Intensity, Lived Experience, and Crisis: 
Activating Peer Support for a Transformed Mental Health Crisis Response System

December 15, 2021
10:00am – 11:15am PST / 1:00pm – 2:15pm EST
Housekeeping

• Everyone will be on mute to start

• We want to hear from you! Share your questions, comments and “ah-ha’s” via the chat box.

• A recording will be available within 48 hours - We’ll email you.
Continuing Education

• NYAPRS is pleased to offer Continuing Education units for NYS Certified Peers.

• In order to qualify for CEs:
  • We ask that you be logged into the zoom room and not just dialed in on the phone
  • Complete the evaluation that will be sent to you within 48 hours
Welcome

The College for Behavioral Health Leadership

leaders4health.org

NYAPRS
“Partners in Recovery”
Our Presenter

Eduardo Vega, M.Psy
Chief Executive Officer; Founder

HUMANNOVATIONS
Empowering the Global Mental Health Revolution
Intensity, Lived Experience and Crisis Activating Peer Support for a Transformed Mental Health Crisis Response System

December 15, 2021

PRESENTED BY: EDUARDO VEGA, M.PSY;

DIRECTOR: PALLIANCE INSTITUTE FOR PEER SUPPORT & LIVED EXPERTISE

CEO/FOUNDER: HUMANNOVATIONS
Eduardo Vega

Personal Mission and Experience

- Building recovery/growth-oriented approaches to mental health and suicide prevention driven by lived expertise, human rights and community empowerment
- 15 + years Executive Management and Strategic Growth in non-profit, government, etc. (CEO MHASF 2010-2016) State Commissioner; Fulbright Fellow
- 30 years in mental health, social services, advocacy including homeless services outreach/shelters, etc.
- Nationally/internationally active as leader in mental health policy, programs, advocacy, research, peer support programs
- Training and mentorship of crisis counselors, peer specialists and consumer advocates
- Executive Committee of National Action Alliance for Suicide Prevention; Steering Comm. Natl Suicide Prevention Lifeline
A social impact company driven by lived expertise.

The mission of Humannovations is to create a healthier future through innovative solutions that empower people and communities, and reduce the global burden of mental ill-health and suicide.

Partners
9 WELCOME/OBJECTIVES

1. Identify core issues relating to the intersection of psychiatric care, mental health treatment, peer crisis support and the lived experience of suicide
2. National and state level themes in crisis, peer support, suicide lived experience and suicide prevention
3. Review known initiatives and directions integrating lived experience with conventional and recent suicide prevention practice
4. Discuss humanizing model of crisis, suicide and recovery/growth
5. Review key humanizing terms/reframes related to crisis and intensity
6. Identify directions, challenges and opportunities to integration of peer-based services
BH PREVENTION INTERVENTION (US PUBLIC & PRIVATE)

LE/PEER SUPPORT ROLES TODAY

PEER/MUTUAL SUPPORTS

- **Subthreshold need/access**
- **Recovery, Maintenance (Therapy, meds)**
- **DISTRESS/ SUBACUTE**
  - Intensive (IP, PH/IOP, RTF)
  - Crisis/Acute/ Emergent/ IP, Crisis Line/Center Rescue, Crisis Center
CURRENT NEED

(PROJECTED)

Subthreshold need/access

Maintenance (Therapy, meds)

DISTRESS/ SUBACUTE

Intensive (IP, PH/IOP, RTF)

Crisis/Acute/ Emergent
- **Subthreshold need/access**
- **Maintenance (Therapy, meds)**
- **DISTRESS/ SUBACUTE**
- **Intensive (IP, PH/IOP, RTF)**
- **Crisis/Acute/ Emergent**

**KEY PSYCHSOCIAL INTERCEPT**

**PEER/MUTUAL SUPPORTS**
<table>
<thead>
<tr>
<th>CRISIS SUPPORTS AND SERVICES</th>
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<tr>
<td>KEY PEER / LIVED EXPERIENCE CONNECTIONS</td>
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<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
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<tbody>
<tr>
<td>Advocacy/ Right Protections/ Peer Advocacy</td>
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<tr>
<td>LE/ SI Peer Support Groups/Meetings</td>
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<td>MOBILE CRISIS</td>
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<tr>
<td>HOSPITAL, STABILIZATION UNITS, IOP</td>
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<td>Community Crisis Programs / Peer Respite</td>
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<td>Phone and text remote supports</td>
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<td>Post-Crisis Peer Support and Suicide Prevention Support</td>
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LIVED EXPERTISE & PEER SUPPORT FOR “CRISIS”
BH SYSTEMS OF CARE

- Suicide prevention
- Suicide/Crisis response
- Inpatient/Psych Emergency
- Mobile crisis services
- Peer Respite services
- Community crisis houses/ADUs
- Phone, text or online crisis support “Hotlines”
- Peer Support Groups
WHAT ARE THE CHALLENGES OF INTEGRATING PEER SUPPORT IN CRISIS SERVICES -SYSTEMS

- Low Expectations/ Stigma
- Peer Specialist Scope of Work
- Concerns around Activation/Retraumatization
- Limited Practice Evidence
- Uncertainty related to Lived Expertise/ Role of LE
- Limited models
WHAT ARE THE CHALLENGES OF INTEGRATING PEER SUPPORT IN CRISIS SERVICES—PEERS/PLE

- Peer Support Values Clash
- Education/licensing
- Concerns around Activation/Retraumatization
- Coercion/ Restrictions/ Gatekeeping
- Uncertainty related to Lived Expertise/ Role of LE
- Lack of Specialized training
PEOPLE WITH LIVED EXPERIENCE OF SUICIDE

www.creedthoughts.gov/www/creedthoughts.
@sogodly_

Trying to be honest with my therapist but not so honest that I get involuntarily hospitalized
World Literature, Research and Lived Experience throughout history all show the value of personal transformative struggle including suicidal intensity …

Q: How can we support people to “grow through” their crisis level intensity in the spirit of dignity and partnership?

At least 50 million people consider suicide each year in the US alone.

About 5% of them attempt suicide.
PEOPLE WITH LIVED EXPERIENCE OF SUICIDE
Suicidal Behavior, United States 2018

48,344 Suicide Deaths (includes adults and youth)

443,000 Adults (18+) Hospitalized Overnight or Longer for a Suicide Attempt*

717,000 Adults (18+) Received Medical Attention for a Suicide Attempt*

1,442,000 Adults (18+) Reported Suicide Attempts*

*Self-Report

Source: CDC, 2020; SAMHSA, 2019
Suicidal Behavior and Past Year Serious Psychological Distress, United States 2018

- Serious Thoughts of Suicide: 25.8%
- Made a Suicide Plan: 9.1%
- Attempted Suicide: 3.8%
- Serious Psychological Distress: 0.3%
- No Serious Psychological Distress: 0.2%

Source: SAWA, 2019

PEOPLE WHO DIE BY SUICIDE
Objective 10.3

Engage suicide attempt survivors in suicide prevention planning, including support services, treatment, community suicide prevention education, and the development of guidelines and protocols for suicide attempt survivor support groups.

http://actionallianceforsuicideprevention.org/NSSP
BACKGROUND – THE WAY FORWARD

• Pivotal report provides recommendations for advancing goals of NSSP based on the experience and expertise of suicide attempt survivors.

• Core Values
  • Inspire hope, meaning and purpose
  • Preserve dignity, counter stigma, stereotypes, discrimination
  • Promote community connectedness

http://actionallianceforsuicideprevention.org/task-force/suicide-attempt-survivors
THE WAY FORWARD

1. COERCIVE TREATMENT FEELS LIKE PUNISHMENT NOT CARE

2. DEHUMANIZATION, DISREGARD AND MICROAGGRESSION UNDERMINE RECOVERY and trust in Providers

3. ALTERNATIVES THAT INCLUDE OTHERS “WHO HAVE BEEN THERE”

http://actionallianceforsuicideprevention.org/task-force/suicide-attempt-survivors
PEER/LIVED EXPERIENCE SUPPORTS FOR SUICIDE
• Developed using expert panel process:
  ➢ Peer support and suicide researchers
  ➢ Peer specialists
  ➢ State peer specialist training coordinator
  ➢ Community-based Peer-centered organization:
    The Center for Dignity, Recovery, and Empowerment*

• Outline from panel developed into a 3-day training program for Certified Peer Support Specialists

* Eduardo Vega, M.Psy; Director, Principal Investigator
SUICIDAL IDEATION (BECK SCALE)

Baseline 3 Months 6 Months

Peer
Control
HOPELESSNESS (BECK SCALE)

- Peer
- Control

Baseline | 3 Months | 6 Months
QUALITATIVE FEEDBACK (N=23)

Regarding how well participants related to the peer

• 9 used a superlative such as “very well” or “really good”

  “it was like talking to a friend instead of a counselor”

• 11 report a “good” relationship

  “it took a few appointments to find a common ground, but eventually worked out and related well to one another”

• 19 indicated the peer offered the appropriate amount of advice and listening
  • 5 specifically stated the peer was a “good listener”
  • 5 stated that “there was a balance of sharing and listening”
CASE STUDY: 2015

Attempt Survivors Mutual Encouragement Group

• A program of three “Peer-Led Suicide Attempt Survivor Support Groups” met weekly over a 12-week period.
• The first group decided on the group name AS ME (Attempt Survivors Mutual Encouragement). Each of the following groups elected to keep the name AS ME.
• These were drop-in support groups, in which members and the peer co-leaders were attempt survivors or people who had contemplated suicide.
• Weekday meetings in the office of the Mental Health Association of San Francisco for 90 minutes
CASE STUDY: 2015
Attempt Survivors Mutual Encouragement Group

• Funded by State of California
• Designed by international experts, research psychologists, suicide prevention trainers and PLES at the Center for Dignity, Recovery and Empowerment
• Developed in partnership with San Francisco Suicide Prevention and SF Dept of Public Health
CASE STUDY:
Stigma & Low Expectations
Attempt Survivors Mutual Encouragement Group

- Systemic Resistance
- Taboo and Fear
- Retaliation and shaming
Study results (*Custom Instrument ++*):

- **increase in hopefulness**
  \[ t(6) = 5.6, p = 0.001. \]

- **decline in the frequency of suicidal thoughts**
  \[ t(9) = 3.3, p = 0.01. \]

- **decrease in the duration of suicidal thoughts**
  \[ t(10) = 3.7, p = 0.004 \]

- **increase in perceived ability to control suicidal thoughts**
  \[ t(10) = 4.4, p = 0.001. \]
SEEING DIFFERENTLY, THINKING DIFFERENTLY, SPEAKING DIFFERENTLY

SEEING
- SEEING people living with distress and despair

THINKING
- THINKING about role of crisis/distress in change

SPEAKING
- SPEAKING in terms of dignity and growth
Dignity/Growth/Recovery

Peer/Ally Support Practices

Crisis Intervention & Suicide Prevention

GROWTH/RECOVERY MODEL
POST-TRAUMATIC GROWTH
SOCIOLOGICAL/PUBLIC HEALTH INTERSECTIONAL
PEER SUPPORT FOR LIFE’S MOST DIFFICULT MOMENTS
WHY GROWING THROUGH?

• People Experiencing Intensity Deserve:
  • Not to be criminalized, feared, coerced, manipulated or punished
  • Interest and respect for their process
  • Connection to Others “who have been there”
  • Community alternatives to emergency and inpatient hospitalization such as Peer Respite and related services
  • Support within their communities that is culturally responsive and grounded in dignity
  • Collaborative support in staying safe and ‘growing through’
  • EVERYWHERE
NORMALIZING CRISIS & INTENSITY

THE GROWTH/DIGNITY APPROACH

Ease   Stress   Discomfort   Distress
NORMALIZING INTENSITY
AND THE 5 D'S

- Distress
- Despair
- Disability
- Death
- Discomfort
THE 5 P’S. (PROTECTIVE FACTORS)

- Purpose
- Prospects
- Perseverance
- Presence
- Pleasure
Traditional/Clinical Term

- CRISIS
- HOPELESSNESS
- SUICIDALITY
- SUFFERING FROM/ MENTALLY ILL
- COMMIT SUICIDE

Growth/Recovery Term

- TRANSFORMATIVE STRUGGLE
- SEEKING MEANING
- SUICIDAL INTENSITY
- LIVING WITH*/ SEEKING RECOVERY
- DIE OF/ DIE BY SUICIDE

GROWING THROUGH
Traditional/Clinical Term

- SUICIDAL IDEATION
- ACT OUT
- SUICIDAL BEHAVIOR
- MANIA/LABILITY/ACTING OUT
- SUICIDE ATTEMPTS/BEHAVIOR IMMINENT DANGER

Growth/Recovery Alternative

- EXISTENTIAL DEBATE
- DESPAIR/ANGUISH
- SEEKING RELIEF
- DISTRESS
- EXPRESSING INTENSITY
- LETHAL ACTIONS SUICIDE EMERGENCY
GROWING THROUGH PRO

ADVANCED PEER CRISIS SUPPORT CERTIFICATE

Online Module Series 10 hours per module

1. GT1: Offering Presence
2. GT2: Encountering Intensity*
3. GT3: The Heart of Suicide**
4. GT4: Growing Pro**

- TOTAL 40 Credit Hours
- GT PRO certificates (2018-21)
  - California (72), New Hampshire (22)
  - New Zealand, Michigan (pending)

Growing Through Pro certification also available as a 5-day 40 hour onsite intensive

*GT1 required; ** GT1 & 2 required
“MY LIVED EXPERIENCE WITH CRISIS AND SUICIDE WAS INCREDIBLY PAINFUL . . .

I WOULD NEVER GIVE IT UP BECAUSE IT MADE ME WHO I AM TODAY..AND I LIKE WHO I AM TODAY”

Terry: Civil Rights Attorney
Suicide Attempt Survivor
Volunteer Crisis Center Worker
”Growth Ally”
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**CHANGE ACTION & READINESS**

**KEY STEPS AND QUESTIONS FOR DISCUSSION**

**INTEREST**
- Are PS interested to do this work?
- Is it in conflict with their values?

**COMMUNITY SUPPORT**
- Does the MH/BH/PS system support PS in these roles?

**TRAINING READINESS**
- Are PS prepared, confident?

**$ Funding**
- Is the larger system invested in integrating PS?
- Are service lines and funding available for these jobs?
LET’S TALK!

Contact us:
e.vega@Humannovations.net

Learn more at
https://www.humannovations.net
PALLIANCE INSTITUTE
for Peer Support & Lived Expertise
An International Training, Practice and Innovation Center

info@palliance.org
Core Competencies in Peer Crisis Support: Values, Practices and Skills

January 12th

1:00-2:30 PM EST

Register using the link:
https://us06web.zoom.us/webinar/register/WN_eriPKAMRQmKrXGGZedGt6A
Questions?
Contact Us!

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