

Chapter Sixteen

Fostering Peer and Community Adjunct to Treatment

Adjuncts to Therapy

Peer and community groups serve as adjuncts to therapy in providing an opportunity for growth within a community with others who experience bipolar spectrum disorders. For the most part these resources enhance therapy principles and educational endeavors of the clinical community. They add an additional point of reference that looks at the experience of Bipolar disorder from the inside out rather than from the outside in as most often occurs within the clinical setting. Most peer and community groups emphasize recovery and the promotion of mental wellness in the face of Bipolar illness or any mental disorder.

Mental Health and Recovery

Mental health refers to the successful performance of mental functions that results in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well being, satisfying family and interpersonal relationships and contributions to community or society.¹

Recovery can be defined as “a process in which a person actively seeks mental wellness in the context of experiencing a mental disorder”.² There are many definitions of recovery but

nearly all have the common theme of recovery being a process of learning to live with a psychiatric disorder, not just tolerating or coping, but learning to seek mental wellness and to manage illness. Recovery models emphasize hope and provide tools for meeting the challenges of bipolar spectrum disorders. Research shows that those who participate in recovery-oriented programs show a decreased frequency of hospitalizations and less frequent relapses. They are more likely to adhere to medication plans.

Characteristics of an Effective Peer or Community Program

While these programs may utilize professionals for portions of their programming, they are most effective when they are peer-run and allow for experiences with trained peer facilitators without the presence of clinicians (unless the clinicians are also peers). Programs should emphasize that they are not a substitute for treatment but that they encourage each participant to either be in treatment or to be actively seeking treatment. Confidentiality needs to be an essential part of peer and community programs, with the meaning of confidentiality decided upon by the program and explained at each event. Education, but not the giving of medical advice, should be a large part of the program. Although support, or being with someone who listens, is important, a recovery emphasis requires that active problem solving be a part of the program. This can be done by allowing peers to share and vent but to then move on with questions such as the following:

- What are you doing to take care of yourself?
- Are you taking your medicines as prescribed?
- Do you need to call your doctor or therapist sooner than your next appointment?

- Have you tried exercise or relaxation techniques to help?

Programs often emphasize developed curricula such as the Wellness Recovery Action Plan (WRAP), anger management training or social skills classes. In addition to sharing and encouraging active problem solving, the context of peer programs can include times of celebration of victories, no matter how small. The socialization that occurs in the peer setting is extremely healing, especially for those who can be driven to isolation by the experience of illness. Peer and community groups can also address issues such as underemployment or disability. A vital aspect of many programs is to encourage the helping of others by volunteering in the community, or participating in developing peer programs.

Other clients may benefit from working in the community as a volunteer with animals. Leadership is often taught with subsequent encouragement to utilize these skills in specific settings.

Referral to Peer or Community Programs

For many clients and families it is difficult to attend these programs for the first time. Often they will believe that they are different from those who need this help and there is denial that their illness is as serious as those who participate in such programs. In some cases, they are afraid of discrimination or of the chance that others in their life will learn of their diagnosis. Peer and community programs are available for people of every walk of life and some focus on specific populations. Referring to programs that have a known reputation and a confidentiality policy can be helpful in encouraging clients and their families to participate.

If the client does not want to explore these programs, refer the family anyway, since many clients later join their families in participation. The opposite is also true with family members attending after the client has led the way. Most community groups have a contact person, and clients or family members can be encouraged to contact that person by phone ahead of time. Often having spoken to just one other person in the group is reassuring and will lead to a client's participation. Some do better in small groups or one-on-one situations, so knowing your referral sources and what they have to offer can help you make an appropriate referral.

References

1. U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, p. 455, 1999.
2. Mountain JF: *Bipolar Disorder: Insights for recovery*. Denver, CO: Chapter One Press, 2003.