

Peers Helping Those Who Are Hardest to Help

In the late 1990's, Connecticut studied a proposal to mandate outpatient treatment for a small number of people living in the community who have a serious mental illness and were perceived as dangerous because they were not engaged in treatment. "Outpatient commitment" was met with an outcry of strong opposition from people in recovery and advocates. This opposition led to rejection of the proposal in favor of the innovative DMHAS-funded *Peer Specialist Initiative*.



The *Peer Specialist Initiative* was founded on the belief that engaging people to accept treatment willingly is more effective and has better retention rates than coerced treatment. The initiative incorporated eight full time people in recovery as additional staff on existing treatment teams at community-based mental health programs in Ansonia, New Haven, Norwich, and Waterbury. The Peer Specialist Initiative uses a peer outreach model that builds on the unique credibility of people in recovery from their own psychiatric disorders to engage people in psychiatric services through a gradual process of trust building, role modeling, and persuasion.

"It is gratifying to be able to connect with people who no one else has been able to reach."
John Guerreiro, Peer Engagement Specialist, Greater Waterbury Mental Health Authority

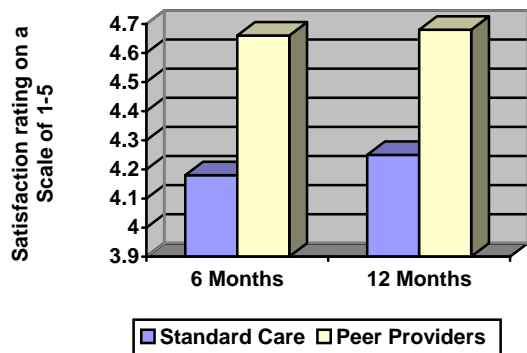
From 2001-2003, a rigorous study of the program was conducted with funding from the Institution for Social and Policy Studies at Yale University. This study compared outcomes and service satisfaction for people who received support and counseling from Peer Engagement Specialists and clinicians compared to those who received clinical services alone.

Participants in the Peer Engagement Specialists (PES) study reported perceiving at 6 month's time significantly more positive relationship elements, including empathy, positive regard, and acceptance from their care providers as compared to those who received standard care.

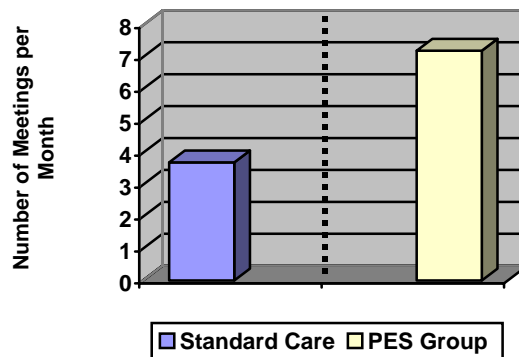


At 6 month's time, among those initially rated as the most "unengaged" in treatment, persons in the peer-based condition showed more attendance at their treatment meetings than those receiving standard care.

Empathy Levels at 6 and 12 Months Following PES Program



Attendance Levels at 6 Months Following the PES Program



Contact Larry.Davidson@po.state.ct.us or call 203-764-7594 for more information on the Peer Engagement Specialist Project