



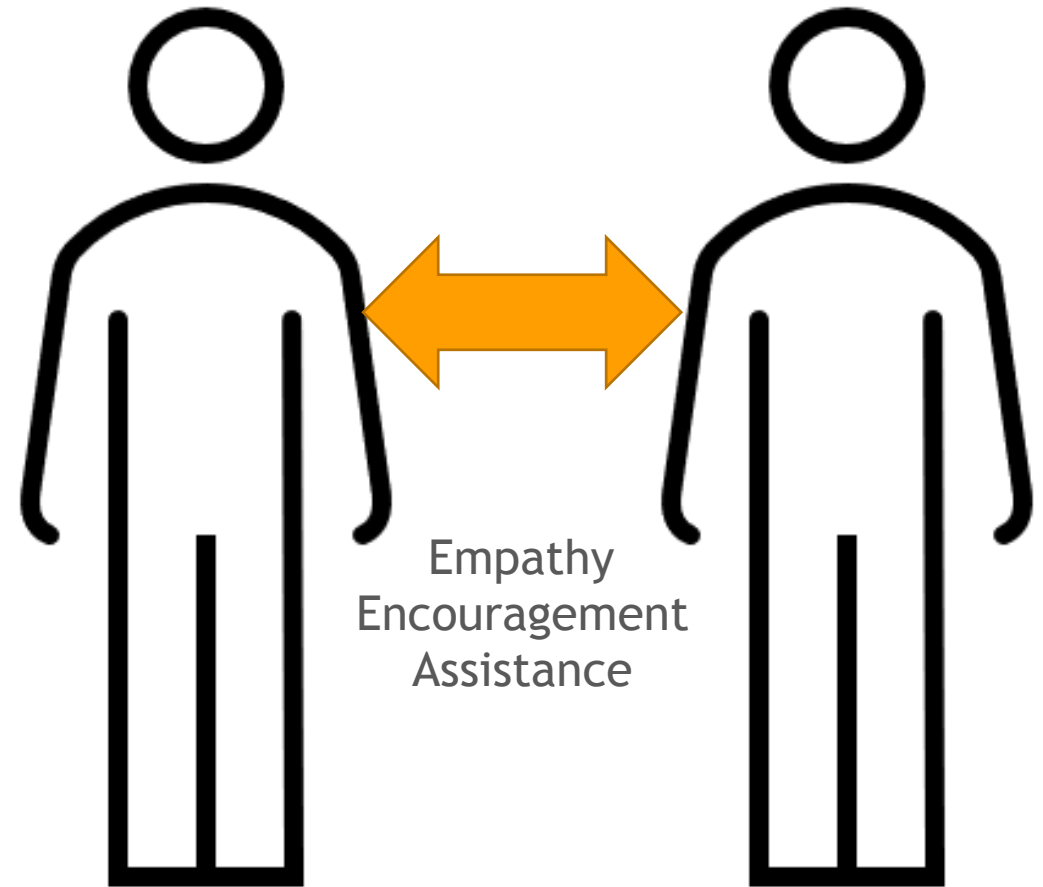
WHAT IS PEER SUPPORT THROUGH ONE HEALTH?

DEFINING THE ROLE

PEER SUPPORT IS

a process through which people who share common experiences or face similar challenges come together as equals to give and receive help based on the knowledge that comes through shared experience (Riessman, 1989).

- A “peer” is an equal, someone with whom one shares demographic or social similarities.
- “Support” expresses the kind of deeply felt empathy, encouragement, and assistance that people with shared experiences can offer one another within a reciprocal relationship.

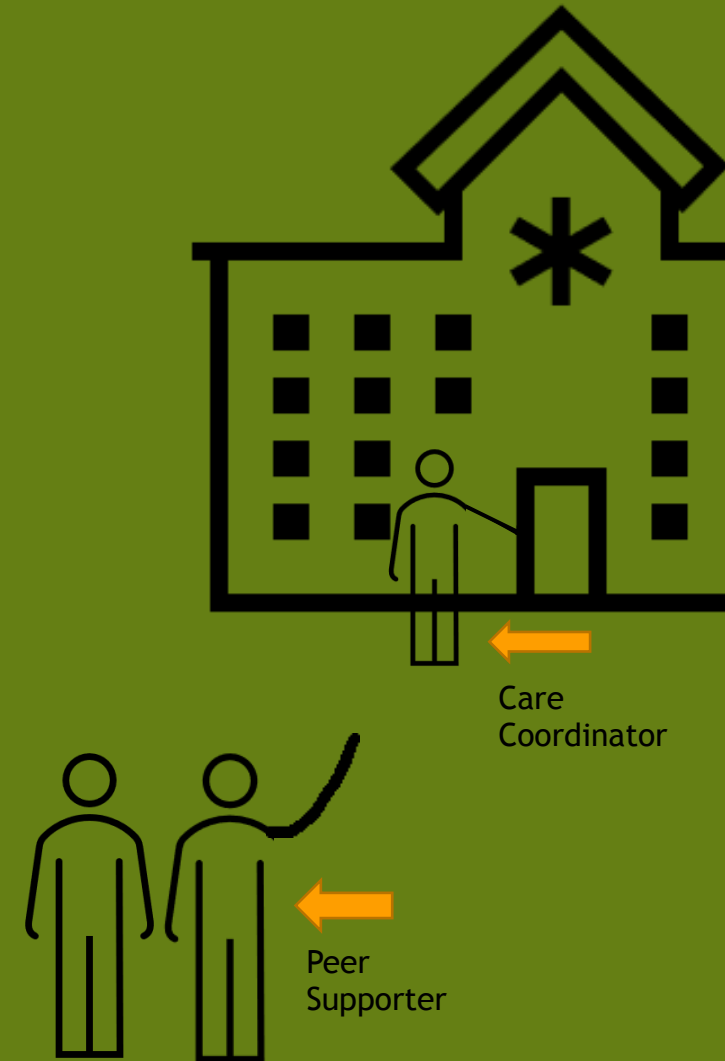


THE PRACTICE OF PEER SUPPORT

- As a practice, peer support is characterized by equitable relationships among people with shared experience, voluntariness, the belief that giving help is also self-healing, empowerment, positive risk-taking, self-awareness, and building a sense of community (Budd, Harp, & Zinman, 1987; Harp & Zinman, 1994; Clay, 2005).
- Peer support, by definition, is “*led by people who are using or have used mental health services*” (Stamou, 2014, p. 167; Faulkner & Kalathil, 2012). No one can function as a peer supporter who does not have documented history of SUD, mental health, or chronic illness diagnosis. Every peer supporter must pass a 40-hour course that includes information on ethics and boundaries, be certified by the state of Montana, and be under supervision by a qualified supervisor.
- When we recognize the **lateral help-seeking** patterns of socially and culturally diverse, marginalized, or stigmatized people and we create paid positions that facilitate the naturally-occurring desire of those in recovery to support others to find recovery, we create systems of Intentional Peer Support - IPS. What we have at One Health is Intentional Peer Support.

PEER SUPPORT AT ONE HEALTH

- Community members voluntarily engage with peer supporters. It is usually through word-of-mouth that people learn of peers in the community who can understand/ empathize with them and point the way to help. They also know peers have life-saving Narcan.
- Community members do not need to be patients of One Health to engage with peer support. A peer supporter's door stays open to everyone, regardless of their readiness to receive One Health services.
- Peer supporters facilitate opportunities for support and growth like parenting classes, bible studies, workout groups, book clubs, etc. that everyone benefits from, including the peer supporter.
- The peer supporter has a relationship of respect and trust with One Health integrated care providers that they can share with seekers in the community.
- Peer supporters provide information as equals with experience. We make sure that peer supporters are well-informed lateral points of contact. Peer supporters help the One Health integrated care providers by being rooted in their communities and helping to close the trust gap with key messaging.
- When someone being supported by a peer wants services that One Health offers, peer supporters do a warm handoff into the One Health clinical system through the care coordinator. Peers are part of our community team; they do not cross over into the clinical teams, but they do attend the providers' MAT huddles.
- The care coordinator ensures peer supporters know the care plans for One Health patients so that they can provide informational, navigational, and/or emotional support the patient may need to more fully engage in their integrated care.
- Peer Supporters also teach Narcan classes, facilitate recovery and support groups, and participate in community outreach all as peers.



It is vital that we have respectful, trusting, asset-based relationships with our peer supporters because they communicate their trust of us and our system to those who do not yet have a trust relationship with us.

WHAT PEER SUPPORT IS NOT

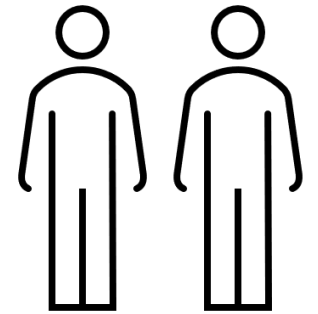
Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain” (Mead, 2003, p. 1).

Peer support is not a clinical intervention. It is non-clinical support whose benefits are primarily intrapersonal and social in nature (Mead & MacNeil, 2005).

Peer support is not hierarchical. It always occurs as horizontal relationships. In working with individuals with psychiatric diagnoses, the goals of IPS are to move from top-down helping to mutual learning, from a focus on the individual as the locus of dysfunction to a focus on relationships as a tool for growth, and from operating from fear to developing hope (Mead, 2014).

Peer support is not peer-delivered services. The development of peer support as horizontal relationships is quite different from using peer staff within a traditional program to perform functions such as traditional case management services or driving people to appointments. Simply hiring people with psychiatric histories to do some of the usual tasks of the traditional mental health system is not practicing peer support (Penney, 2018).

The utility of peer support cannot be measured in clinical outcomes. Instead, it needs to assess self-esteem, self-stigma, social connectedness, community integration, community participation, and quality of life (Penney, 2018).



WHAT IS A RECOVERY DOULA?

Peer Support Specialist

people who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer supporters help people become and stay engaged in the recovery process and reduce the likelihood of relapse.

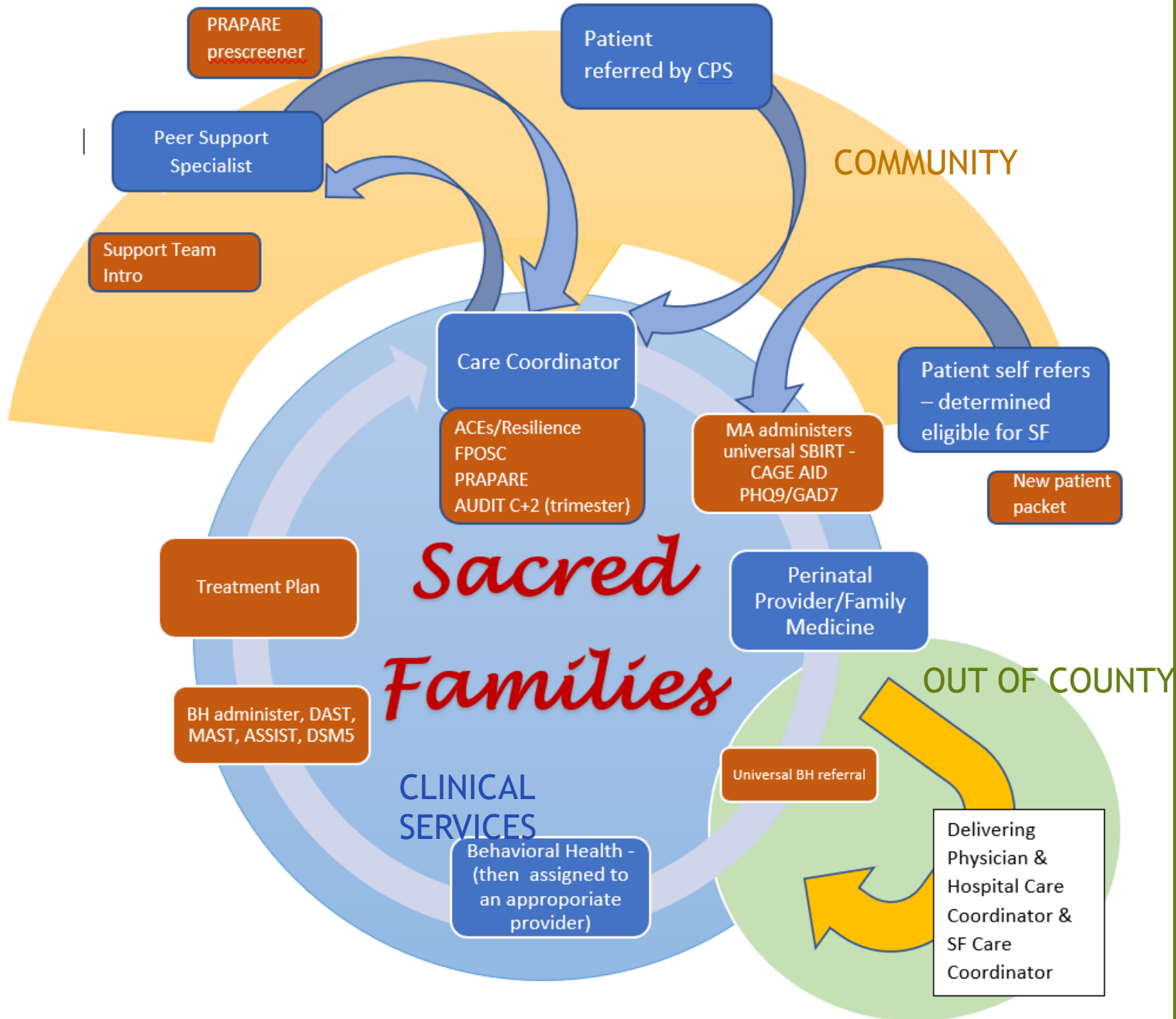


Doula

people who provide social, emotional, informational, and navigational support to a mother or a father before, during and shortly after childbirth to help the family achieve the healthiest, most satisfying experience possible.

WHY?

1. Doula services are not accessible to low-income patients because they are not reimbursable. Peer support is.
2. Many men and women in our demographic do not have a trusted person who can attend their birth to support them. Peer supporters have trusting relationships, are trauma informed, and as doulas are able to access the hospital.
3. The period directly after birth is the most vulnerable for relapse. Families that have entered recovery to protect their child from shared exposure encounter extreme stress after birth and need perinatal support in addition to recovery support. This is also a period of time that has elevated risk for overdose, depression, and suicide. More frequent monitoring is warranted during this time and recovery doulas have the training and capacity to support perinatal families impacted by substances.
4. Doulas and peer supporters at One Health support moms AND dads/partners, therefore we have male and female recovery doulas. Indigenous patients have unique needs around trauma. We have specifically trained Indigenous recovery doulas.



ONE HEALTH INTEGRATED CARE PATHWAY

Sacred Families refers to our One Health program that is part of the Meadowlark Initiative.

Sacred Families serves all families (mom and dad/partner and other children, sometimes grandparents too) with children in the first 1,000 days (conception through age 2) who are IMPACTED by substance use (*it does not have to be their own*).

PEER SUPPORT PERINATAL TRAINING HUB

Because of lateral help-seeking, we train our peer supporters so that they have all the information we want our community to have, on hand, ready to share in real time.

- They are Master Narcan Trainers - they make sure the community has access to Narcan and understands how to administer it. They can tell the difference between opioid overdose and psychostimulant overamping.
- They have a Fatherhood is Sacred/Motherhood is Sacred Certification. Wanting to be a better parent is the #1 motivator for spontaneous recovery.
- They are certified as Doulas or Indigenous Doulas - pregnancy, birth, labor, trauma, depression, etc.
- They take corrections-specific training so that services can be delivered at the jail.
- They are trained in using Beyond Trauma for Women and Exploring Trauma for Men.
- Of course, they are state-certified peer support specialists.

Some of their coursework topics include:

Communication for children, parents, families, and couples

Family conflict

Trauma informed care

Adverse childhood experiences

Domestic violence and non-violent relationships

Mental health first aid

Eat, sleep, console

De-escalation

Critical incident desensitization

Childhood development

Pediatric overdose

Substance use and addiction studies

Stroke recognition

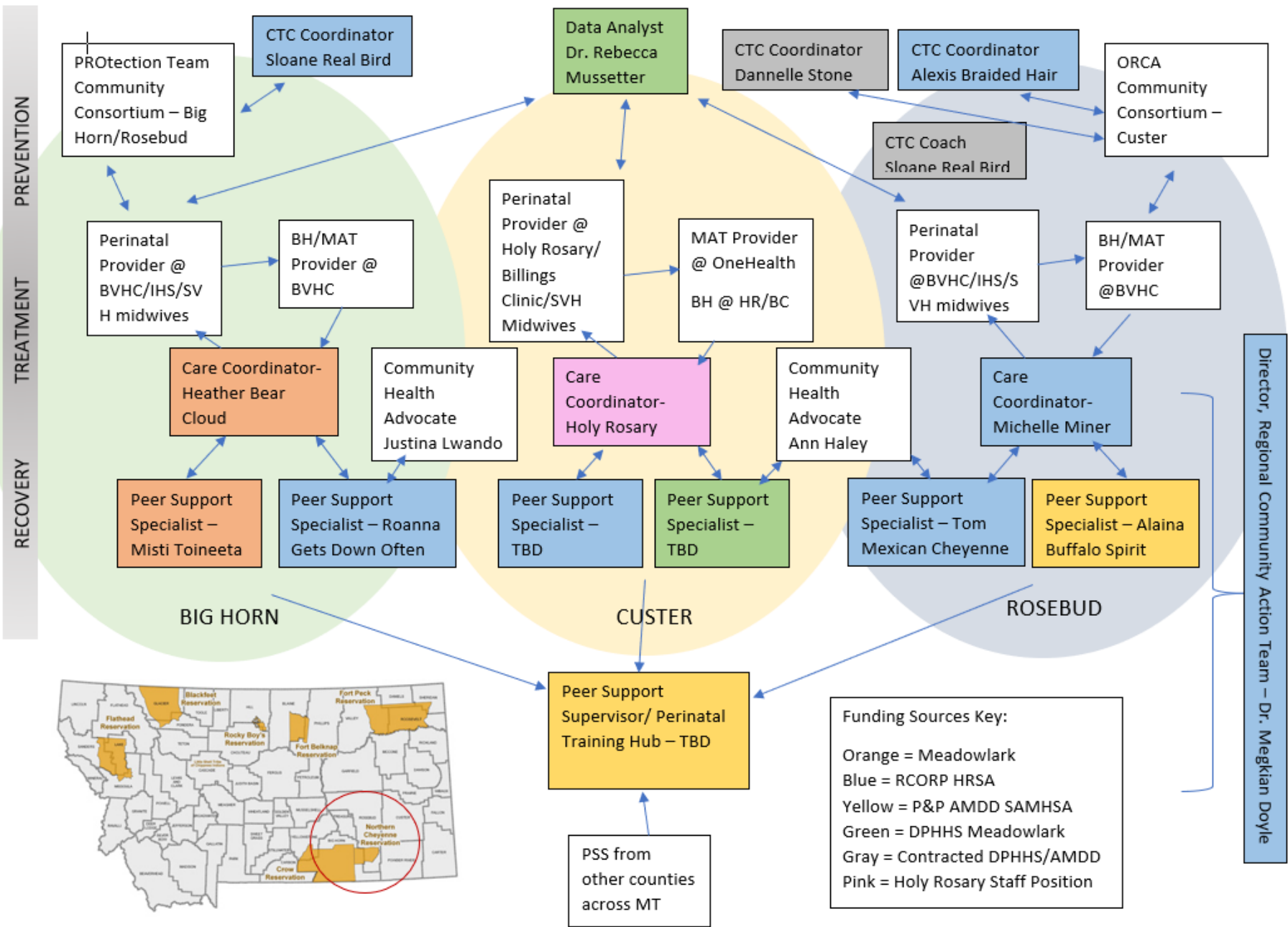
Community resources for SDoH

Patient-centered medical home and HSP

Motivational/Solutions-based

interviewing

REGIONAL COMMUNITY-BASED PERINATAL RESPONSE MODEL



THE BIG PICTURE –

How do all the programs in the regional community action team (RCAT) fit together?

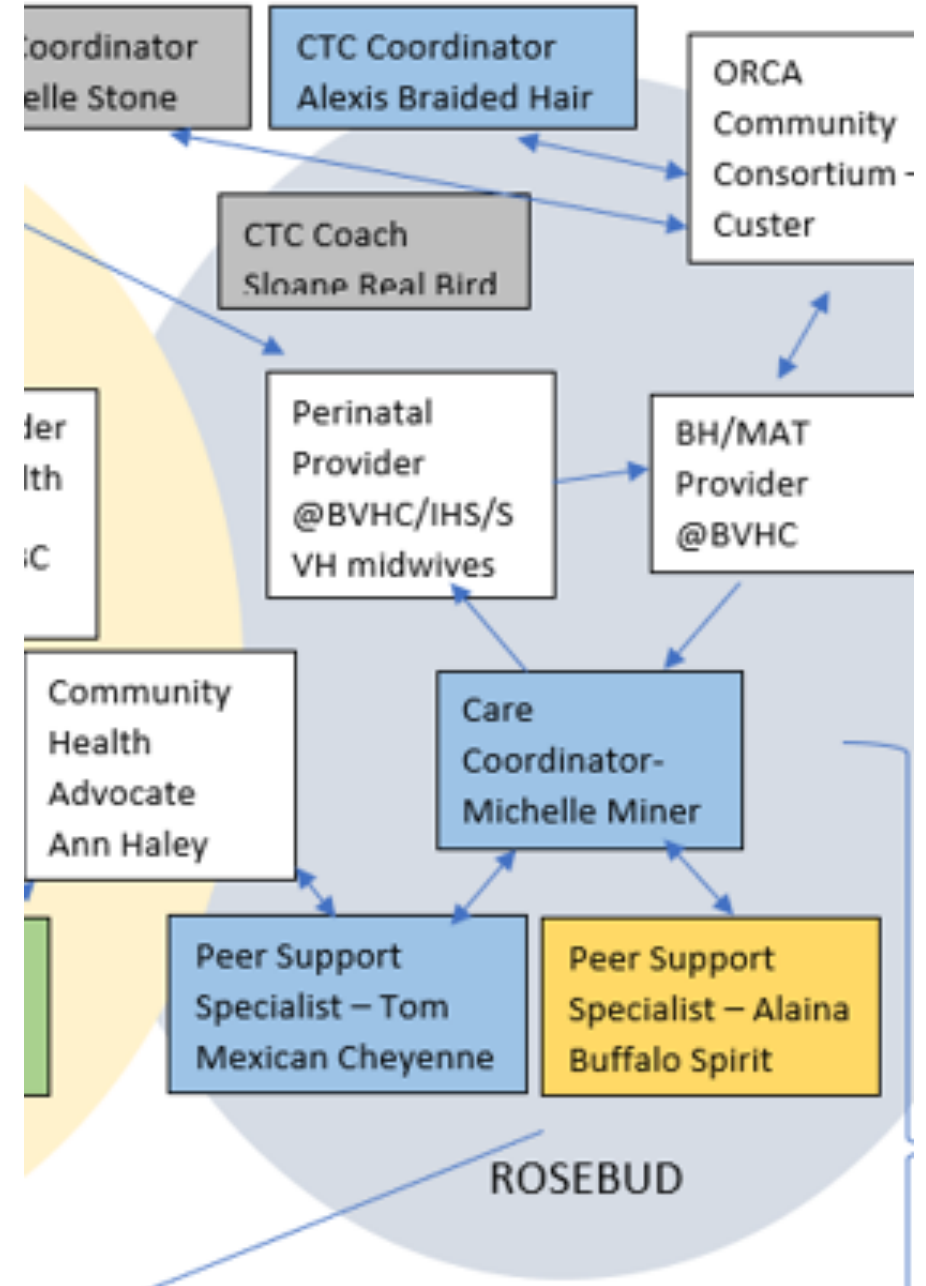
New grant applications will continue to support the development and implementation of evidence based practices for prevention and expand peer support to cover larger target populations.

- GOALS:**
- Decrease substance use and the number of new people developing SUD.
 - Increase the number of community members currently struggling with SUD who are receiving care and/or support.
 - Support and educate the community to reduce stigma.
 - Effectively work alongside other organizations in our area so that no matter how community members are engaged, we are giving them the best we have - together.

ZOOMING IN...

We work to ensure that there is a local and a regional flow of services and support across the areas of treatment, recovery, and prevention because we want to make sure that our community members can become empowered to move throughout the system with greater and greater levels of success and agency.

Effectively work alongside other organizations in our area so that no matter how community members are engaged, we are giving them the best we have - together.



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