



Peer Supporters Meeting the Challenges of COVID 19

The following information was gathered by CAMHPRO during a series of state wide meetings and conversations with subject matter experts, as well as from emails and an electronic survey, all soliciting input on — and examples of — Peer Support as provided during the several social crises rooted in the COVID-19 pandemic and social justice issues. Below are some of the contributions of the more than 60 participants, including representatives of over 20 peer-run organizations and service providers, and peer advocates from across California.

Why is Peer Support essential at this time:

Social connectivity is especially important in this time of social distancing and isolation. According to studies, 40% of mental health wellbeing comes from having, and being able to access, healthy social connections. Providing and enhancing social connectivity is at the heart of peer support practice.

“The sense of community and social support are essential to people with mental health and/or substance issues” — S.H.A.R.E. (Self Help And Recovery Exchange) Los Angeles County

Peer Supporters have experienced recovery — having survived crisis, pain and difficult times — and put this experience at the service of others, helping them to navigate crisis and hardship. They are professionally trained to use the concepts of recovery and resilience, and can personally model these ideals of well-being in practice.

In addition, Peer Supporters learn and develop an array of resiliency and recovery tools and techniques, such as the “*Wellness recovery Action Plan*” (WRAP), and teach them to those they are supporting.

Peer supporters also have the experience and training to navigate our too-often-confusing mental health systems and services, while being able to add various techniques and helpful community resources. Telephone “warm lines,” online communities, mindfulness practice, and mentorships are often important components of such strategies.

Peers also have — often by necessity — become expert at networking, and typically can mobilize quickly and efficiently to provide immediate support. Peer Support does not require all the bureaucratic steps that clinical therapy involves, and that take up valuable time.

As part of an overall professional behavioral health workforce, Peer Supporters decrease the workload of clinicians by addressing emotional components of trauma, allowing clinicians to focus on more clinical issues. Peer Support helps bridge the significant gap in services needed to address the growing mental health needs of a society in crisis.

“We have been in dark places. We can empathize and be present for others.”

The Peer Community also brings a tradition of cultural responsiveness and sensitivity to behavioral health services. Peer providers are more diverse than the behavioral health workforce as a whole, which is especially relevant considering that it is people of color who have been disproportionately affected by COVID-19.

Examples of What Peers and Peer-Run Organizations are Doing:

S.H.A.R.E. (Los Angeles County): One hundred and eighty-six self-help groups via Zoom weekly. All the people living in S.H.A.R.E.’s collaborative shared housing have remained housed. Peer specialists also have built a new, online meeting community to increase the support system for peers at home and/or isolating.

Spirit Center (Nevada County): Remains open during the pandemic, serving 30 people daily (down from 60), ten people at a time. Masks, hand-washing stations, and social distancing are implemented. Outdoor space also is being used to better accommodate use of safety measures.

“Peer support provides social support which reduces mental health symptoms.”

Heart and Soul (San Mateo County): Created a COVID-19 task force composed of community agencies that meets weekly. Repurposed in-house lunches for delivery to people in need. Although Wellness Centers are closed, the program connects with participants through a new Total Wellness Club via Zoom and Facebook Live. They also call peer participants on the phone, and started a local warm-line to provide peers instant access to peer support counselors and mentors. Weekly self-care and wellness activities, such as mindfulness, are offered for both staff and participants.

Peer Recovery Services (San Joaquin County): When their Center closed, they provided services “through the door.” Attendance went down to 30 a day, from 60 a day. That eventually stopped, and now they call members on the phone. They also purchased a HIPAA-compliant version Zoom.

Pool of Consumer Champions (POCC) (Alameda County): Conducting most of their 15 POCC committees on video conferencing platforms; created a weekly COVID-19 support group; have a weekly Hearing Voices support group.

San Bernardino County Clubhouses have stayed open and are tracking service provision in San Bernardino. Consumer-run centers have stayed open with Peers are providing services.

“As peer supporters, we can really relate to hard circumstances. Especially now, in this crucial time, we can provide the services that we are trained to do.” — Peer Support Specialist at San Diego Employment Solutions

Sally’s Place (Peer Respite, Alameda County): Closed to residents, but 24-hour crisis Peer Support is available via phone. Sally’s Place also has assembled and distributed boxes of food. The boxes are delivered to more than 200 people.

Peer Envisioning and Engaging in Recovery Services (PEERS) — (Alameda County): One-to-One wellness check-in calls to participants by phone. Five ongoing, remote WRAP groups, one of which is for residents of South County Homeless Project and one of which is in Spanish. Have held two monthly WRAP Facilitator Mentoring meetings remotely. PEERS has facilitated 32 remote groups, with an average of eight participants each, including TAY Leadership, X Club, WRAP, LEVS (speakers bureau), Buried in Treasures (hoarding group), and WRAP Facilitator Mentoring.

“Peer Supporters are first responders! We are like the EMTs for brain disorders/mental health challenges.”

Project Return, Peer Support Network (Los Angeles):

Warm line - typically open from 5 - 10 p.m. — has expanded hours to 9 a.m. - 10 p.m. Their respite house, Hacienda of Hope, remains open and fully functioning, but with fewer guests and some modifications in services (social distancing, etc.). Peer Run Center is still open, but with no groups, only one-to-one appointments. Proactive outreach to members is provided on a daily basis by phone. On-line support groups continue and have expanded existing groups. All in-person Peer Support Groups are on

hold. Staff are providing phone support, on-line support groups, and warm-line support groups.

Peer Support Specialists (Butte County Behavioral Health): Peer support specialists are available for video chat, support groups, and resources Monday, Wednesday and Friday 9 a.m. – 1 p.m.; Tuesday, and Thursday, 9 a.m. – 5 p.m., through Zoom.

SPIRIT Peer Support Provider Training (*in partnership with Contra Costa Community College and managed by the Office of Consumer Empowerment*): Continuing its peer provider classes virtually. Fifty-three students are currently participating.

“Many peers, myself included, understand anxiety and trauma and have done the ‘self-work’ over the years to maintain a path of recovery using coping strategies and wellness tools, and as such, we are good counselors to provide effective emotional support.”

Mental Health Association of San Francisco: Operates a statewide, peer-run warm line, 24/7. Warm line peak capacity is 200 calls/day. Callers also can leave a voice mail, that will be returned by a Peer Supporter. Peer Support providers received laptops so they can work from home. MHA-SF also is providing one-to-one Peer Support and special-topic groups through phone, text, and virtually.

Peer Resource Center (Los Angeles County): Peer supporters are helping homeless people transition into hotel rooms under Project Room Key, during the COVID-19 crisis, for 90 days. More than 2,000 rooms have been occupied.

San Diego Employment Solutions/Peer Support Specialists: Telephone support is provided to peers applying for CalFresh benefits and food banks. Peer Supporters have been contacting clients to provide support in different areas, including home exercise and employment resources.

“There are not enough mental health clinicians. Peer support is the only way of covering the huge mental health need.”

Heart and Soul/Caminar (Marin County): Calling clients by phone to check in; Zoom groups thru a “Total Wellness Club.”

Sierra Wind, Cal Voices (Amador): Zoom, phone calls, and text messages are being used to facilitate communication with peers. Center is open two hours daily; food and other resources provided at the door.

Tri-City Mental Health Services (*Los, Angeles & San Bernardino counties*): Providing iPhones to clients that do not have phones/internet service, using Ring Central app.

NAMI In Our Own Voice Program: Offers disclosing and sharing presentations through Zoom.

“I have observed during these times dealing with changing approaches to the work environment, that it’s been my peer experience and my peer colleagues that point out the ‘non-clinical’ approach and remember the basic approach of just ‘being there.’ This is a peer strength that can be highlighted as an essential health response.”

Turning Point Community Programs (*Stanislaus County*): Drop-in center has closed, but now has increased virtual presence by adapting Zoom support group models created by S.H.A.R.E. in Los Angeles County, and is actively participating in opportunities in enhancing virtual competencies.

NVCSS (*Butte County*): Providing remote groups to assist with mental and emotional wellness and recovery. Also offering informational and educational materials about COVID-19 and emergency preparedness.

Modoc County Behavioral Health: Peer Specialists continue to provide one-on-one services following county safety guidelines. Services provided include education, screening, support information, and assisting clinical staff as needed.

Reach Out/Alameda County Network of Mental Health Clients: Providing peer counseling by phone; Zoom meetings for information and support; and delivering arts and crafts materials to board and care homes.

“We build real rapport. We have lived experience. Thus, genuine empathy & compassion”

Independent Living Resource Center of Tri-Counties (*San Luis Obispo, Santa Barbara, Ventura counties*): Providing services individually by phone and over video chat software such as Google Hangouts and Zoom. Peer support groups are being held in some counties, and a Friday Chat Space call that is open to everyone in the three member counties.

Barriers/limitations to Peer Services in COVID-19 times:

Significant barriers to service delivery have been identified by Peer Supporters and Peer-Run Organizations. These include:

The “digital divide:” Access to technology and training in its uses is needed by clients of public mental health systems who often don’t have personal computers, internet services, or phones that are not limited in service.

Lack of in-person contact: Face-to-face interaction is valued by many peers for its humanizing and qualitative aspects. While virtual contact may reach more people, or people who hadn’t been previously engaged due to distance or isolation, many peers still prefer the personal touch of direct contact.

Need for education and promotion: More information needs to be disseminated about the new ways to provide services, virtual supports, and all the innovative strategies Peer Supporters and Peer-Run Organizations have created to continue their service in these challenging times.

The public at large and mental health professionals need a better understanding about the value of peer support workers. Just as Peer Supporters are trained in their specialty as part of the mental health professions, non-peers in the mental health workforce need training on the value and practices of Peer Support, and best practices in using and collaborating with Peer Supporter Specialists.

Greater awareness and support for peer support provision can foster better cohesion and interaction among mental health providers of all kinds, and begin to address stigma-related barriers to the continued contributions of Peer Supporters to the transformation of our mental health systems and our communities.