

KANSAS MENTAL HEALTH COALITION

.....Speaking with one voice to meet the critical needs of people with mental illness

The Need for Expanded Peer Support in Kansas

Position: Kansas should take steps to increase access to peer support programs across Kansas.

The Problem: In spite of the published research supporting its effectiveness, access to peer support services in Kansas are not widely available. Recovery is empowered when individuals have access to information and choices. Among those choices are peer support programs that connect people who have recovered from mental health crises with those who need the information to empower their own recovery. Programs include drop-in centers, self-help groups, consumer run organizations, education and advocacy organizations. Kansas should be moving forward with such programs, instead of reducing them.

According to a 2003 report from the National Association of State Mental Health Program Directors, "participation in these services yields improvement in psychiatric symptoms and decreased hospitalization (Galanter, 1988; Kennedy, 1990; Kurtz, 1988)...In studies of persons dually diagnosed with serious mental illness and substance abuse, [peer support] was found to significantly reduce substance abuse, mental illness symptoms, and crisis (Magura, Laudet, Rosenblum, & Knight, 2002)."

"PSS (peer support services) represent a best-practice model of care for promoting hope and recovery, improved self-esteem and self-care, and increased resiliency and well-being. As these services expand and coverage requirements grow, these services require the same level of scrutiny and rigor as other types of care, including ongoing evaluation of effectiveness and of protocols and criteria for their use." (Best Practices article conclusion by Daniels et al, Psychiatric Services, Dec 2013, Vol. 64 No. 12)

Why this matters: Peer support programs may serve as an alternative, or complement, to traditional mental health treatment options. In some cases, these programs are less expensive or can reduce the costs of accompanying traditional treatment, such as hospitalization, medication or therapy. Research has shown that peer support programs reduce symptoms of depression and anxiety; encourage consumers to be more active participants in their care and treatment; and result in fewer hospital admissions

The bottom line: Peer support works. Unfortunately, it is not available to many of the people who need it. As Kansas develops initiatives to improve behavioral health, peer support must be a part of those plans.

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The rest of the story about making complete recovery the standard practice in Kansas

1) More should be done to incorporate peer support services in Medicaid programs. Peer support services (PSS) are an expanding part of the continuum of care provided for behavioral health conditions. These services have been deemed an evidence based reimbursable model of care by the Centers for Medicare and Medicaid Services. States, counties, employers, and health plans are increasingly covering PSS in benefit plans. Controlled and experimental studies are building the evidence base for these services. Medicaid and the states have not developed level-of-care or medical necessity criteria for PSS, even though these criteria are standards for determining coverage and reimbursement. (Daniels et al, Psychiatric Services, Dec 2013)

2) Use prevention services instead of crisis-only services. This avoids a repeat of negative experiences such as hospitalization screening or law enforcement interventions. Such events can add to individuals' trauma. Up to 40% of people admitted to a mental hospital have never received any kind of peer support or community care, which would greatly lower treatment costs. Peer support centers like nationally recognized S.I.D.E. in Kansas City, KS, have been able to increasingly carry this first contact burden through recent budget cuts.

3) Focus on recovery and wellness. Over 60% of the early mortality to people with mental health diagnoses is due to preventable physical illness. Focusing on total body health, with choices made by each service recipient, greatly improves outcomes.

4) Let people know that emotional distress can be temporary and transformative. Peer support encourages hope by bringing people together who have been in similar circumstances. There are many valid definitions of recovery, but "all this goes away" is still the most hopeful and encouraging. Let people meet mental health graduates and learn their methods. One example is Poetry for Personal Power - a Kansas and Missouri statewide stigma reduction program where hip hop artists and spoken-word poets share that emotional distress can come from many resolvable sources. These include trauma, lack of social connection, job fit or career goals, grief, spiritual unrest, drug use, nutrition or self-care habits, or brain injury. According to national advocate Duane Sherry, "Psychosis is an event, not a person." For people who may experienced symptoms of illness throughout the course of their life, peer supporters can help them discover unique strategies for managing symptoms within the context of pursuing their hopes and dreams. Pat Deegan describes this as helping people "live their life, not their diagnosis". When people can meet and work with people who have discovered this for themselves, it offers hope and a living example that it is possible for them to achieve similar results, going far beyond what traditional mental health workers are able to offer.

5) Peer Support programming provides choices. Mental health medications can be effective, but should not be the only treatment option. Kansans deserve fully informed medication use, where all people get honest information about long term efficacy, the risk of worsening a situation, the link between violence and medication use, and the difficulty of medication withdrawal. Access to additional supportive services, including therapy and peer support, is the most effective way to achieve recovery. Individuals need the proper information in order to make proper choices about safe, supported and meticulously planned medication use or reduction strategies.