Consumers as Providers: An Essential and Valuable Practice in Mental Health

Mary E. Garrison, LCSW, ACSW
Associate Professor of Social Work
NAMI Illinois Board Member

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- Gaining a Perspective - Consumer/Provider Practice:
  - Understanding/Historical Perspective:
    - Recovery
    - Consumers as Providers
  - Effectiveness/Benefits
  - Perception/Integration of Practice
Macro System Level Implementation:

- **Challenges & Recommendations:**
  - Mental Health System/Agency Culture:
    - “Top down”
    - Attitudes
    - Policies
    - Funding
    - Commitment/Ongoing Support
    - Sustainability
Mezzo & Micro System Level Implementation

**Challenges:**
- Hiring/HR Process & Policies
- Interagency agreements
- Accommodations
- Organizational Culture:
  - Respect & competence
  - Staff Training

**Recommendations:**
- Establish explicit HR policies:
  - Role of consumer providers in agency & rationale
  - Ethics training
Organizational Barriers

- **Funding**
  - Source of funding
  - Short-term v. Long-term

- **Agency Commitment**
  - Motivation – external or internal
  - Long-term commitment to positions?
  - Time and effort: create policies and staff training
Ethical Considerations:

- Confidentiality
- Respect
- Dual Relationships/Boundaries
- Competence
Case Example:

- A consumer is participating in psychosocial rehabilitation (PSR) groups and has just been employed as a part-time recovery advocate within the PSR program - she works 20 hours a week and participates in three groups at PSR as part of her mental health recovery. She participates in a group in the morning and then takes on her recovery advocate role in the afternoon.
Case Example:

- Consultation meetings with case management staff, supervisors, and psychiatrists are held weekly within an agency to review consumers who will be seeing the psychiatrists within the week and to discuss pertinent clinical information based on services to date. One of the consumers is participating in case management services, psychiatric medication monitoring, and psychosocial rehabilitation.
Case Example Continued:

- The client is not in any type of crisis situation nor a danger to self or others. All agency staff providing services to this consumer are present at the meeting, including the PSR program coordinator who supervises the consumer in his role as recovery advocate. Should this consumer’s clinical information be discussed at this consultation meeting?
Assessment of Implementation “Readiness”: Model

- **Transtheoretical Model of Change:**
  - Pre-contemplation
  - Contemplation
  - Preparation
  - Action
  - Adaptation/Maintenance
  - Evaluation

- **Effectiveness/Outcomes**
Assessment of Implementation
“Readiness”: Model

Stage 1: No intention to change, often unaware of the problem

Stage 2: CONTEMPLATION: Aware the problem exists and serious evaluation of options but not committed to take action

Stage 3: PREPARATION: Intends to take action and makes small changes; needs to set goals and priorities

Stage 4 ACTION: Dedicates considerable time and energy; make overt and viable changes; develops strategies to deal with barriers

Stage 5 ADAPTATION / MAINTENANCE: Works to adapt and adjust to facilitate maintenance of change

Stage 6 EVALUATION: Assessment and feedback to continue dynamic change process
Assessment of Implementation
“Readiness”: Example

- **Assessment Tool**
  - Creation – collaboration w/NAMI DuPage
  - Macro, mezzo, micro
  - Successes & Challenges
Questions? Comments?

Thank you!

Please feel free to contact me at:

mgarrison@millikin.edu
References: