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Testimony to House Committee on Mental Health

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Thank you, Chair Lippert, Vice Chair Donahue, and members of this committee for allowing me to testify about the vital role of Vermont's peer services in mental healthcare. I come to you today as the Coordinator for the Wellness Workforce Coalition, representing 15 peer-run agencies and organizations with peer programs, as well as peer advocates. We support people with mental health, disability, and substance use issues through training and advocacy – and the promise of hope – by sharing our own lived experiences. In the process, we empower each other and vanquish stigma.

There are many impactful programs I could speak to you about and so much emerging research coming out, emphasizing the importance of peer relationships. But today, you have given me the unique opportunity to put a face to the issue of peer services. Perhaps by explaining why peer services matter so much to me, personally, I can provide a deeper understanding of the essential value of this field of mental healthcare. This is my first time publically sharing my story, so I appreciate you affording me this time.

Until recently, my life had been characterized by a lack of connection. I grew up in a home seriously affected by mental health conditions and social isolation. We moved, frequently, and did not interact with the communities around us. Seeking stability, I married fairly early, only to find that my spouse's plans involved further relocations and social disconnection. By the time the youngest of our two children was a toddler, I knew that we needed help. However, without family, friends, or community connections, I was unsure of what resources were available.

Two and a half years ago, a crisis prompted me to get in touch with an international aid organization called Americans Overseas (now Pathways to Safety) in order to find a safe place for my children and myself. The incredible staff at Americans Overseas offered to help get us back to our community. But, at that point, we had no community. Having lived so many places, we weren't from any place, in particular. So, I asked this organization for their opinion on the safest and most secure community in the US, in which to settle and raise my children. They directed me to central Vermont, telling me that the community supports in this area are stronger and more welcoming than any other place they'd been.

Over the past couple years, I have been continually amazed by the friendliness, openness, and support of Vermonters. Several organizations helped my children and me to get settled,

and I am forever grateful for their help. My children settled into school and made friends. I found a job I truly loved as a social worker. Yet as our circumstances stabilized, it became evident that I had my own mental health issues to face. I was having sudden flashbacks, reliving memories that had happened years before. Harder to explain, I would often freeze, my mind slowing or going completely blank. At its worst, I would sometimes become unable to move, staring straight ahead, for several hours. I experienced frequent memory gaps – sometimes unaware of conversations I'd had just moments before. I turned to designated agencies, my primary care physician, and private practice therapists. My initial experiences were of practitioners either turning me away, explaining that they did not have the expertise to treat me, or doubting that my experiences were actually occurring, at all.

I sought help from several medical and mental health resources as my issues escalated, ultimately resulting in a dissociative fugue, during which I suddenly found myself an hour from home with no memory of having left my apartment. Alarmed, I immediately checked myself into the nearest hospital, waiting for several days in the ED, before being admitted and receiving a diagnosis of Post Traumatic Stress Disorder. While there, a social worker explained dissociation and trauma to me. A nurse offered her opinion that if my condition continued to progress, I might be in danger of experiencing catatonia.

Eager to avoid that outcome, the next year was a flurry of intensive "treatments." My employers were very accommodating, but escalating memory issues necessitated my resignation and commencement of disability benefits. I diligently attended twice weekly therapy appointments for a year and regularly saw a psychiatrist. I read everything I could about trauma recovery and tried every suggestion. Still, my mental health did not improve. I cannot describe how frustrating it is, relying on a mind that simply cannot function in the ways that you need. It's difficult to explain to a person that you have missed an appointment because one moment, you were about the leave, and the next, it's three hours later and you are still standing in the same spot, unaware of where the time has gone.

With nothing left to try, my therapist suggested a second hospital stay. I believe I spent about five days in the ED, this time, waiting for a psych bed to open up. During that time, I asked if there were any community resources I hadn't tried. I said that I wasn't sure I needed an inpatient stay... I just needed a way to address my symptoms. The hospital staff were respectful and courteous, but they had no suggestions. So, after five days in the ED, I think I spent about nine in the psych ward. That was followed by a two week intensive outpatient therapy program. During all of this time, my freeze response was not addressed. While it was greatly impacting my daily life, it is not a defined symptom of a PTSD diagnosis in the current DSM. So I was instead given advice on managing several symptoms that I have never experienced.

While medication has been helpful, none of the treatments I tried caused significant improvement for me. Yet, today, I can tell you that I am in a completely different place in my life. I am no longer significantly impacted by memory gaps. I have gone several months without a flashback and without freezing in place. Better yet, I'm happy. I'm mentally present. I really engage with my children. We play and laugh. And I'm successfully settled in a job that I love. I'm also aware that my condition is not unique. Rather, it's a fairly common response to the unusual conditions that I have experienced. I no longer feel a need to hide my experiences.

It wasn't the therapies, the hospital stays, or the doctor visits that got me to this place. It was peers. I found other people who had similar experiences. They understood my situation so much better than even the most well-intentioned doctors and therapists. We could even laugh about it together, sometimes. When these peers succeed, they offer me a sense of hope for my own success. And when they struggle, I have been able to offer my own support and feel valued. I understood my own condition when I saw it reflected in the lives of others.

That's what peer support means to me. It's connection. We humans are wired for it. Without human connection, there can be no mental health.

I would also like to use my story to highlight a few issues that seem particularly relevant to our Vermont communities. The majority of mental health crises do not arise overnight. Rather, they are an accumulation of unmet needs that build over time until they reach a crisis level. This means that there are many opportunities for us, as a society, to work together to prevent mental health emergencies. I believe that peer support is a particularly essential part of preventative health care. Before my mental health reached a crisis level, I reached out for support. While our State and communities offer so many essential programs, as an individual struggling with mental health issues, I had trouble navigating all of the different organizations, appointments and paperwork. Support groups and peer relationships not only helped me to feel less alone, they provided practical advice and networking around childcare, accessing services, meeting basic needs, and finding employment. I've seen the strength and connection that supportive peer communities provide, and I think it's clear that, in so many ways, they are immeasurably effective at maintaining stability and preventing crises.

With the current crisis of emergency department wait times and the impact this is having on Vermonters seeking mental healthcare, now is an especially important time for all mental health programs to come together, re-examine our delivery of services, and find creative and effective solutions to address the mental health needs of our communities. Hospitals cannot face this crisis alone. Even with access to sufficient beds, I'd like to offer a reminder that much time and effort has already been invested in moving away from an institutional model for mental healthcare in Vermont. Yet this de-institutionalization can only succeed if we

continue to invest in community-based supports. We already have a valuable network of peer workers and peer-run organizations, across our state. Organizations like Another Way, which offers a beautifully renovated community center with classes, employment counseling, practical resources, and many opportunities for meaningful social engagement. We have Alyssum, which offers one-on-one peer support in a supportive residential setting, as an alternative to inpatient hospital care and has shown great success by many measures. Pathways offers so many programs... just one of which is a peer support line that is not just for individuals in crisis, but for any Vermonter who is having a hard time. Vermont Psychiatric Survivors offers personalized peer support, assisting Vermonters in achieving independence in a way that is meaningful and helpful to the individual's own goals and dreams. Not to mention our valuable addiction recovery services, offering peer support in inpatient settings, transitional homes, and within our communities.

I am so proud to live in a state that places such importance on the role of community, connection, and self-determination in mental health. Yet, when I was facing my own mental health crisis, I was unaware of these valuable services. When I was in the emergency department, asking about community supports, I believe that, had hospital staff been aware of these services, they would gladly have shared that information. I believe I could have avoided multiple hospital stays. I know there are many others currently in a similar situation. I also know that peer services offer a perspective not currently found in the traditional medical model of mental healthcare.

In the traditional model, an individual generally receives a diagnosis and then works toward minimizing symptoms through a combination of medication and talk therapy. This approach requires trusting authority figures and then focusing on what is wrong in order to attempt to improve. If issues such as housing, unemployment, disability, financial strain, domestic abuse, incarceration and other factors are creating a crisis, each of these issues generally involves referral to a different professional, if they are addressed, at all. If a crisis escalates, force and involuntary measures may be used. And, I would like to recognize that I am one of the lucky ones... I didn't lose my children in this process, as my peer community rallied around us. I know several women and children who were not so fortunate.

By contrast, peer workers are more likely to meet a person where they are currently at, emotionally and cognitively. Outside of an institutional atmosphere, time and attention can be given to creating a sense of safety. Peer workers may ask a person what events led up to their current situation, what is currently working well for them, and what they would like to change. Realistic, positive goals are identified and plans include resources needed to meet these goals. The individual's social support network is often invited to participate. Social supports might be strengthened by introducing the individual to others who have had similar experiences. Plans may include opportunities to meaningfully contribute to their

community. Each plan is customized to the individual and involves a relationship of equals – no one is considered more of an expert than the individual. This situation naturally encourages trust and de-escalation. The focus is on the positive, rather than negative. Strength rather than illness. Connection rather than isolation. And autonomy rather than reliance on an institutional authority. Referrals can still be made, but the individual then has the support of the peer community in navigating the system. And I believe any mental health professional who has studied behaviorism can tell you that positive reinforcement is a much more effective, long-term, than negative.

We already have strong, peer-run organizations and trained peer workers providing support to Vermonters – diverting individuals from over-taxed inpatient facilities. Yet we are operating on shoe-string budgets at a fraction on our potential, and we are not reaching all Vermonters. According to the UVM Health Network's Strategic Plan for Mental Health, about 25% of people have a mental health or substance use disorder, at any time. I believe we can all agree that this is a large portion of our society. Yet the same source states that, for adolescents aged 13-18, the incidence rises to 46%. Nearly double. We already have a crisis of Vermonters waiting to receive mental health services. This figure suggests that we can expect this issue to only intensify, in coming years. In regard to this crisis, I was struck by a comment made by Chair Lippert at the UVM Community Leaders' Breakfast, a couple weeks ago. Chair Lippert, I believe you were speaking of community mental health services when you stated that "we need to look at the structures and look at the funding, because the community system has been starved, financially, by the State for too many years... While we have a robust community system, we need to strengthen that structure in order to be the partner to the inpatient facilities. If we do not have both strengthened, we will not succeed, even if we build enough beds." Sir, I could not agree with you more.

In closing, I would like to quote an excellent article that was published in Psychology Today, just last Thursday. The article is about the close relationship between trauma and mental health and ends in saying, "Ask your elected officials if they support efforts to create trauma-informed hospitals **and** communities, which involve collaborations between healthcare, behavioral health, and neighborhood resources. All it takes is one supportive, buffering relationship to change the course of someone's life."

As peer services, we are able to offer the supportive relationships that change lives, but we need your help to reach every Vermonter in need.

Thank you.