



Introduction to Peer Support for People with Co-Occurring Disorders

March 2, 2023

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Chacku Mathai



**Opioid
Response
Network**
STR-TA/SOR-TA



Working with communities to address the opioid crisis

- ✧ SAMHSA's State Targeted Response Technical Assistance (STR-TA) and State Opioid Response Technical Assistance (SOR-TA) grants created the *Opioid Response Network* to assist states, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis .
- ✧ Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

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Working with communities to address the opioid crisis

- ✧ The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis.
- ✧ The ORN accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.





Housekeeping

SPEAKER PROFILES



Chacku Mathai (he/him/his)

Chacku is an Indian-American who became involved in recovery advocacy and peer support when he was 15 years old. Chacku's personal experiences with racism, xenophobia, racialized trauma, suicide attempts, and disabling mental health and substance use conditions, including psychosis as a youth and young adult, launched Chacku and his family towards a number of efforts to advocate for improved services, social conditions, and alternative supports in the community. He has since accumulated 35 years of experience in a variety of community service roles as well as international, national, statewide, and local board governance and executive leadership roles.

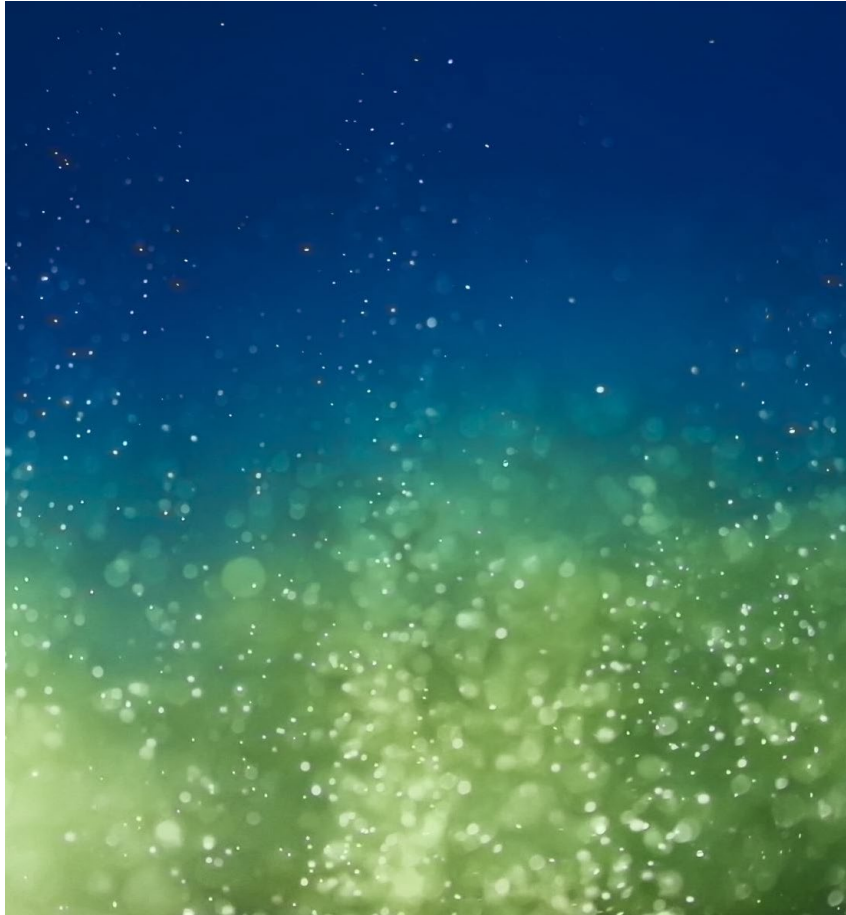


Jonathan P. Edwards (he/him/his)

Jonathan P. Edwards is a social scientist, public health professional, licensed clinical social worker, and person in long-term recovery. He led the largest peer support workforce within the New York City Hospital system at Kings County Hospital Center in Brooklyn. Jonathan's contributions to peer support include research on job satisfaction, involvement with the National Association for Peer Supporters (N.A.P.S.) in developing National Practice Guidelines, and independent consultancy. He is also a Certified Peer Specialist and Certified Personal Medicine Coach. Dr. Edwards also serves as adjunct faculty at Columbia School of Social Work; has received several awards; has co-authored numerous peer-reviewed articles; and co-edited the recent book, "What It Takes: Wisdom from Peer Support Specialists and Supervisors". Jonathan received his Ph.D. and M. Phil degrees in Social Welfare from City University of New York Graduate Center and his Masters in Social Work from Hunter College.



Land Acknowledgement



We are each likely participating on the ceded or unceded land of an Indigenous people. For me, where I work, it is the Lenape homeland.

Where I live in Rochester, NY, it is the traditional territory of the Haudenosaunee and by honoring the sovereignty of the Six Nations—the Mohawk, Cayuga, Onondaga, Oneida, Seneca and Tuscarora.

I ask you to join me in acknowledging all Indigenous People and all ancestral and unceded lands of their People, their elders both past and present, as well as future generations.

Most of the institutions for which we work must also acknowledge that they were founded upon exclusions and erasures of many Indigenous peoples.

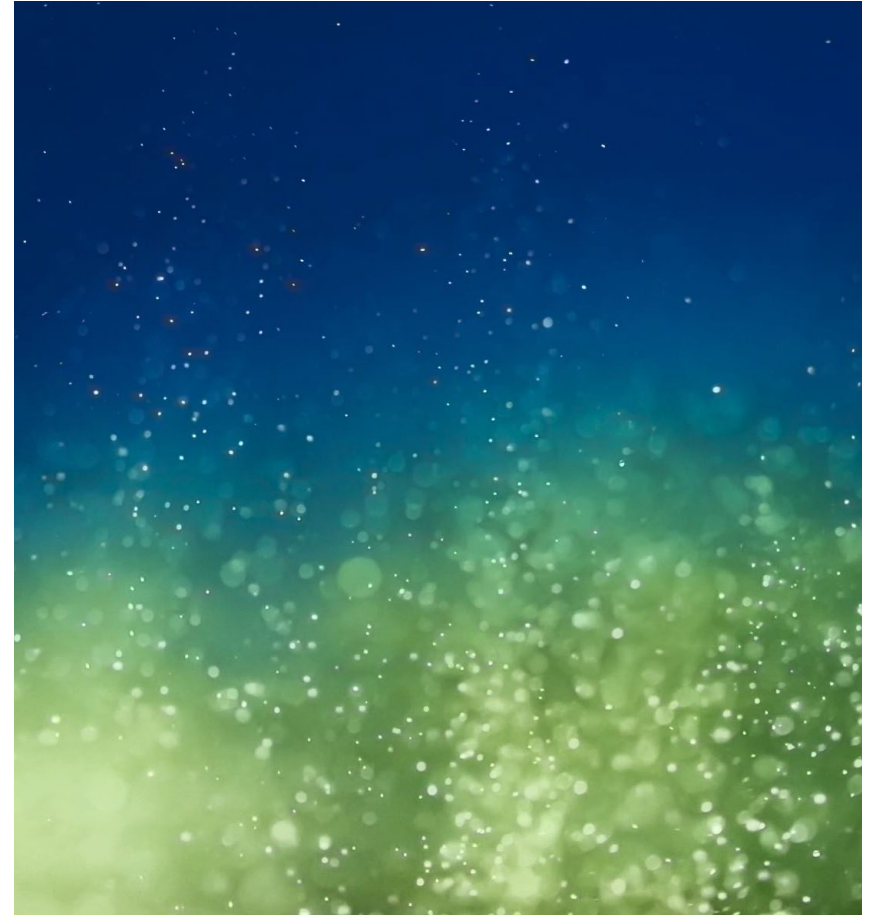
This acknowledgement demonstrates a commitment to begin the process of working to dismantle the ongoing legacies of settler colonialism.



Labor Acknowledgement

We must acknowledge that much of what we know of this country today, including its culture, economic growth, and development throughout history and across time, has been made possible by the labor of enslaved Africans and their descendants who suffered the horror of transatlantic trafficking of their people, chattel slavery, and Jim Crow.

We are indebted to their labor and their sacrifice, and we must acknowledge the tremors of violence throughout the generations and the resulting impact that can be felt and witnessed today.





Learning Objectives

-
- 1 List 2-3 recovery principles that might support people with co-occurring mental health and substance use conditions

 - 2 Describe the benefits of peer support for people with co-occurring mental health and substance use conditions

 - 3 Identify 1-2 of the essential elements for implementing peer support for people with co-occurring mental health and substance use

 - 4 Describe one of the barriers in your own organization's preparedness for integrating peer support for people with co-occurring mental health and substance use conditions.





Why Focus on Co-Occurring Disorders?

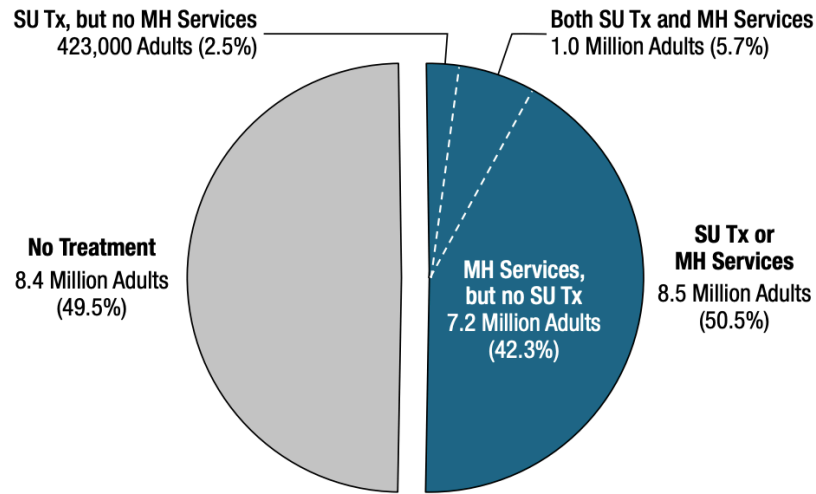
- ✧ The combined presence of SUDs and mental disorders results in more profound functional impairment; worse treatment outcomes; higher morbidity and mortality; increased treatment costs; and higher risk for homelessness, incarceration, and suicide than if people had only one of these disorders but not both.
- ✧ Current treatment guidelines recommend that people with co-occurring disorders receive treatment for both disorders.

• Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>



2020 National Receipt of Services Data

Figure 54. Receipt of Substance Use Treatment at a Specialty Facility and Mental Health Services in the Past Year: Among Adults Aged 18 or Older with Past Year Substance Use Disorder and Any Mental Illness; 2020

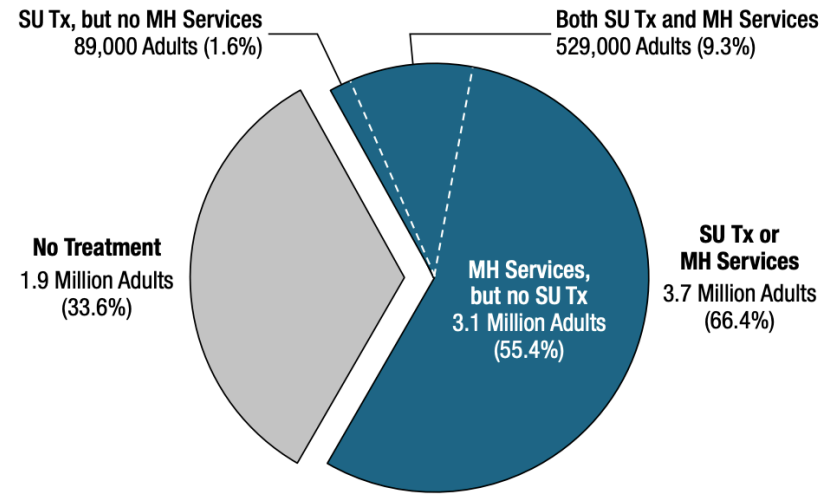


17.0 Million Adults with a Substance Use Disorder and Any Mental Illness

Note: Mental Health Services include any combination of inpatient or outpatient services or receipt of prescription medication.

MH = mental health; SU Tx = substance use treatment.

Figure 55. Receipt of Substance Use Treatment at a Specialty Facility and Mental Health Services in the Past Year: Among Adults Aged 18 or Older with Past Year Substance Use Disorder and Serious Mental Illness; 2020



5.7 Million Adults with a Substance Use Disorder and Serious Mental Illness

Note: Mental Health Services include any combination of inpatient or outpatient services or receipt of prescription medication.

MH = mental health; SU Tx = substance use treatment.

Note: The percentages do not add to 100 percent due to rounding.

- Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>





Relevant Federal Legislation

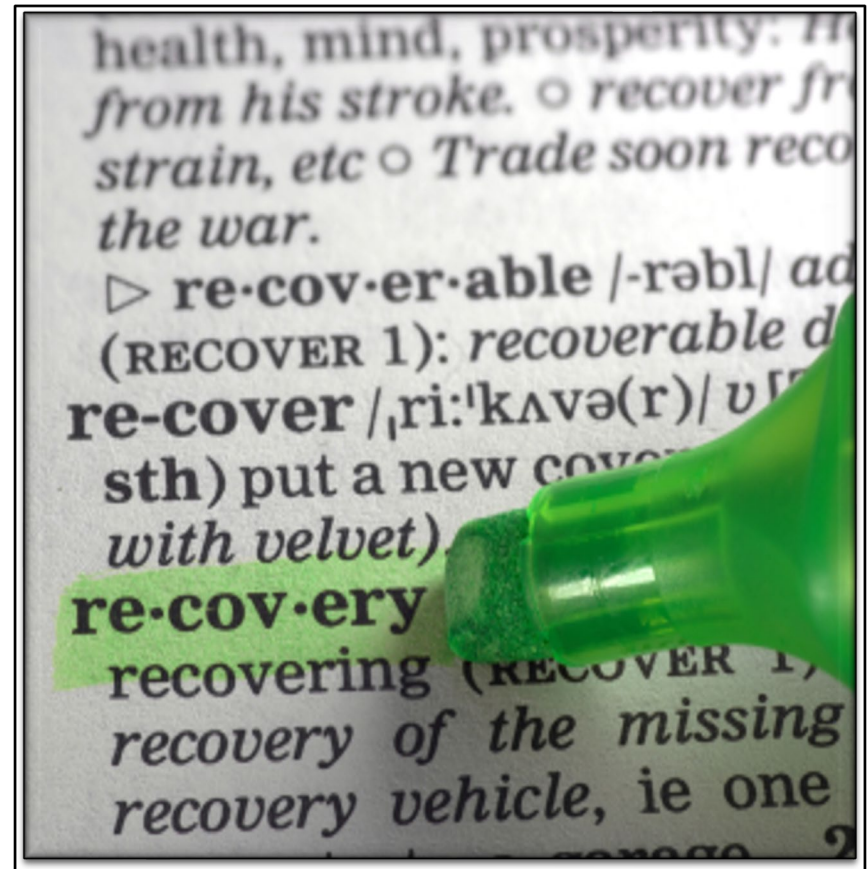
- ✧ The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Public Law 110-343, Section 511)
- ✧ Patient Protection and Affordable Care Act (PPACA, 2010)
- ✧ 21st Century Cures Act (2016)
- ✧ Comprehensive Addiction and Recovery Act of 2016
- ✧ SUPPORT for Patients and Communities Act (2018)
- ✧ Families First Coronavirus Response Act (2020)
- ✧ Coronavirus Aid, Relief, Economic Securities Act (CARES) 2020
- ✧ Consolidated Appropriations Act (2021)
- ✧ American Rescue Plan (2021)



SAMHSA Working Definition of Recovery

Recovery is a process of change through which individuals improve their health and wellbeing, live a self-directed life, and strive to achieve their full potential.

– SAMHSA, 2011



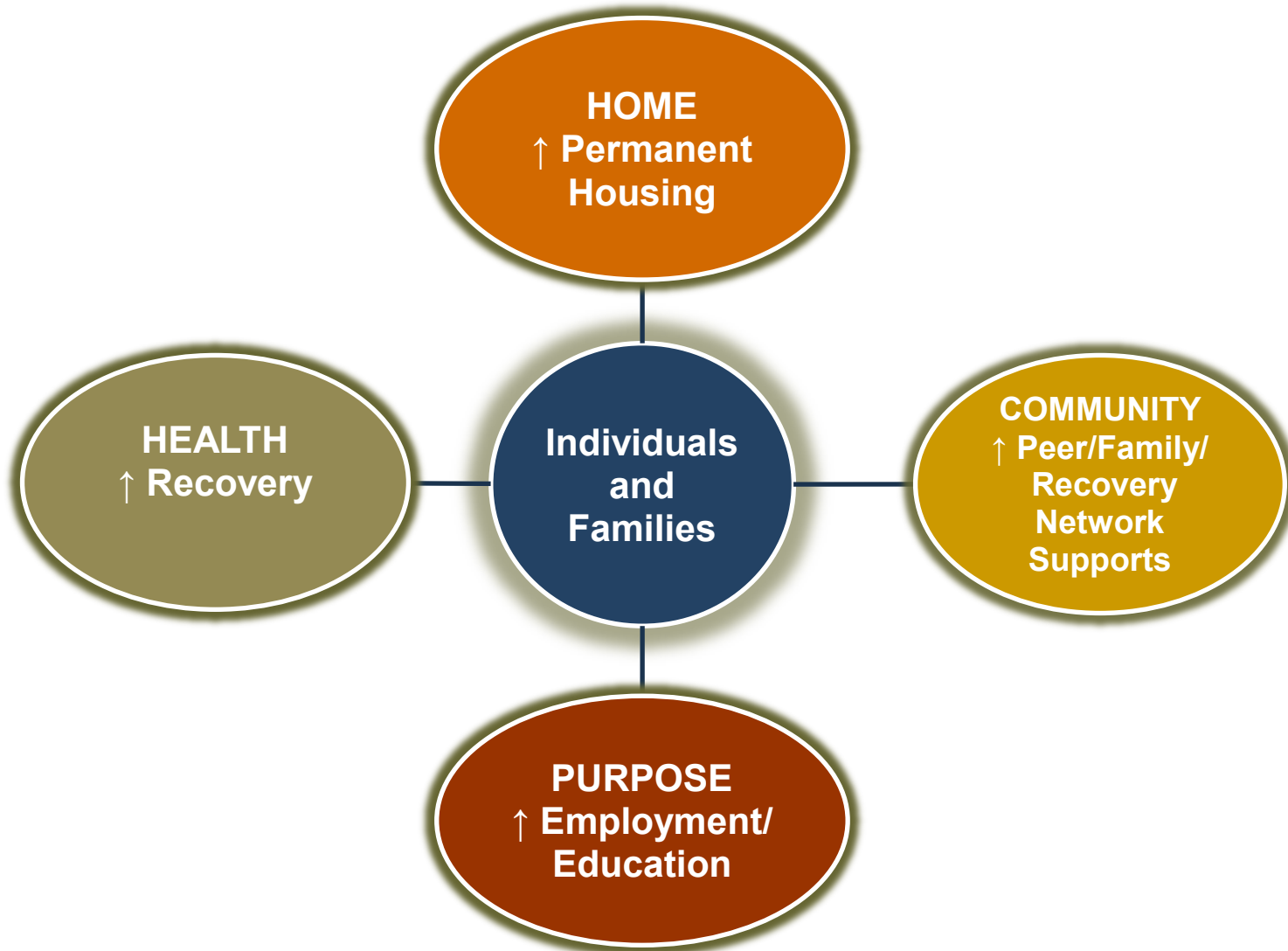


Guiding Principles of Recovery

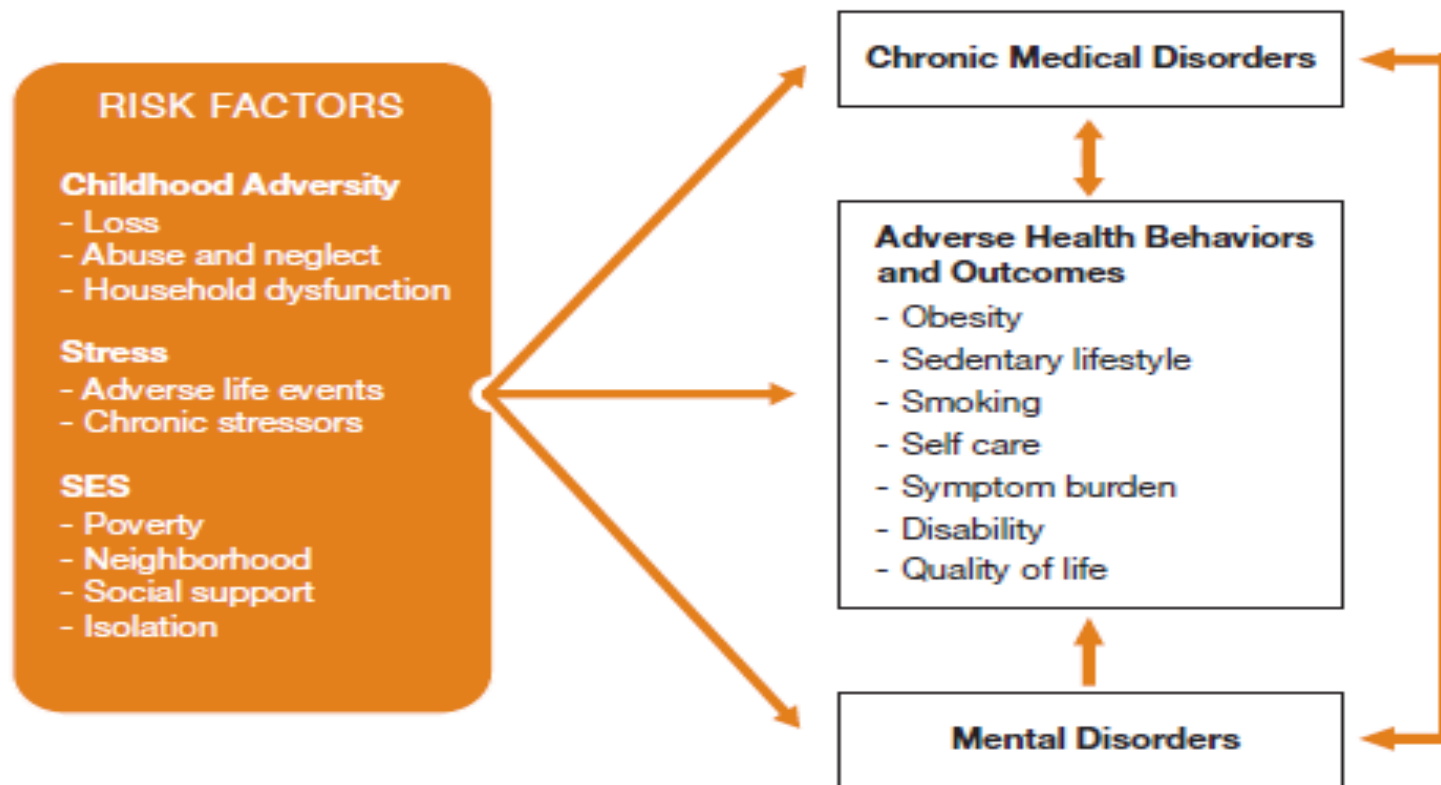
- ✧ Hope
- ✧ Person-Driven
- ✧ Many Pathways
- ✧ Holistic
- ✧ Peer Support
- ✧ Relational
- ✧ Culture
- ✧ Addresses Trauma
- ✧ Strengths/Responsibility
- ✧ Respect



SAMHSA Recovery Construct



Why Focus on Social Determinants?

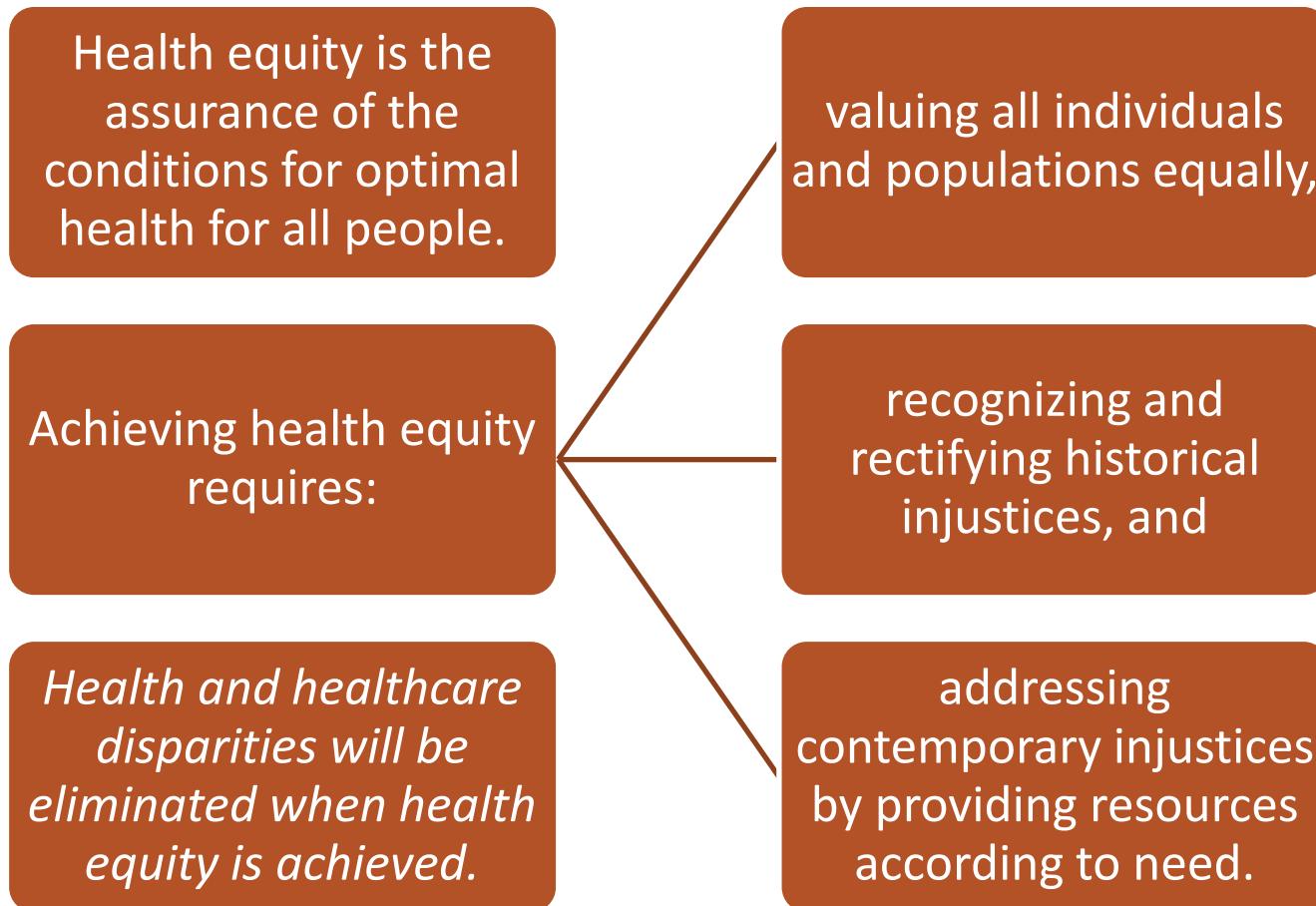


Model of the Interaction Between Social Determinants and Health Conditions

Druss, Benjamin & Walker, Elizabeth. (2011). *Mental Disorders and Medical Comorbidity. The Synthesis project. Research synthesis report. 1-26.*



HEALTH AND RECOVERY EQUITY A PROCESS OR OUTCOME?



What are the differences between a cultural and structural lens?

Recovery Definition Example

Recovery is a process of change through which individuals improve their health and wellbeing, live a self-directed life, and strive to achieve their full potential.

Cultural Lens

- The “process of change” refers to the individual – that something needs to change about the person
- The “process” might be informed by the cultural differences
- Self-directed life is informed by cultural norms
- Full potential is focused on the individual

Structural Lens

- Recognizes that the “process of change” includes changes in the social conditions, norms, policies of systems and communities
- Refers to the external factors (social, political, economic) that impact a person’s choices
- Self-direction and full potential are concepts directly impacted by external factors





SAMHSA Office of Recovery Goals and Objectives

- ✧ National Recovery Summit in August 2022
 - Convened over 200 people from mental health and substance use recovery communities
- ✧ Director, Paolo del Vecchio
- ✧ Summit Proceedings are being drafted
 - Collaborating Across Mental Health, Substance Use, and Harm Reduction advocacy communities
 - Recovery and Harm Reduction as Organizing Principles
 - President Biden's Unity Agenda and Call to Action for National Implementation of Peer Services
 - Recovery Rich Communities and Systems of Care
 - Justice, Diversity, Equity, and Inclusion





Vision for Recovery Across Systems and Communities

- ✧ Recovery can be expected, however, barriers and obstacles, such as SDH, must be addressed
- ✧ Recovery can flourish when barriers and obstacles are addressed
- ✧ We uncover abandoned and/or develop new hopes and dreams
- ✧ We discover our personhood through our culture, strengths, values, and skills





Vision for Recovery (continued)

- ✧ We recover together and engage communities as life-sustaining forces
- ✧ We re-author the way we see ourselves
- ✧ We (re)claim a meaningful life and roles
- ✧ We give back to others what we have gained





Catalyzing Role of Peer Support

- ✧ Peer Support as a Disruptive Innovation and Catalyst for Social and Systems Change
- ✧ Not simply an additive service to the existing system
- ✧ Centering lived experience at every level
- ✧ Racial Equity and Inclusion
- ✧ Harm Reduction





Understanding Harm Reduction Principles as a Framework

- ✧ Calls for the non-judgmental, non-coercive provision of services and resources
- ✧ Ensures that people routinely have a real voice in the creation of programs and policies designed to serve them
- ✧ Establishes quality of individual and community life and well-being — not necessarily cessation of all drug use or mental health symptoms — as the criteria for successful interventions and policies
- ✧ Understands drug use as complex, multi-faceted phenomenon that encompasses a continuum of behaviors and experiences

<https://harmreduction.org/about-us/principles-of-harm-reduction/>





Understanding Harm Reduction Principles as a Framework

- ✧ Affirms people who use drugs (PWUD) themselves as the primary agents of reducing harm and seeks to empower to share information and support each other in strategies which meet their actual conditions of use
- ✧ Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm





Opportunities and Challenges for Integrated Peer Support

- ✧ Brief review of certification programs
- ✧ Opportunities and Challenges for implementation
 - Harm Reduction as an organizing principle for engagement in both mental health and substance use
 - Challenges of existing silos in systems and practice models



Implementation Resource

- ✧ Essential Elements
- ✧ Design Factors
- ✧ Drivers of Success
- ✧ Integration Processes



Peer Recovery Support Services in Correctional Settings developed by Altarum in collaboration with the National Council for Mental Wellbeing and Advocates for Human Potential, Inc. BJA-Sponsored
<https://bjajournal.org/library/publications/peer-recovery-support-services-correctional-settings>





Key Takeaways

-
- 1 Peer Support for people with co-occurring SUD and MH is most effective when utilizing recovery and harm reduction principles
 - 2 Recovery and harm reduction principles can be supportive of a more integrated peer support framework supporting people with co-occurring SUD and MH conditions.
 - 3 Create an organizational culture that is driven by equity and inclusion, as well as peer support values and principles.
 - 4 Understand and address the barriers that might impede organizational readiness for culture change



Contact the Opioid Response Network

✧ To ask questions or submit a request for technical assistance:

- Visit
 - www.OpioidResponseNetwork.org
- Email
 - Emely.Santiago@nyspi.Columbia.edu
 - Katherine.Cunningham@nyspi.Columbia.edu
- Call
 - 401-270-5900





Your Feedback is Important

Please complete our short ORN feedback survey!



Bibliography & Resources

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BRSS TACS. Equipping Behavioral Health Systems & Authorities to Promote Peer Specialist/Peer Recovery Coaching Services.

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