



WE'RE NOT THE COOK!

**SUCCESSFULLY DEVELOPING PEER
SUPPORT PROGRAMS WITHIN A
TRADITIONAL COMMUNITY MENTAL
HEALTH SERVICE**

How DMHS Became a Peer Support Service Provider

- Historically, peer support was independent of traditional community mental health services in Durham (“United Survivors”)
- When funding was transferred, concerns arose about preserving the integrity of the vision & the role
- DMHS strives to maintain the uniqueness of the peer support role
- This presentation will describe some of the challenges and the successes

Agenda

Presentation (60 minutes)

1. DMHS' initial vision for the Peer Support Specialist role
2. Realizing this vision: The process
3. Where we are at now
4. Future plans

Discussion (30 minutes)

Your experience of the challenges in providing Peer Support in a traditional community mental health setting

DMHS' Initial Vision

- We were conscious of our responsibility to do Consumer Survivor Initiatives right
 - Balancing program autonomy with integration into other agency services
 - Giving a voice to consumers, with regard to program development and quality improvement
 - Leveraging lived-experience expertise by providing community education
 - Breaking down stigma internally and in the community

Realizing this Vision: The Process

- Key questions –
 - How involved in the mental health system does a person need to be to qualify for a Peer Support position?
 - How much can you ask about people's lived experience in hiring?
 - What should the pay rate be? How should it compare to other agency front-line roles?
 - How do we establish the uniqueness of Peer Support within the framework of existing programs?
 - Will anyone apply? How can we reduce barriers to self-identifying as a candidate for this role?
 - Are Peer Support staff going to encounter stigma from their co-workers?

Where We Are At Now?

- DMHS has maintained its initial vision while growing the role in many different ways
 - Peer Support is now embedded in all three Crisis locations, our Family Support program, our Hospital-to-Home program and a Hospital based ACT team as well as operating our two day programs independently
 - Funding has increased to the point where we now have 10 full-time Peer Support Specialists, thanks to strong organizational advocacy through proposal writing and also the reallocation of funds

Where We Are At Now? (cont.'d)

- The role is valued, accepted and recognized as a key component of DMHS programming (stigma is faced head-on; it has not been the barrier we feared it would be)
- DMHS plays a lead role in the Central East LHIN Consumer Survivor Network which shares information about standard practices within each member organization
- Peer Support facilitates community education (MHFA; WRAP – including Train-the-Trainer credentials; Living with Chronic Conditions; Voices Against Stigma Everywhere – V.A.S.E.)
- Strong advocacy role, with the Central East LHIN and the Central East region Mental Health and Addictions Planning Committee

Future Plans

- Tiered Peer Support Specialist framework – incorporating diverse types of education and experience including a volunteer base)
- Breaking down stigma to the point where, whatever table they sit at, Peer Support Specialists are recognized as full and expert contributors
- Continuing to develop the Central East LHIN CSI Network to its full capacity – guiding a shared vision of what Peer Support can be at each member organization

DISCUSSION AND Q&A
