



Crestwood Recovery Resilience Solutions

## **The Magic of Peer Operated Programs**

by Dr. Lori Ashcraft

Today we are going to be talking with Andrea and Natalie from the California Association of Mental Health Peer Run Organizations [CAMHPRO]. They will share their personal stories of recovery and will also update us on the great work they are doing across the State of California.

So you may be surprised when I begin this narrative with a bit of a rant about my disappointment in the increase in forced treatment across our nation. Yes, there are very few people who occasionally need involuntary treatment, but the exponential rise in forced treatment is horrifying.

The problems with involuntary treatment are not new. In 2010 we teamed up with Dr Bill Anthony of Boston University to initiate the “No force first” movement. Here’s a link to an article published about our experience. <https://ps.psychiatryonline.org/doi/10.1176/ps.2008.59.10.1198> We made a dent in the very harmful and ineffective process of forced treatment. However, the problem keeps coming back. Since 988 has gone into effect, involuntary treatment has gone up exponentially. Take a look at this article by Rob Wipond who shows that psychiatric detentions have risen rapidly in the first year of 988. <https://www.madinamerica.com/2023/05/psychiatric-detentions-rise-988/>. Here are a few points I’ve pulled out of Rob’s article so you can see the impact 988 is having on forced treatment:

- People who are thought to be in serious trouble are tracked by geolocation which traces their phone, computer or mobile device, even though 988 advertises “confidential discussions.” Police or other first responders are dispatched to their location whether they want it or not.
- Many users describe the experience of betrayal, public exposure, police interactions, loss of freedom, and forced psychiatric treatment as dangerous, harmful and traumatizing.
- 2% of total contacts, or 44,000 people, had been subjected to involuntary interventions

over the previous year. Over the past ten months, 81,000 Americans who've reached out to 988 for confidential conversations have ended up being coercively taken to psychiatric hospitals.

We have got to find a better way. I want to quote my friend, Bill Anthony, who said, "Force elimination is both a necessary and reasonable goal as we move further down the path of recovery... there is no such thing as forced recovery."

How does this relate to peer support and peer operated programs? Peer support is the best antidote to involuntary treatment. If peer support is available to people, in most cases, they will receive the hope and support they need to begin a recovery process without the need for expensive and restrictive involuntary treatment.

Let's go back a bit and remember Shannon's story from last week and add it to the stories we hear from Andrea and Natalie this week. The pattern goes like this: Frist, a struggle with intense and debilitating psychological issues; then someone sees their potential and believes in them; next they are offered training; and finally, they are given an opportunity to draw on the strengths they have gained from the struggle and give back to others. This is how it works, and how throughout the ages healing has always worked. Doesn't this sound a lot better than having a stranger in a uniform show up at your house and haul you off to a hospital?

Shannon has made this work in an integrated setting with other professionals. Remember her description of an alternative to forced treatment, TakeMyHand Live Peer Chat <https://takemyhand.co>. Andrae and Natalie are making in work in peer run organizations. Peer run organizations need all of our support. They are a fragile component in the ecosystem of behavioral health. They are not less important; **THEY ARE VITALLY IMPORTANT**. They are both at the front end of the system where they catch people before they fall deeper into the web of the struggle, and the back end when they emerge and need a safe place to regain their footing and have opportunities to give back. They are very cost effective and also often prevent people from needing expensive and complex and restrictive services.

In an upcoming podcast we will be telling you about the exciting project Crestwood is implementing to train and add peers to pilot sites at five of their campuses. A Crestwood slogan, "Not one minute more" helps drive this concept.