

We applaud these efforts which focus on the county’s children and youth, and believe that all mental health services must be built around the premise that prevention is a fundamental role of every provider in the system. Prevention and early intervention must permeate the culture throughout the entire mental health system.

Recommendation 22

Shift the organizational culture as needed to assure that the system:

- **works to prevent the onset of disorders**
- **reaches individuals in need, or at risk, long before they seek emergency care**

3. PEERS

“Peer” refers to an individual who publicly acknowledges that he/she has a mental illness and has used or is using mental health services. “Peer services and supports are, by their very nature, recovery oriented, as these services and supports engender empowerment and are based on the principles of self-determination”.⁵⁵ “An underlying assumption here is that there is value added to any service or support provided by someone who discloses his or her own recovery journey, as such disclosure serves to combat stigma and inspire hope”.⁵⁶

⁵⁵ Corrigan, W., Mueser, K., Bond, G., Drake, R., & Solomon, P. (2008). *Principles and Practice of Psychiatric Rehabilitation*. New York: The Guilford Press. 359.

⁵⁶ Connecticut Department of Mental Health and Addiction Services, Yale University Program for Recovery and Mental Health. (May 2006). *Practice Guidelines for Recovery-Oriented Behavioral Health Care*. 10.

a. Peers as Support

Peers can boost performance and outcomes as they:

- reach out and engage people reluctant to use behavioral health services,
- work alongside professional staff to provide evidence to service providers that people can and do recover,
- free up professional staff to do other tasks that can be done only by professionals because of licensing issues and regulations, and
- add their first-person knowledge and stories of recovery to the service mix.⁵⁷

Utilization of peers imbeds the principles of a recovery- and resilience-oriented environment. We believe the system will have achieved significant progress towards a recovery- and resilience-oriented system when peers are present in every part of the organization. The Commission envisions the use of peers as support: at the point of access, in emergency and crisis situations, for care coordination (case management), in jails and hospitals, for those transitioning back to the community after hospitalization, and to families of children and youth.

Recommendation 23

Assure that peer services and supports permeate the mental health system.

b. Peers as Employees

Some mental health systems hire peers in their existing positions. The terminology “personal experience preferred” or “lived experience preferred” in position advertisements sets the tone

⁵⁷ Ashcraft, L., Ph.D. and Anthony, W., Ph.D. (May 2007). The Value of Peer Employees. Behavioral Healthcare. 27(5), 8-9.

that personal experience with mental health is viewed as an asset, not a deficit. Furthermore, viewing a person's lived experience with mental disability as an additional qualification during the hiring process would set an organizational precedent that reduces stigma.

Recommendation 24

View personal experience with mental illness as an asset when recruiting applicants for positions.

c. Peer-Operated Service

As noted in the Recovery-Oriented Accomplishments section of this report, the CSB worked with individuals receiving mental health services to establish three Drop-in Centers. Drop-in centers are one example of peer-run or peer-operated services, where individuals with mental illness plan, operate, administer, deliver, and evaluate the services. The services are provided within a formal organization which “conforms to peer values of freedom of choice and peer control”.⁵⁸ Peer-operated services are especially valuable in the community as they tend to attract peers from ethnic minority groups⁵⁹, dually diagnosed individuals⁶⁰, and peers who are hesitant to utilize the formal mental health system⁶¹.

⁵⁸ Corrigan, W., Mueser, K., Bond, G., Drake, R., & Solomon, P. (2008). *Principles and Practice of Psychiatric Rehabilitation*. New York: The Guilford Press. 372.

⁵⁹ Davidson et al. (1999). Peer support among individuals with severe mental illness: A review of the evidence. *Clinical Psychology Science and Practice*, 6, 165-187. Cited in Corrigan et al, (2008), *Principles and Practices of Psychiatric Rehabilitation*, 373.

⁶⁰ Segal. (1995). Characteristics and service base of long-term members of self-help agencies for mental health clients. *Psychiatric Services*, 46, 269-274. Cited in Corrigan, *Principles and Practices of Psychiatric Rehabilitation*, 373.

⁶¹ Hodges et al (2003). Use of self-help services and consumer satisfaction with professional mental health services. *Psychiatric Services*, 54, 1161-1163. Cited in Corrigan, *Principles and Practices of Psychiatric Rehabilitation*, 373.

Peer-operated services are unique because programs are planned, delivered, and evaluated by persons who have experienced, or currently are experiencing, psychiatric disorders. The Commission strongly believes that these individuals bring an important point of view and invaluable lived experience to their work with persons currently struggling with mental health issues. Peer-operated programs enable those with lived experience to share their stories with others and use their own experience to offer guidance, support, and assistance to others.

Recommendation 25

Continue support of Drop-In Centers.

d. Peer Training

The use of peers in the provision of mental health services has many benefits, but does require a number of unique support systems in order to be as successful and purposeful as possible. These support systems include the proper training and quality supervision of peers, an atmosphere that is friendly and accepting towards individuals receiving services, and opportunities for discussion among peer and non-peer providers.⁶² The Commission strongly believes in the use of peers in the recovery process, but acknowledges that some of these supports are lacking in the Fairfax-Falls Church area. One challenge is that peer training programs are not available locally, making it time-intensive and expensive for peers to get the training they need. Peer training programs, such as the Peer-to-Peer education course offered by the National Alliance on Mental Illness (NAMI),

⁶² Carlson, L., M..S.W., Rapp, C., Ph.D., McDiarmid, D., M..S.W (June 2001). Hiring Consumers-Providers: Barriers and Alternative Solutions. *Community Mental Health Journal*, 199-213.

could be brought to local colleges so that willing peers can get the training they need.⁶³ As the Northern Virginia Regional Recovery plan also recognized the need for local training opportunities, it is possible that more training options will become available in the years to come, in which interested Fairfax-Falls Church individuals could participate.⁶⁴ As the Fairfax-Falls Church mental health system expands in its utilization of peers, more training opportunities will be needed. The Commission would also encourage the county to explore the possibility of establishing a local institute to provide training, ongoing education, and a continual support network for peers serving in the community.

Recommendation 26

Assure training opportunities for persons interested in offering peer support.

e. Office of Consumer and Family Affairs

Because we believe that persons with psychiatric disorders and their families should be involved in all aspects of CSB services, we support the establishment of an Office of Consumer and Family Affairs, which is already underway. This office will be a resource to individuals, families, and staff in system transformation, service quality assurance, and the leadership and engagement of individuals receiving mental health services.

⁶³ National Alliance on Mental Illness. (n.d.) Peer-to-Peer: NAMI's Recovery Curriculum. Accessed 27 Jun 2008. <http://www.nami.org/>.

⁶⁴ The Northern Virginia Regional Strategic Planning Partnership. *Recovery Services Funding Application FY 07-08*. 11.

We agree with the National Association of State Mental Health Program Directors that a core element of a successful Office of Consumer Affairs is that its “establishment, planning, and hiring must be supported by and involve consumers”.⁶⁵

Recommendation 27

Support the establishment of an Office of Consumer and Family Affairs.

C. TRANSFORMATION ROADMAP

We have assessed the current system against our recommended service delivery design. As compared with the current system, the model we propose is more business-focused and has a greater emphasis on maximizing revenue, measuring results or outcomes, and stressing productivity. Our recommended strategies to achieve the transformation include: financing strategies to optimize resources, outcomes and performance measures, and key supports for governance/leadership, workforce, and technology.

1. FINANCING STRATEGIES TO OPTIMIZE RESOURCES

The Code of Virginia defines three types of community services boards: **administrative policy**, **operating**, and **policy-advisory** boards. Fairfax-Falls Church has an **administrative policy** board that was established to set policy for, and administer the provision of, mental health, mental retardation, and substance abuse services. Services are provided through local

⁶⁵ NASMHPD. Core elements of a successful office of consumer affairs. Accessed 14 July 2008. http://www.nasmhpd.org/general_files/CORE.HTM