



Who Wants to Hear a Sermon When They Can See One? *Peers Add Greater Depth to Mental Health First Aid*

Larry Fricks, Deputy Director, SAMHSA-HRSA Center for Integrated Health Solutions at the National Council, and creator of WHAM (Whole Health Action Management)

Rosalynn Carter opens her 2010 book, *Within Our Reach: Ending the Mental Health Crisis*, proclaiming that stigma is our biggest challenge. She says, “Stigma is the most damaging factor in the life of anyone who has a mental illness. It humiliates and embarrasses; it is painful; it generates stereotypes, fear, and rejection; it leads to terrible discrimination.”

With stigma’s devastating impact in mind, the National Council partnered with OptumHealth and Georgia’s Department of Behavioral Health and Developmental Disabilities (DBHDD) in 2010 to host two pilot Mental Health First Aid trainings led by individuals in recovery from mental illness.

The impact of engaging people in recovery to deliver Mental Health First Aid was so positive that Georgia has since trained 15 certified peer specialists

as instructors and funded 23 trainings through the Georgia Mental Health Consumer Network — with more on the way.

Georgia DBHDD Commissioner Frank Berry, who has formally directed a large provider agency in the state, says he has first-hand knowledge of how damaging stigma can be to an individual’s sense of self-worth and recovery. When he took over as commissioner last year, one of his first acts was to start every DBHDD board meeting with a Georgia consumer or family member’s story of recovery/meaningful life.

“To build a culture of recovery you have to call forth and support the unlimited potential of consumers, families, and their communities and be proactive about changing beliefs about the stigma of mental

illness.” Berry added, “That’s why we invest in peer specialists to be Mental Health First Aid instructors in our communities, sending a clear message that recovery works for even the most serious of mental illnesses and should be the community expectation, with ways to support it.”

The University of Maryland Center for Mental Health Services designed and analyzed a special evaluation of the two Georgia pilots. Results showed that the trainings delivered by instructors who share their lived experience of recovery during appropriate sessions received the highest approval rating possible by 96% of attendees with comments such as:

“It greatly diminished stigma about mental illness and demonstrated that people who have experienced mental illness, including psychosis, can recover.”

“It made all the difference in the world. Someone else could have presented the material in an eloquent matter, but it would not have been as effective as sharing personal experiences.”

“People who are recovering and/or have personal experience make the issues real. They are not just ‘textbook cases.’”

“The voice is far more empowering than hearing anything secondhand. I would rather see a sermon than hear one. These folks have lived it. Their stories give me hope and a new optimism about recovery and the many resources available.”

“Not only was hearing about the disorders from the ‘horse’s mouth’ more interesting/informative, but they were powerful testimonies to the potential for

recovery for people with severe mental illness.”

The pilots had such a positive effect on promoting recovery among community participants that OptumHealth — like Georgia — now invests primarily in Mental Health First Aid trainers who have recovery experience. That concept has expanded to other states, including Tennessee, where the Department of Mental Health and Substance Abuse recently began funding peer-delivered Mental Health First Aid through the Tennessee Mental Health Consumers’ Association.

“OptumHealth uses peers with lived experience almost exclusively to offer Mental Health First Aid in the communities we serve,” says Sue Bergeron, Vice President of Consumer Affairs for OptumHealth. “Having a person with the lived experience as an instructor

helps participants better understand that recovery is possible and it further de-stigmatizes mental illness by allowing participants to get to know a consumer in recovery.”

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