

AHVRP 2017 Extraordinary Program Award

Kelley Boothby, Director, Volunteer Services, Hartford Hospital, Hartford, CT

Kelley Boothby nominated her Mental Health Peer Program. There are 30 active peer volunteers. They volunteer on four inpatient units and have been integrated into outpatient programming. Volunteers serve seven days a week and the shifts vary in length. The Family Resource Staff schedules volunteers, based on location. Depending on the peer activity and volunteer, they swap with each other or staff members fill absences. However, an activity can be cancelled due to an absent volunteer.

The first facility to offer Mental Health treatment in the United States opened in the late 1700s. Although there were improvements for those needing treatment over the next couple of centuries, from asylums with no hope of positive outcomes, the mentally ill were seen as nothing more than their diagnosis, with little voice until the 1970's. This was the advent of the recovery movement when patients began advocating for themselves and seeking care that was on their terms. The recovery movement has morphed into the Peer Movement and is championed by individuals with their own lived experience at the receiving end of care. Their aim is to work alongside providers, offering mental health and addiction services from a standpoint of personal recovery. Providing peer support allows for those who are going through a challenging time to hear from those who have experienced recovery and inspire hope. The Peer Program was designed to address the need for increased patient experience in the department of psychiatry. The goal of the Peer volunteer program was to create a comprehensive program validating the role of peers in mental health care partnering staff and Volunteers to:

1. Increase knowledge of the peer movement with staff across the psychiatry department.
2. Create a culture change embedding the importance of involving those with lived experience as part of the interdisciplinary team.
3. Train volunteers who will act as change agents for the staff by demonstrating the value of peers in mental health treatment to assist in reducing the stigma and promoting the message of recovery.
4. Provide a valuable patient interactive role for volunteers interested in entering the healthcare field from a lived experience perspective.

Category - "Change Management"

Unique Volunteer administrators across the country, including those from the VA, have been challenged over the years with finding meaningful volunteer opportunities for those interested in serving the psychiatric department. Fortunately, a new genre of support and care was integrated into the culture of this 200 year old hospital, utilizing volunteers. The Peer program addressed the need for a lived experience perspective for patients. This allowed for first world knowledge of the most sensitive parts of an individual's life, receiving the mental health and addiction treatment they need. There has been a significant lack of peer programming in a hospital setting, with most peer programming being offered in the community setting. This is in large part due to the need for an overall culture change. By rejecting the "us and them mentality," the peer movement humanizes a patient and creates a reality where those suffering from a mental illness can truly get better and lead fulfilling lives. Today there are peer volunteers offering support groups on inpatient units and in outpatient programs. There are peer-led yoga classes, poetry circles, yoga, running groups, mediation and more. Of the peer programs that do exist, most include state and grant funding. This initiative utilized peer volunteers to educate and support staff in a culture change to advocate for paid peer positions.

The Institute of Living (IOL), Hartford Hospital's Psychiatric Department is one of the oldest psychiatric hospitals in the United States. The director and a case worker for the Family Resource Center (FRC) at the IOL contacted Volunteer Services in 2012. Advocating for peer programming to be included in services at the IOL, their hope was to partner with the Volunteer Department. The lengthy process included creating a comprehensive role description, establishing training, selection recruitment methods, and preparing administration proposal for the pilot. The first peer volunteer started in December in 2014. Through the volunteer role, they would offer peer support in a group setting, leading discussions on various topics, and instilling hope in others at the other end of recovery. And from that peer, there was a beautiful ripple effect. Those receiving treatment would see this person before them and would begin thinking, "they were once, quite literally, where I am sitting now and I will one day be where they are standing." Gradually, those who had graduated from their own programs would come to the FRC, looking for ways to become involved in the peer program, each bringing their own interests and perspectives, and would continue on with the cycle, inspiring a new group of patients.

The volunteer intake compliance requirements for Peer Volunteers are the same as other volunteers. Despite the progress of eliminating the stigma, recruiting for mental health peers offered some unique considerations. The expertise of the Family Resource Center staff was and is key to this program. The staff's daily work with those who will benefit most and who could potentially help others make them our best volunteer recruiters and screeners. However, over time, the

Volunteer Department staff and volunteers have been able to help with referrals and volunteers actually assist with the extensive training of new Peer Volunteers.

The FRC staff provides volunteer training. All peer volunteers are required to complete the eight hour "Mental Health First Aid" course. Also, CPI (nonviolent crisis intervention) is required for inpatient and ED peer volunteers. Other training is based on the type of peer activity.

An expense the psychiatric department has taken on is for an annual volunteer recognition event that they choose to offer for "its' volunteers".

The value of the peer role was substantiated and resulted in a paid position in 2016. It was filled by a volunteer. The peer volunteer role was then tweaked to comply with the FLSA, while remaining rewarding for the volunteers. From the standpoint of volunteer management, this decentralized role is ideal. Providing support to departments that oversee meaningful volunteer roles/services, allows us as directors, more time for program development.

This program has been a success from many different perspectives. The most profound change brought on by the FRC's Peer Program, has been the overall culture change that the IOL has experienced. Former patients have been integrated into the caregiving community and are working with staff to care for current patients. As employed positions are steadily being added to the framework of the inpatient units, the peer initiative will become its own living, breathing organism.

The Peer Program has:

Served more than 1,000 inpatients and outpatients each year.

- "" Demonstrated the feasibility of introducing a peer recovery volunteer role that is safe and valued by staff and patients in all levels of care

- "" Increased psychiatric staff's perception of the need to promote the role of peers within programming

- "" Increased staff initiated request for peers in both inpatient and outpatient programs

- "" Sparked staff engagement with the peer/recovery movement

- "" Increased peer volunteers in programs (both inpatient, outpatient, adult and child)

- "" Retained peer volunteers, due to the specific interests of volunteers and matching them with the need of departments (i.e. yoga, running groups, mediation, creating hope boxes, sitting with patients in the milieu and offering Alcoholics Anonymous Groups)

The Peer Program aligns with the Hospital's strategic plan by assisting with the Family Resource Center's mission to provide education, consultation and/or treatment to families. When a person suffers from mental illness it affects the entire family. The center will give the basic skills necessary for the development of healthy families. The Family Resource Center is dedicated to encouraging, strengthening and empowering family units. Another component to the center is that it believes in a consumer to consumer approach, offering peer support groups to help encourage mental health consumers achieve full and healthy lives.

There is a Family Resource Center "cottage" on campus that is utilized for the Peer Program and offered for use to outside community groups. This provides even more opportunities for the mental health support.

The effectiveness is evaluated by the overall patient experience through verbal feedback from both patients and staff, as well as the sustained recovery of the peer volunteers. Volunteering allows for a purpose for many in recovery, including helping others maintain their recovery to what they believe they can achieve.

Though the peer programming, the hospital became involved in the Zero Suicide initiative, which has a core element of involving peers. Through the already established peer initiative and network, involving lived experience for suicide attempts and survivors allowed for work to begin sooner had the IOL not had peers on its campus. Additionally, the hospital began a Patient and Family Advisory Council for the IOL, which was also supported by the peer initiative and became a forum to allow for more peer volunteers, including family peer volunteers. Through the peer volunteers, creation of peer roles will continue to be a goal for the organization. The Behavioral Health Network, which includes the IOL, just recently hired a Peer Director to support and oversee all peers at the multiple sites in Connecticut. It was through the peer volunteer initiative that spearheaded the hiring of a director who herself has lived experience. The Peer Volunteer Initiative will continue to be a resource to support this hospital wide culture change.

Fortunately, management and leadership teams are completely onboard emotionally and financially with goals that include:

- "" Expanding Family Support on the units during visiting hours

- "" Extending services to families of the Emergency Department patients

- "" Providing one peer that follows a patient through care from the Emergency Room to the outpatient provider

- "" Utilizing peer volunteer role to teach, coach and mentor for a successful transition of a paid role to promote positive outcomes and recovery
- "" Having a paid peer role in each program in combination with peer volunteers
- "" Establishing measurement methods, such as incorporating peer involvement in Press Ganey surveys post discharge, overall patient outcomes in recovery (reducing readmission), and outcomes for peer volunteers in their recovery.