



Reducing Risk and Preventing Violence, Trauma, and the  
Use of Seclusion and Restraint

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*Consumer Involvement and Roles in  
Inpatient Settings*

*A Core Strategy ©*

*A Primary Prevention Tool*

# Outline

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- ❖ Consumer Movement:  
emergence & recognition
- ❖ Why include consumers?
- ❖ How do you include consumers?
- ❖ Specific consumer roles

# Consumer Roles in Inpatient Settings: Consumer Movement History

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## ❖ 1970's

Radical Liberation Movement

Demonstrations/Conferences/Newsletters

## ❖ 1980's

Movement received attention from Federal Government

First Alternatives' Conference

Drop-In Centers developed

# Consumer Roles in Inpatient Settings: Consumer Movement History

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## ❖ 1990's

Recognition of peer roles, demonstration projects and recovery orientation

## ❖ Now

Consumer roles are becoming accepted and integrated in all areas of mental health

# Consumer Roles in Inpatient Settings: Peer Supports Broadly Acknowledged

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- ❖ *The Federal Taskforce on Homelessness & Severe Mental Illness* (1992) identified:
  1. peer, family, and other natural supports as cornerstones for services
  2. peer-run support services hold promise for improved outcomes for public mental health systems

*(Campbell & Leaver, 2003)*

# Consumer Roles in Inpatient Settings: Peer Supports Broadly Acknowledged

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## ❖ *Call To Action to Prevent Suicide*

(US PHS, 1999) recommended development & implementation of peer supports & natural community helpers as resources.

## ❖ *Mental Health: A Report of the Surgeon General*

(US DHHS, 1999) recognized self-help as an important adjunct to traditional mental health services & self-help activities serve as powerful agents for change in service programs and policy



# Consumer Roles in Inpatient Settings: We're Asking You To Consider This...

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When you change the way  
you look at things ...  
*the things you look at - change*



# Consumer Roles in Inpatient Settings: Core Principles

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- ❖ Founded in philosophy of **empowerment & recovery**, principles of choice & self-determination
- ❖ Trusting relationships; **mutual self-help**
- ❖ **Self disclosure** is central to all consumer roles!
- ❖ Involvement of persons receiving services in decision making can empower and aid in **recovery** process.



# Consumer Roles in Inpatient Settings: Adding Something Unique

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- ❖ **Social Support**
- ❖ **Experiential Knowledge** - Peers are more credible role models.
- ❖ **Social Comparison Theory** - Individuals are attracted to others who share commonalities with themselves in order to establish a sense of normalcy
- ❖ **Helper-Therapy Principle** - Peer support services afford people the opportunity to benefit themselves by helping others

*(Solomon, 2004)*

# Consumer Roles in Inpatient Settings: Getting Started: Involve Those You Serve

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## **Create opportunities proactively!**

**Integrate and support consumer choices** at every opportunity, i.e., treatment planning (obvious)

**Accelerate organizational change to “*Culture of Recovery*” through inclusion** (not so obvious)

- Service delivery systems reform
- Policy development & revision
- Program design/re-design, evaluation
- Environment & physical design changes
- Career development internships

# Consumer Roles in Inpatient Settings: Develop Structures for Involvement

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## ❖ **Create a Steering Committee** of persons served:

- Carve out dedicated, weekly meeting time
- Identify key staff as partners; must include leadership
- Discuss the purpose, scope of work, and expected outcomes from the Steering Committee. Staff needs to be ready to change preconceived notions of what ‘needs’ to be done and where the group ‘needs’ to go
- Consider leadership development as a ‘track’ for people being served.

# Consumer Roles in Inpatient Settings: Achievable Projects, Sustainable Growth

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- ❖ One project might be developing an internal, organization-specific **dissatisfaction survey**  
(*yes, DIS-satisfaction!*)
- ❖ The survey is a tool for focus groups to use to identify unmet needs; the groups will also inform the Steering Committee regarding issues and topics for attention, prioritization.

# Consumer Roles in Inpatient Settings: Achievable Projects, Sustainable Growth

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- ❖ **Areas of attention** might include:
  - access to grounds,
  - more social opportunities
  - flexibility with daily structure
  - smoking
  - improving variety of what's offered in programs,
  - attention to evenings/weekends.
  
- ❖ This Steering Committee could be the beginnings of a *Consumer Action Council*.

# Consumer Roles in Inpatient Settings: Put Mental Illness in the Background

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- ❖ Include people receiving services as **equal members on hospital committees**. Include more than one person on each committee. Be sensitive to diversity.
- ❖ Use a menu of **choices** (electives) when it comes to programs, activities in living areas, & opportunities for involvement in peer groups such as a Consumer Action Council, support groups, etc.

# Consumer Roles in Inpatient Settings: Put Mental Illness in the Background

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- ❖ **Consider establishing a post-discharge network** in collaboration with community providers and peer-run organizations
- ❖ **Invite peer groups and peer-run organizations from the community** to be involved as consultants, guest faculty, subcontracted providers of various services, members of hospital committees, board members, volunteers; leverage the unique experiential knowledge of individuals living well with psychiatric disabilities to create a culture more likely to be non-coercive and violence-free.

# Consumer Roles in Inpatient Settings: Nuts and Bolts

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## You have to educate:

1) **persons-served** about the scope and limits of the contribution they can make. If they are to contribute effectively, they need to know what is expected and anticipated outcomes. (Linhorst, 2005)

2) **persons-served** in assertiveness training, functioning in/leading groups, and communicating orally and in writing

3) **agency staff and board members** need training on how to work effectively with persons being served in organizational decision making. (Linhorst, 2005)



# Consumer Roles in Inpatient Settings: Build a Solid Foundation

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- **Consumer involvement** (i.e. roles, services & supports) **should be created sequentially**; develop capability to involve people being served first. This could be done by a Director of Advocacy or Drop In Center Director, or with a consumer consultant; a Steering Committee leading to a Consumer Action Council should be viewed as a best practice for involvement of persons receiving services in your facilities

# Consumer Roles in Inpatient Settings: Workforce Integration: The Process

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- ❖ **Preparation** for job hiring is important from consumer and provider perspective. Gaining the education and training is necessary for peers to be qualified and successful.
- ❖ Hospital staff need to understand peer advocates and other consumer roles *(Solomon et al, 1998)*
- ❖ When administrative, support, and direct service staff interact with people in recovery; **recovery becomes real!**

# Consumer Roles in Inpatient Settings: Workforce Integration: Operational Issues

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- ❖ **Convert long-standing vacant positions** into part time positions for consumers
- ❖ Develop specific detailed **job descriptions**.
- ❖ **Refine organizational structures** and practices to accommodate peers providers
- ❖ **Don't create a parallel workforce**; hire self-identified people in other roles at all levels, including senior administrative jobs, support staff, facilities maintenance, etc.

# Consumer Roles in Inpatient Settings: Specific Roles

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## ❖ **Director of Advocacy Services**

1. The “eyes and ears”
2. Complaint resolution
3. Attend treatment team meetings at patient request
4. Advocate & protect patients’ rights; education
5. Develop & facilitate self-advocacy training for persons served

# Consumer Roles in Inpatient Settings: Specific Roles

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## ❖ **Director of Advocacy Services** (cont'd.)

6. Serve on key hospital committees (Ethics, Performance Improvement, Risk Management)
7. Participate in development / refinement of hospital policies & procedures (focus groups & workgroups)
8. Reports to top-level hospital administration
9. Commensurate salary & benefits

# Consumer Roles in Inpatient Settings: Specific Roles

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## ❖ Peer Specialists

Peer Specialists are used in many states. Training programs and certification standards are in place.

*Georgia:*

First state to obtain Medicaid reimbursement/Rehab Option

Certified Peer Specialist Project (> 285 graduates);

Formal role, testing & certification leading to title:  
**(CPRP) Certified Psychiatric Rehabilitation Practitioner** from United States Psychiatric Rehabilitation Association

# Consumer Roles in Inpatient Settings: Specific Roles

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## ❖ Peer Specialists

1. Participate in treatment team meetings
2. Facilitate peer support group meetings
3. Provide individual peer supports
4. Assist with discharge transition, community adjustment and coping skills
5. Work as Peer Bridgers to help with post discharge support network. Partner with community MHCs to develop capacity.

# Consumer Roles in Inpatient Settings: Specific Roles

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## ❖ **Drop In Center Director**

1. Develop drop in center on grounds to enhance socialization and recreational opportunities; safety valve
2. Assist with orientation for newly admitted persons
3. Facilitate monthly consumer affairs meetings, support unit government development and design
4. Administer consumer satisfaction surveys
5. Coordinate peer specialist initiative
6. Participate in Steering Committee & Consumer Action Council



# Consumer Roles in Inpatient Settings: Specific Roles

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## ❖ **Peer Bridger & other Peer Mentoring Programs**

Support individuals in institutions 3-5 months prior to discharge and 6–12 months afterward in person's homes. These services should be developed collaboratively with CMHCs, peer entities & support groups in the community.

1. Provides intensive support through a balance of social, recreational, and skills teaching
2. Establishes linkages to community services and natural supports

*(Mead, 2002)*

# Consumer Roles in Inpatient Settings: Specific Opportunities in Forensic Settings

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- ❖ Assist to help persons served participate more actively throughout the treatment planning and conditional release planning process
- ❖ Provide information and ‘bridging’ with peer supports, peer-run organizations, and peer specialists working in providers in the districts people are being released to
- ❖ Develop and facilitate support to help people understand the importance of the conditions of release back into the community, particularly what NOT to do

# Consumer Roles in Inpatient Settings: Specific Opportunities in Forensic Settings

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- ❖ Assist with discharge planning relevant to helping consumers learn self-advocacy skills
  - being proactive regarding re-establishing benefits;
  - working on GED preparation;
  - making sure picture ID are in place;
  - advocating for more integrated living opportunities (not just an ALF or boarding home when they might want to live more independently)
  - Least restrictive setting vs. more restrictive settings

# Consumer Roles in Inpatient Settings: Emerging Roles

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## ❖ **Other Specialized Areas of Practice:**

- Patient Liaison / Debriefer
- Peer / Resident Support Team
- Peer Mediation
- Resident Rights Officer
- RESPECT Speakers
- Consumer Advisors (NZ)

# Consumer Roles in Inpatient Settings: Emerging Roles

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## ❖ **Other Specialized Areas of Practice:**

- Consumer Affairs Director
- Trauma Specialist
- Peer Mentor / Youth Coordinator
- Crisis Prevention and Intervention
- Parent Coordinator
- Documentary & Story Development

# Paving New Ground: A Key Resource



# Consumer Roles in Inpatient Settings: The Goal: *Recovery*

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The New Freedom Commission recommended "transformation" of the mental health system and identified "*recovery as a legitimate goal*" calling for the complete inclusion of consumers and family members as providers, advocates, policymakers, and full partners in creating their own plans of care.

*(The President's New Freedom Commission on Mental Health, 2003)*



# Consumer Roles in Inpatient Settings

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**Science has shown that having hope  
plays an integral role in an  
individual's recovery.**

*(The President's New Freedom Commission on Mental Health, 2003)*





# Hope is Priceless

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*“Hope is the thing with feathers  
that perches in the soul,  
and sings the tune without the words,  
and never stops at all ...”*

*- Emily Dickinson (1924)*

# Information / Resources

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- ❖ USPPRA: <http://www.usppra.org>
- ❖ Recovery Innovations of Arizona (formerly META): <http://www.metaservices.com/>
- ❖ BU Center for Psychiatric Rehab:  
<http://www.bu.edu/cpr/>
- ❖ SAMHSA:  
<http://mentalhealth.samhsa.gov/consumersurvivor/about.asp>

# Information / Resources

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## ❖ Guidebook:

- Paving new ground: peers working in inpatient settings (2007). National Association of State Mental Health Program Directors (NASMHPD), Alexandria, Va. Available free for download at [www.nasmhpd.org/consumernetworking.cfm](http://www.nasmhpd.org/consumernetworking.cfm)

## ❖ DVD:

- “Paving new ground: A dialogue with peer specialists, advocates and family members” (2006). Sponsored by Substance Abuse and Mental Health Services Administration (SAMHSA). Available upon request; send email to [melanie.sutherland@nasmhpd.org](mailto:melanie.sutherland@nasmhpd.org)

# Information / Resources

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## ❖ DVD:

- “Paving the path from hospital to community: A dialogue with peer mentors (bridgers)” (2010). Allegheny Health Choices, Pittsburgh, Pa. Available upon request from NASMHPD; send email to [melanie.sutherland@nasmhpd.org](mailto:melanie.sutherland@nasmhpd.org)

## ❖ DVD:

- “Leaving the door open: Alternatives to seclusion and restraint” (2006). SAMHSA Now available; call 1-800-789-2647 ([www.samhsa.mentalhealth.gov](http://www.samhsa.mentalhealth.gov))

# Key Contacts

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## **Jane Smith, Chaplain**

Director of Mission Effectiveness

Fulton State Hospital (forensic hospital)

600 East 5th Street

Fulton, MO

(573) 592-4100

This hospital's chaplain expanded her role to include organizing consumers' in their roles in different committees in the hospital, PROCOVERY, and becoming RESPECT speakers on campus and in the community to share their stories, help foster recovery, and reduce stigma.

# Key Contacts

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## **Russ DeTrempe**

Director, Biggs Unit

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Fulton, MO

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[Russel.detrempe@dmh.mo.gov](mailto:Russel.detrempe@dmh.mo.gov)

How to implement comfort rooms, a sensory cart, and select safe sensory items in a maximum security forensic service



# Key Contacts

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