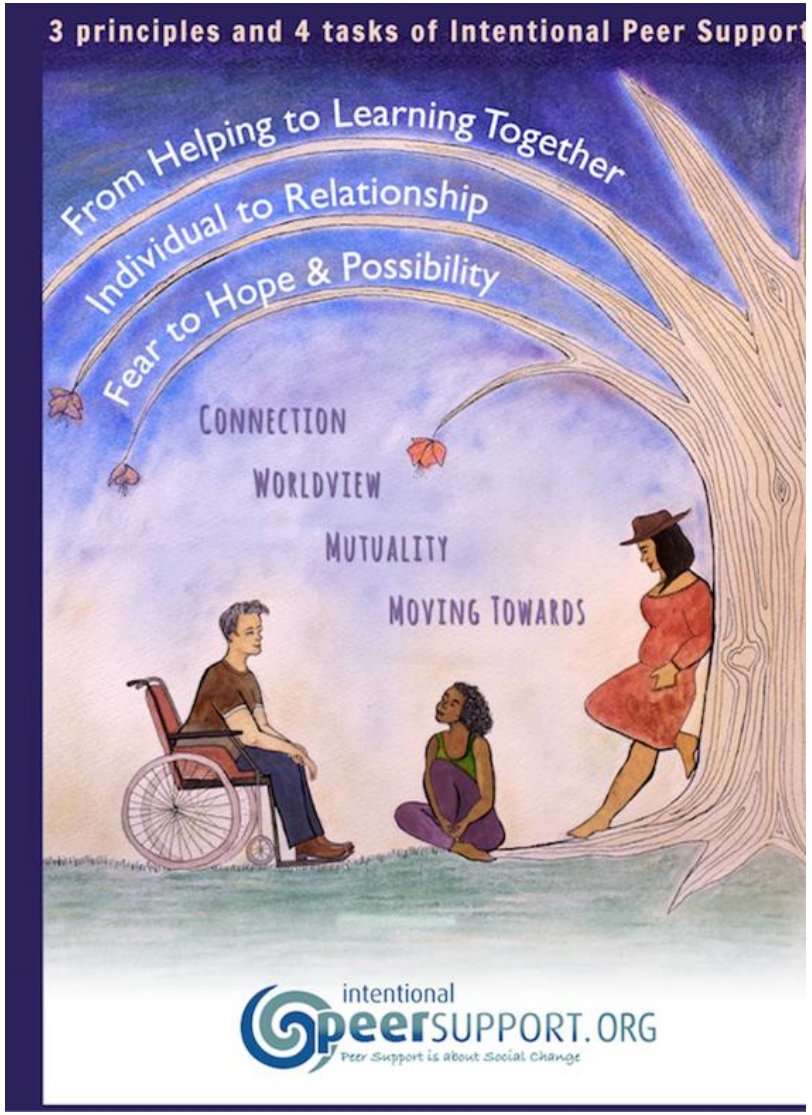
Intentional Peer Support in Maine-20 Years Later; Internationally-30 Years Later

Kelly Staples & Chris Hansen



The History of Intentional Peer Support and Founder Shery Mead

30 years of Intentional Peer Support

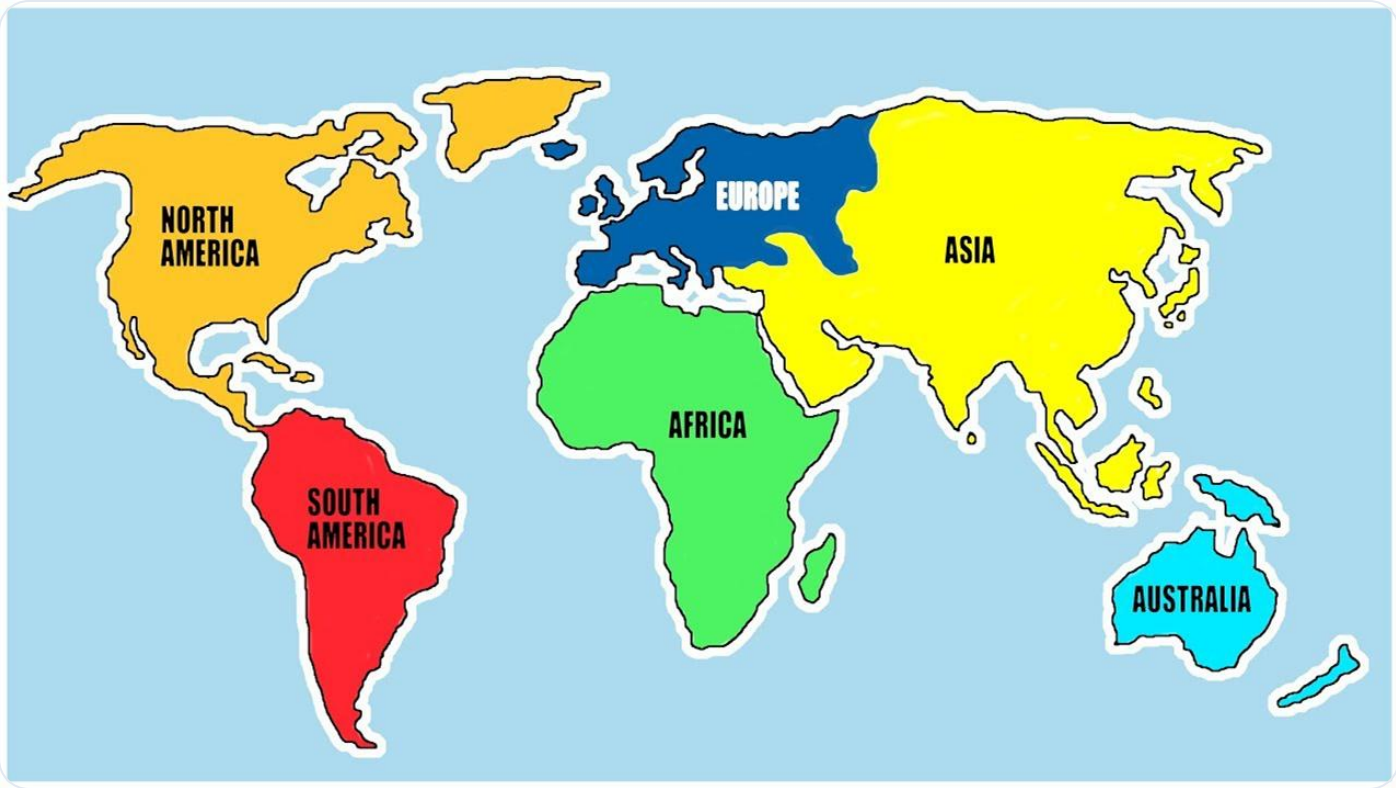
Evolution

From a basement mutual aid community to a global social justice network

Shery Mead in Tokyo – An Introduction to Intentional Peer Support

- https://www.youtube.com/watch?v=AOLA-rEWnmo&t=2s

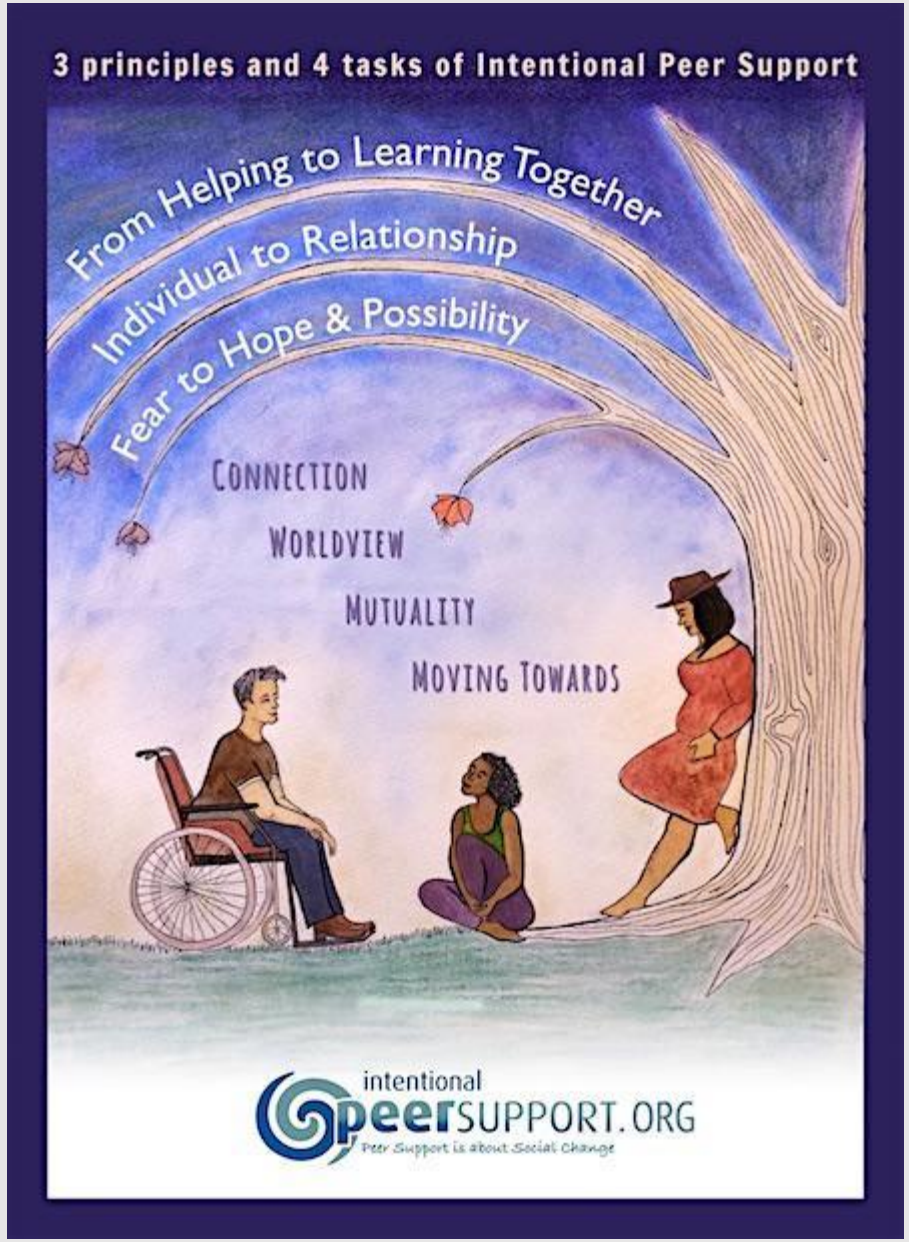
The Organic Growth of IPS Internationally



Hub Model

Organisations and communities grow and deliver IPS at a local level, adapting to meet cultural needs.

- Geographical
- Language Based



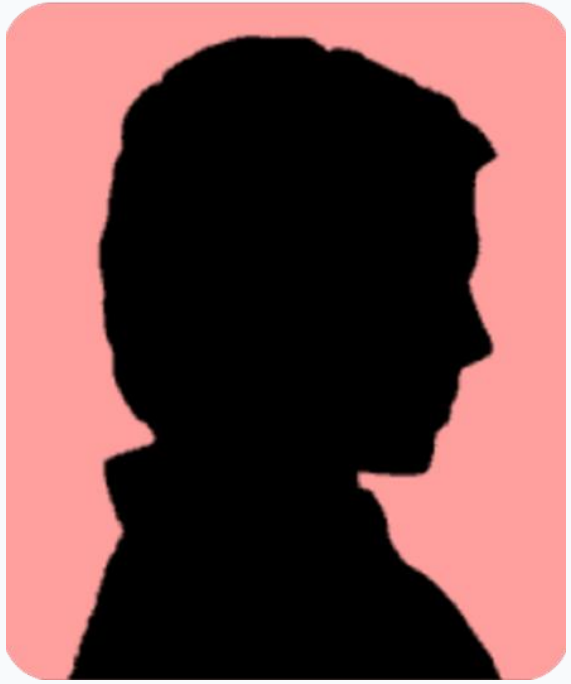
The unpredicted and sometimes terrifying growth of Intentional Peer Support:

- More than 10,000 people have now completed the Intentional Peer Support core training either in person or online- mostly since 2020
- More than 300 trainers approved to train either within their organisation, state or country (depending on their experience)
- Materials now translated into many languages with many articles and resources now in: English, Norwegian, French, Spanish, Mandarin, Dutch, Korean
- Training now accessible to people internationally due to the online format and having trainers in a range of countries fluent in many languages

3 Principles & 4 Tasks

From Helping to Learning Together

- *From Individual to Relationship*
- *From Fear to Hope & Possibility*



Connection

Worldview

Mutuality

Moving Towards

Intentional Peer Support © 2019

Social Change

"As peer support in mental health grows, we must be mindful of our intention: social change. It's not about developing more effective services, but rather about creating dialogues that influence on all of our understandings, conversations, and relationships." - Shery Mead

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Augusta Mental Health Institute

- The Maine Insane Hospital was established in 1840, in 1913 it became the Augusta State Hospital, and finally AMHI in 1973.
  - 11,647 individuals died while inpatient at the hospital
  - More than 1,000 individuals were lost to time, buried in unmarked, unrecorded graves on and around the hospital property
- Following the death of 10 individuals in 1989, a lawsuit resulted in the 34-year consent decree, which mandated the state improve mental health treatment and services.
- AMHI Closed in 2004, replaced by Riverview Psychiatric Center.
- As part of ***The Maine Cemetery Project***, a joint effort amongst grass roots mental health and consumer groups, a 2005 ceremony took place on hospital grounds where the 11,647 names of those who died were read, and in 2015 a monument honoring those lost was erected at Cony Cemetery.

Consumer/Psychiatric Survivor Movement

1980
- A group of ex-psychiatric patients come together to form the Consumer Coalition for the Mentally Ill

1983
- The Portland Coalition is incorporated as a non-profit organization
- Proposed consumer run treatment alternatives called respite houses

1984
- The Portland Coalition Advocate is first published and distributed nationally
- Began offering personal advocacy for individuals in institutions and government agencies.

2008
- Consumer Council System of Maine is put into statute as an independent public instrumentality, to promote high-quality mental health services in Maine.

The Emergence of Peer Services

- In 1981, two “Social Clubs” opened in Maine
  - Amity Center in Portland was opened as part of the Portland Coalition and family members early efforts to create spaces for historically marginalized and cast-out populations.
  - Together Place opened in the basement of a church in Bangor the same year by those concerned about individuals recently released from hospital settings, back into a community that isn’t welcoming.
- Today we have 6 Mental Health peer Run Recovery Centers

Certified Intentional Peer Support

- Office of Consumer Affairs, established in 1990, brought together group of consumers in 2003, to help advise the direction of Peer Support within department funded programming.
- The Grant Project Advisory Committee (GPAC) grew out of that original group when the State of Maine received Federal funding to develop a Mental Health Peer Support Curriculum. This group later became IPSAC -Intentional Peer Support Advisory Committee.
- There are currently 175 individuals fully certified and 100 provisionally certified. (the number of people certified tends to mirror the number of CIPSS positions)

Office of Consumer Affairs

Where We Are Today…

Certified Intentional Peer Support Specialists

- Behavioral Health Homes
- Mental Health Peer Run Recovery Centers
- ACT Teams
- Certified Community Behavioral Health Clinics
- Emergency Departments
- Crisis Receiving Centers
- Peer Support Phone Line

Maintaining Fidelity-
Honoring Nothing About us Without us

Documentation

Team Meetings

Training for Non-IPS Supervisors

Maine’s IPS Code of Ethics

https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine%20CIPSS%20Code%20of%20Ethics.pdf

Maine's CIPSS Code of Ethics

- Maine CIPSS support self-determination
- Maine CIPSS support freedom from intimidation and discrimination in all forms
- Within the peer relationship, Maine CIPSS will strive for mutual respect always
- Maine CIPSS will strive to build mutually supportive relationships where power and responsibility are shared and negotiated
- Maine CIPSS strive to be aware of underserved populations, culturally and trauma sensitive, and open to continued learning
- Maine CIPSS promote the right to negotiate boundaries together within all relationship

Maine's CIPSS Code of Ethics

Maine CIPSS will be fair with respect to any exchanges of money, gifts, bartering and/or work done outside of the formal peer relationship and be transparent [with these matters] in supervision and co-reflection

Maine CIPSS will not engage in a sexual relationship within a formal peer support role.

Maine CIPSS affirm our right and our responsibility for self-care in order to be fully present in our practice of peer support

Maine CIPSS will respect the privacy and confidentiality of information shared in the relationship. This shall be reflected in any and all formal documentation

Maine CIPSS will maintain all certification requirements as outlined by Maine's Office of Behavioral Health

A Voice of Experience

- Six years ago I found myself in a crisis unit and met two extremely influential people: a new best friend, and an Intentional Peer Support Specialist. The formal 24 hour support at the crisis unit was less than impressive. But the time I spent with my new friend and the IPS specialist was well worth the stay. The Peer Support Specialist told me her story and said that in addition to coming to places like this to talk to people struggling, to share her story and to listen, she was also there to ensure that staff members were respectful to the people there receiving support. It made me feel safe that there were people within the system making sure that others within the system were being respectful in the presence of people being supported, as well as behind closed doors. This was something I was immediately drawn to and knew I had to get involved with when I was feeling better.
- Two years later I took the IPS Core Training and began working as a CIPSS at the agency I was receiving Case Management through. After 2 years of working there part-time, I got off of SSDI (which I was on due to mental health) and began working in IPS full-time. As a queer resident of rural Maine struggling with great feelings of isolation, Intentional Peer Support has been a life changer for me—it's connected me with so many wonderful individuals, improved my quality of life, and enabled me to work and contribute to my community in ways I only ever imagined. It's given me a voice and purpose in a world that wants to keep people like me silent. I am so infinitely grateful for this program and can honestly say that it continues to change, save, and alter my life for the best.

Contact

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