



Crestwood Recovery Resilience Solutions

Peer support in the 1970s

By Dr. Lori Ashcraft

We will hold out hope for the two research papers Beth mentioned in the podcast. If we are able to make them available, we will add them to this blog as soon as we can. I think the research behind these two demonstration projects lends weight to the feasibility of the amazing work that was done.

It was much harder to believe that people could recover, much less do peer support work in the early to mid-70s. Remember, back then, we were still in the midst of the deinstitutionalization movement that swept across the county. This movement was mostly assisted by psychotropics that reduced some of the more severe symptoms. Before this, and because there were few alternatives, people often stayed in state hospitals for very long periods of time. There were serious consequences to these long stays and the mentality that was pervasive in these facilities. People were left with the very debilitating effects of “institutionalization”. This state is one of hopelessness and helplessness which is often harder to overcome than the illness itself.

When people were moved out of the state hospitals, they were usually not well accepted in communities. Even outpatient mental health clinics often refused to see them because they “didn’t have the potential to get better; they couldn’t benefit from talk therapy”. This still makes me really mad.

It was in this context that Beth was able to get funding for both the peer support project and the crisis alternatives project. Let me tell you, that was a miracle. The reason it worked is both Beth and I believed it could and we held the hope for people until they could hold it for themselves.

The cautionary tale in the message is probably obvious to you, but let’s call it out to emphasize the importance of it. It is this: **New and innovative ideas and demonstration projects can easily sink below the level of acknowledgment if there is not enough cultural**

agreement to hold on to them and develop them and bring them to scope through replication.

Dig deep into the remarkable work of Courtney Harding. If you're not familiar with her work, Courtney did the seminal studies on recovery from mental illness and found that at least half (I'm being conservative with this percentage, I think it's higher) of the people do recover, even those on back wards of state hospitals. She unearthed studies and data from the early 1950s to support her findings. That knowledge slipped below the radar and we didn't get back to the notion that people could recover until the 1990s.

Crestwood recently sent all of us a copy of a study co-authored by our dear friend, Kevin Huckshorn that illustrated this same pattern. It showed that facilities could significantly reduce the number of restraints and seclusions, but when the culture didn't support it and when the outside accountability people stopped surveying, the number of restraints and seclusions returned to the previously held high record.

All this goes to say, Hold on to your innovative ideas. Don't let them slip away. To quote and slightly redirect those unforgettable closing words of Dylan Thomas's famous poem

**Do not go gentle into that good night.
Rage, rage against the dying of the light.**