

Testimony to House Healthcare Committee – 02 04 21

Mental Health Issues

Presenter: Dan Towle

1. Introduction

Thank you for including me in today's schedule. I am representing myself which reflects a number of roles in mental health (MH) that I will discuss later.

The topic of my testimony today is community mental health services, specifically peer support (PS). In summary I want to talk to you about "the power of peer"

I will cover:

- 1st - briefly describe peer support, PS workers and peer support services
- 2nd – give you a summary of my background as it relates to peer support services
- 3rd – touch upon the benefits
- Finally – call to action

2. Defining Peer Support

What is peer support?

Peer support has been described as "a system of giving and receiving help" based on key principles that include "shared responsibility, and mutual agreement of what is helpful." Peer support workers (PSW) use their own personal, lived experience recovering from a mental illness to support others in their recovery. This lived experience distinguishes PSW from traditional mental health service providers.

What is a peer support worker?

Peer support providers are people with a personal experience with mental health, substance use, or trauma conditions who receive specialized training and supervision to guide and support others who are experiencing similar issues toward increased wellness in a spirit of mutuality and compassion.

In general, a peer supporter is an individual who has made a personal commitment to his or her own wellness and recovery and is willing to share what he or she has learned about their own MH journey in an inspirational way.

What are peer support services?

Peer support services (PSS) include a wide range of activities, including advocacy, connecting individuals in recovery to resources, sharing experience, community and relationship building, group facilitation, skill building, mentoring, and goal setting. Peer support workers plan and develop groups, services or activities, supervise other peer workers, provide training, gather information on resources, administer programs or agencies, educate the public and policymakers, while all the time working to eliminate stigma and discrimination

3. My Background

I was born in Burlington and diagnosed with major mood condition 25 years ago middle of a career in corporate finance in CT. I am also a survivor of multiple inpatient psychiatric hospitalizations. During the first 20 years of my mental health journey my 2 treatment modalities were medication and talk therapy. Together they provided me some level of stability but my condition deteriorated. Finally, 5 years ago my worsening condition forced into me into retirement and I moved to VT.

Soon after moving to VT I discovered a peer support group run by NAMI VT. Attending this group, tapping the power of peer, changed my life. Over the years, since immersing myself in peer support, my recovery improved steadily and my MH stability has been the best it's been in many, many years.

My sustained recovery has enabled me to not only become a peer support worker and volunteer but also a MH and PS advocate and organizer. I am an operator answering calls for the Pathways Support Line and a volunteer support group facilitator and trainer for NAMI VT. In my advocacy work I represent the voice of Vermonters with lived MH experience specifically on DMH's Adult State Program Standing Committee and federal SAMSHA Block Grant Planning Council. Organizationally I am vice chair of the Peer Workforce Development Initiative (PWDI) which, among other tasks, is creating and delivering training to PSW across VT and developing a peer specialist certification program.

4. What about the Benefits?

Peer support has been well researched and documented as a highly cost-effective, evidence-based practice with a myriad of benefits. Just to cite a few examples:

- In a 2003 study of patients diagnosed with schizophrenia, bipolar disorder and major depression some were treated with PS services and others without. The patients who had peer support had better health outcomes and at lower cost. Moreover, those receiving PSS experienced significant reduction in drug/alcohol use, improved mental and physical health, and increased social support for people experiencing homelessness.
- In 2003, the President's New Freedom Commission on Mental Health identified peer support as the vehicle for psychiatric survivors, peers, to share their knowledge, skills and experiences of recovery.
- In 2007, the Center for Medicare and Medicaid Services (CMS) deemed peer support "an evidence-based mental health model of care" and issued guidelines to states for how to pay for peer services with Medicaid.
- Other research has demonstrated PS is associated with significantly fewer inpatient and emergency service hours and significant improvements in healing, empowerment, and satisfaction.

5. What is my Call To Action?

- I am urging you to make peer support an integral part of mental health and substance abuse service delivery here in VT.
- People with extensive experience in peer support should be involved at multiple levels of planning and implementation of peer support services within the AHS and DMH, the designated agencies and other major MH organizations. For example, create a position within AHS or DMH for a seasoned peer support worker/volunteer/advocate to oversee the comprehensive implementation of an advisory support for peer support services not only in mental health but also law enforcement and correctional.
- State statutes governing the practice of mental health professions should be amended to remove barriers that artificially restrict the scope of activities of peer support workers.
- VT should set aside an appropriate percentage of state funds that are specifically earmarked for peer support programs.
- Family and adolescent peer support services should be developed to complement adult peer services.
- We should assure that trained peer advocates are included among the groups of people permitted to provide crisis support in emergency preparedness and response plans. Specifically as we are now looking at the intersection of law enforcement and mental health we should be looking to the optimal ways to use PSW in crisis situations to help establish connections, de-escalate and prevent violence while diverting those afflicted from emergency rooms and from traumatizing, locked inpatient psychiatric facilities.
- To help foster the growth of PSS, including at small, nimble NFP's, state statutes should seek to minimize the reporting burden while maintaining accountability in order to facilitate service provision and entry of peers into the services environment.
- Continue to support the PWDI in developing the Peer Specialist Certification. Certification and advanced certification play a critical role in promoting professionalism and in obtaining reimbursement for services, but opportunities for peers without certification to provide support should also be available.
- Suggest the PWDI be funded to support research on the efficacy of peer support programs and different structural and training considerations that promote greater efficacy.

In conclusion, I urge you to recognize, support and fund “the power of peer.”