

5. Alternative Services

ISSUES:

Alternative services, also known as peer-run or self-help services, have traditionally been developed, implemented and operated by individuals who themselves have received mental health services from the public or private sector. With the growth of the self-help movement and, more recently, the advent of managed care, a number of issues have emerged:

- What is the role and function of these services? Are they to be viewed as an integral and essential part of the range of service options, including traditional mental health services, or are they to be seen as an alternative to traditional care?
- Some peer-operated programs no longer encourage user participation in program decisions; instead, they operate more like traditional, professionally run services, with a clear line of demarcation between staff and clients. Should these programs still be considered part of the spectrum of peer-run services?
- Some peer-staffed drop-in centers are operated under the auspices of community mental health centers and in state hospitals, which have final authority over these programs, including control over access, and which impose rules on them. Should these programs still be considered alternative services?
- What is the best way to document the effectiveness and value of alternative services in order to ensure their funding and continuity?
- Should alternative services consider establishing program standards and staff certification/credentialing requirements in order to adapt to managed care and the possible concerns of public funders?

BACKGROUND:

Peer-run services were originally created as an alternative to traditional mental health services. Unlike professionally run services, which were based on the medical model, peer-run services were based on the principle that individuals who have shared similar experiences

can help themselves and each other through self-help and mutual support. They were based on relationships of equality between peers and not on one person being seen as healthy and dominant and the other as ill and dependent. Freedom of choice and consumer control were other basic values of such programs.

As peer-run services evolved, they became more complex. Now there were not only drop-in centers but residences, vocational and case management services, and other such services. Many of these services incorporated and received funding from federal, state, and local agencies. Such programs have increasingly been seen as part of a continuum of care that includes traditional services and that offers people a variety of options to meet their needs.

Part of the value and appeal of peer-run services to consumers/survivors has been their lack of the intrusive requirements of professionally run services, such as intake, assessment, and documentation. However, in order to continue to be funded, these programs may be forced to acquire some of the characteristics of the traditional system.

Over the years, anecdotal evidence has demonstrated the effectiveness and cost-effectiveness of alternative services: their users have experienced a decline in hospitalizations, improved quality of life, improved self-esteem and sense of empowerment. Some studies documenting these outcomes have already been undertaken. But now, with the advent of managed care and the reliance of alternative services on public funding, there may be an increasing need for research to further document the value of peer-run services. (The planking sessions on Financing and Research will cover these topics more extensively.)

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FACILITATOR:

Larry Belcher is director of CONTAC (Consumer Organization and Networking Technical Assistance Center), based in Charleston, West Virginia, and CEO of the West Virginia Mental Health Consumers Association, which represents recipients of mental health services throughout the state. He is involved with many state and national committees dealing with a variety of issues, including consumer satisfaction, managed care, advocacy and education. He also is an adjunct

faculty member at West Virginia State College. He speaks frequently before local, state and national organizations.

CO-FACILITATOR:

Lolita Joyce Crews, L.S.W., is director of development of the West Virginia Mental Health Consumers Association (WVMHCA). An advocate and social worker for more than two decades, she is the chair-elect of the West Virginia Mental Health Planning Council, a member of New Directions Expert Panel on Adult Mental Illness, and chair of the West Virginia PAIMI Advisory Council. She is the lead trainer for the CONTAC Leadership Academy for Consumers, the WVMHCA Leadership Academy for Consumers and Family Members, and the West Virginia National Alliance for the Mentally Ill Community Organization Training for Family Members. She also serves on a variety of local, state and national boards that span the disability spectrum.