County Sheriff's Office in Fort Lauderdale, Fla. Florida is one of the states seeking to start certification and receive Medicaid reimbursement.

"Just because you got better doesn't mean you can help other people," said Dr. Spalding in an interview. Peer counselors have to demonstrate competency, be able to establish a rapport with someone who might be psychotic, and must be nonjudgmental and knowledgeable about medications, their side effects, and community resources, she said.

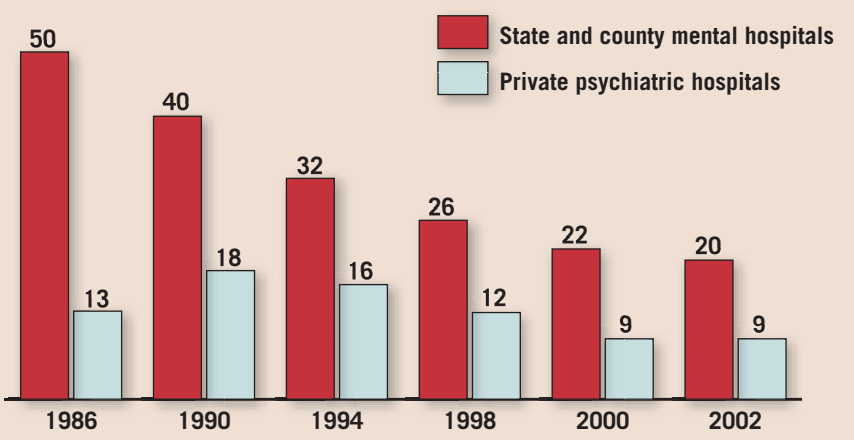
Dr. Spalding's professional path to pediatrics was interrupted several times and eventually derailed by her bipolar disease. She ended up taking a job at the peer support center where she had been receiving assistance.

Now, through the sheriff's office, she and a team of psychologists work with mentally ill inmates. Dr. Spalding considers it a successful day if she can get an inmate who is in solitary confinement to interact with other inmates or the psychologists by playing games or watching movies, for instance.

"This is another tool," Dr. Spalding said. "It provides a lot of intangible benefits in restoring hope, expectation of recovery, and anticipation of improvement of life in general—not just symptoms going away," she said. ■

DATA WATCH

Beds for Mentally Ill Down by More Than 50% in Public Hospitals



Note: Beds per 100,000 civilian population.
Source: U.S. Department of Health and Human Services

ELSEVIER GLOBAL MEDICAL NEWS

Organizational Psychiatry: Does the Company Want to Change?

BY SHARON WORCESTER
Southeast Bureau

CHICAGO — An important key to the success of an organizational psychiatry consultation lies within the consultant, Dr. C. Donald Williams said at the annual meeting of the Academy of Organizational and Occupational Psychiatry.

"The consultant can be profoundly positively impacting," said Dr. Williams, an occupational psychiatrist and certified group psychotherapist in Yakima, Wash.

He described several lessons he learned during a 2-year consultation with a private, nonprofit community health plan that was in financial and organizational crisis.

For example, to provide that positive impact, it is important to establish and maintain trust through practical competence, consistency, and complete commitment to the consultation, he said, adding that the consultant should exceed expectations and embody the changes that are promoted.

That is, when a consultant asks a company to be accountable, available, on time with execution, reality focused, and results oriented, that consultant must be accountable, available, on time with execution, reality focused, and results oriented, he said at the meeting, which was cosponsored by the American College of Occupational and Environmental Medicine.

If a consultant asks a company to be accountable, available, and results oriented, that consultant must also be accountable, available, and results oriented.

Also, Dr. Williiams learned that parallels exist between organizational change and personal change. For example, organizational change requires commitment by the chief executive officer and the consultant, and individual change requires commitment and time of the patient and the therapist.

Among other important lessons to keep in mind during an organizational consultation are the following:

- ► Character, skills, integrity, and work ethic are indispensable.
- ► A positive change climate is crucial to morale.
- ► The relationship between the CEO and board is key for success, and should be promoted.
- ► The CEO, board, and senior management team must embody best practices.
- ► A healthy organization has a system of checks and balances, without depending entirely on "one good person." ("I try to model that through the use of consultants," Dr. Williams said).
- ► A healthy organization maintains standards for work and behavior that promote good "new hires."
- ► It takes years of ongoing effort to make lasting and effective organizational change.

Dr. Williams said he found his experience as a group psychotherapist to be an asset to this particular consultation. An insistence on a minimum of weekly contacts also was beneficial, as was an entrepreneurial spirit on his part.

Liabilities included remoteness to the consultation site, which required reliance on videoconferencing for weekly contacts, and an incomplete data set. It was a challenge to stay in the information loop without being on site, he explained. ■