Ask Me Anything About Stigma & Stigma Resistance...the #1 Reason for Peer Worker Turnover w/ Dr. Anneliese de Wet

This call is being recorded.

Lyn Legere:

Some of the places that I had seen people were coming from, uh, which just makes this more exciting. So welcome to you all, I think all in New Zealand too. Wow. This is just exciting. And once we get to the, uh, to opening it up after a brief intro, we'll get to find out more about y'all. Um, we are expecting, uh, quite a few folks. So, um, we're going to be working on chat communications because it will be just too hard to, um, coordinate that many people trying to get in, uh, on voice. Um, so I think that way we'll be able to hear what you all want to say and ask and so forth. Um, even though we don't have the pleasure of seeing your faces and hearing your voices, uh, but we, we know you're here and, uh, it's wonderful to have you. So, this is, uh, the ask me Anything. Um, and, uh, the title of this, ask Me Any, excuse me, is entitled, ask Me Anything About Stigma and Stigma Resistance, the number One Reason for Peer Worker Turnover. So first I want to say our title isn't grammatically correct because of course, stigma, resistant resistance isn't the cause of turnover, but instead feeling disrespected and devalued as peer workers. Um, so we figured you got that, and we'll talk about all of that, you know, what people experience and the great strategies to overcome. We'll be doing all of that despite our, um, not well dramatically crafted title. Um, also, I want to say one thing about language before we get going. Because this has been a dilemma for us. The word stigma is not an accurate word at all to describe what we're going to be discussing. Stigma if we go to the dictionary, means a mark of shame and stigma is something that people carry within them or that the people own themselves. But what we're talking about really is prejudice and discrimination and how negative beliefs about a group of people that are perceived as different can turn into consequential actions against this group of people, either individually or as a group. And in this case, we're really thinking about peer workers who go into a traditional behavioral health setting and agreed with, um, full of full uh, engagement and full welcome. Um, and that's what we're going to be getting, uh, what we're going to be talking about today. The problem that we run into when we're also bringing research into the picture, and Annise we'll talk about that more, is that in the literature historically, it has been, um, referred to as stigma. So, if you want to look up previous research or if you want to publish your own, the term of art out there is, uh, stigma. We want, we try to thread this needle and we want to continue to work as we have as a center to move away from that erroneous word. Um, mostly because people with lived experience, and I'll speak from my own experience, it's very easy to absorb those negative beliefs about you. And so, when the language we use just reinforces that it's something within you, it strengthens those negative beliefs. So, we believe as a center and in this, um, webinar, we're also going to maintain that. We're going to be talking about, um, prejudice and discrimination, recognizing that the research term that we're relying on is stigma. So, we're going to thread that needle the best we can and we're going to, um, hopefully we'll do this together today. It, it's been a dilemma and, um, we hope that bringing the awareness reminds us of all that it's not stigma, it's prejudice and discrimination. And we'll bring that back with us as well to remind ourselves constantly of this. So, with, um, I thought it was just important and thank you in the chat for, um, reinforcing that, uh, you are also on the same page with us on that, that's important to us. So today we have two panelists for this, a MA. Um, and I'm going to switch my hat right now from facilitator to one of your panelists, but I'm going to let the other panelist and Lisa Dewitt, um, be the first to introduce herself. And then I'll introduce myself as a panelist instead of the facilitator. Uh, Annise, you want to, um, introduce yourself?

Anneliese de Wet:

Sure. Thank you, Lynn. Can everybody hear me? You can hear me. <laugh>

Lyn Legere:

Hands while you're talking.

Anneliese de Wet:

<laugh>. Thank you so much and thanks for, um, everyone taking the time to be here today to join this webinar. Um, it's really an honor for me to be talking to you, you know, talking with you about this topic. Um, something that I feel very passionate about. And so, a little background about myself, what brings me here today and why I think Lynn invited me, um, is that my interest in this topic started with my recovery research in South Africa. Um, I'm originally from South Africa. Um, I spoke there to many persons about the experiences of their own recovery. Um, as you may imagine, the study of mental health recovery in South Africa is not yet as far developed as it is here in the us. Um, but what I heard people say to me in our conversations was that they share similar, um, hopes, aspirations, and dreams for their lives than people here, as people here in the us, um, of living a meaningful life of their choosing. And this really inspired me, and the research ultimately made me think about the very usefulness, um, that peer support could have, or the usefulness of it in the South African or in a South African context, um, where peer supports exists somewhat informally and only in very small pockets, um, but not at all at the scale that you have in the US here already. Um, so in South Africa, um, material financial resources are really limited, um, extremely limited. And I realized that persons with lived experience could possibly help to overcome these limitations by being trained as, um, support to support others challenged by mental health conditions as peer specialists. And I've also learned that in the meantime that some mental health organizations in South Africa have taken steps to towards training peer specialists. And this makes me very excited about the future of peer specialists, um, in South Africa. And the difference that it really could make there. And because of this realization about this usefulness of peer support in South Africa, I wanted to learn more about exactly what peer support is, how it's done, what works, what doesn't work. And this brought me to the Center for Psychiatric Rehabilitation in 2021. So, I've been at the Center for Psych Rehab, um, since 2021 for a research project that I've been doing the past two years. I spoke to peer specialists all over the US and I asked him about the experiences of prejudice and discrimination in the workplace as peer specialists, um, and tried to understand what those experiences looked like for them, how they responded to those experiences in trying to shield themselves or withstand those experiences. Um, and so you can hear my language, you know, I try really try to, to steer clear from, from the use of that, you know, uh, stigma, um, in conversations. This project was really very rewarding and humbling experience for me because I learned about the very challenging conditions, um, in which many peer specialists work, um, and how yet how resilient they are in addressing those challenges for themselves, especially when it comes to prejudice and discrimination, um, in the academic literature, as Lynn has mentioned before, uh, earlier also, um, this resilience is referred to as stigma resistance. Um, this is a problematic language term as I agree with Lynn. Absolutely. Um, and then in the research, as I mentioned, I really try to steer clear of that. I really tried to not, um, use that. Um, I rather focused on using the word shielding or withstanding prejudice and discrimination. I think it's more accurate, um, in describing people's experiences. Um, and in this project, just to give you some idea of what I heard people talk about, they talk, people told me a lot about different forms of prejudice and discrimination they were experiencing on the job. I learned that there are many different, um, strategies, um, that people used, um, in these situations. Um, for these experiences to address these experiences. These strategies range from support seeking to confrontation, um, educating others about prejudice and discrimination, um, advocacy, being involved in advocacy and reinforcing the value of peer support. Just to mention a few of the strategies. Um, there are a host of other strategies, um, and many peer specialists also shared with me how using these strategies help them overcome these experiences by feeling less vulnerable, more empowered. And as a result, several people mentioned to me saying, it's not about me. So, moving from that feeling of its, it's about me to a feeling of it's not about me. Mm-Hmm. And that was a wonderful, um, message to hear, um, that using stigma, resistance, those strategies really help people to move to that place where they realize that it's not about them.

Lyn Legere:

Well, thank you Ann. We're going to open the, um, the, I know we're going to invite you in a few minutes to ask questions of Annise of all the things that she learned and, um, the strategies that peer workers use to stay in, uh, challenging work environments. And I'm here on the, on the other side of the, of the, uh, title, which is the number one, uh, you know, um, thing that causes job turnover. Uh, that's just because I've had many years of experience with training certifying, uh, peer support workers, implementing peer support into the workforce, trying to work with agencies to have them better equipped and, uh, better engaging and inviting for peer workers. So, I've had a lot of experience on that end on the ground. Um, so I'm here to answer other questions, uh, sort of around this whole thing of peer workers trying to bring a different culture into a workforce that's very set in its medical modeled, moving towards recovery-oriented culture, right? And the ways that it's been successful and the ways that there have been challenges on bringing these two cultures to work together for the goal of bettering the, uh, lives of people that are coming, uh, for services. So, sort of the door is open for questions all around that from y'all. Um, the use the chat for that. And I know we got a couple from email, which might be the best place to start. So, Amanda, do you want to let us know, um, what, what one of those are? Maybe not. I have one right here. I have it handy exactly when I was looking for them. <laugh>. That's alright. I have, I'm sorry I put you on the spot. Um, so I'm going to say the one from the person from Uganda. Um, I'm not sure if he's made it on, so I'm going to give him a few more minutes. Um, so here's one question that we got, which is sort of the heart of a lot of this, um, that we're talking about. So, it might be a good one to start us off with. And it says how best, uh, this is written from a peer worker, I believe peer worker or a peer us uh, supervisor, um, a director of a team. Okay. Um, a beer's working, uh, in an inpatient setting, uh, in forensics. And so, I bet this is a great one to start us off with because it's probably the most challenging, uh, environment, uh, that peer workers are trying to work in. So, uh, he says in the question, I have no doubt that our staff turnover has been heavily impacted by things like moral injury, stereotype threat, and observing things which we recognize as disrespectful and discriminatory. All of this takes place in an environment which is rigid due to a variety of factors. Did your research analytics bring to light anything, which seems to help to improve workforce resilience for those of us worked in, in settings which are less aligned with peer values, and which are more resistant to change? How's ever a good one to get <laugh>? Absolutely. And thank you so much for that question. I think it's a great one. And I agree. You know, it's, the forensic settings are probably the most challenging. I agree with you, Lynn. It's, it's really a, a, a setting that doesn't align with peer values and the living of peer values and, and the, um, and I, I was, you know, thinking about this question, thinking that I really think for, um, peer specialists working in those settings, I think the issue of seeking support this, or the strategy of seeking support outside of those settings is probably a very good one. I think that, you know, um, finding resources, um, because I think it can be very, um, challenging to be faced with the limitations of that setting of the forensic setting. Um, and I think that there were some, some participants in the study that I conducted who were working in similar settings, um, in prisons, um, and were, you know, faced with a lot of those limitations.

Anneliese de Wet:

And I think about advocacy work, you know, being involved in advocacy, um, calling on not only, you know, support in terms of family or friends, but also colleagues, other colleagues, other peer support colleagues, um, who can, you know, support one, um, and also support the peer specialist to advocate for change in, in environments that are so restrictive. Um, and I think it's important, something that came up is a lot of peer specialists work on their own in settings and that can be really, really demanding, um, to have to do that on your own. Um, so I think that's important to seek support, um, in doing that, especially if you're on your own, um, in, in an environment like that. Um, so yeah, that's, that's my first answer on that question

Lyn Legere:

And, and I'll add a little bit more on this. Part of it is, um, you know, what, what Elise has talked a lot about is what are people learning to do once here on the job to, um, feel better able to stay, do their job, be satisfied, um, despite the environment. The other piece of it, which we don't really, um, think enough about is, um, the training, the, um, people coming into the field, knowing what the field is, and then going, uh, for jobs, knowing what the jobs are, rather than getting in there and going, oh my God, what have I gotten myself into? You know, I I think there's a coolness about becoming a peer supporter, and so people on their own and people from being, uh, encouraged by providers go into be at work without always having a good orientation to what does the job look like in real world. Um, and I don't mean our peer trainings do well either with doing real world, um, uh, sort of activities so people really get a sense of what they're getting into. So, I, I think this is something that we work on both ends, right? Try to help people up front to make choices that are going to be consistent with their needs and their values, and then help them build that resiliency in the work setting in those strategies that Anise was talking about, right? Making those connections. Um, the biggest one that she always brings home, it's not about me, you know, it's, it's, it's just sort of the environment. It's not personal, um, strategy. So, I think, uh, all those are good.

Anneliese de Wet:

Yes. I, I, if I can add to that, and I think really that, um, you know, it's important for folks to remember, um, you know, the importance, um, just of that, you know, the strategies, but also learning from others. And I think from our research, um, I think the conclusion that I came to was really what you are saying, you know, that that initial training could include ways of, um, you know, using strategies so in, in the workplace. Yeah. And I really would like, you know, to advocate, and I think I'm in a process still of continuing this research, hopefully. And really, you know, the aim is to bring that into training for peer specialists to, to develop those strategies before they even get on the job. Um, you know, realizing the different context yet you might be in, and what strategies you could use in those contexts to, to withstand and to shield yourself.

Lyn Legere:

I think that's a great idea. So, all of you out there who are still involved in peer training, note that, and I get in touch with Annise if you want more support with that. Another question that came from, um, uh, Elizabeth, uh, who's, uh, who's with us, um, she says, how can I connect, uh, with the research community and or learn best practices to track outcomes, uh, for our organization's peer work? That's a great question. She's not running a peer, peer led organization, but I think it's true for any of us who are doing any projects around peer support innovations. How can we be tracking those outcomes and connecting with researchers? I leave that to you, Annalise your thoughts.

Anneliese de Wet:

I think, um, so I'm just trying to think about, you know, um, I think being involved in research, so as a participant, um, can be a great way of, you know, connecting with researchers. Um, research of, of very often, you know, and especially researchers in our field, I find have a passion for the work that they do and are happy to share, um, and happy to support where they can. Um, so I think being involved in research, um, really is a great way to connect with researchers. Um, they're always, you know, through naps. I think folks on this call probably would know naps, um, but through naps they're always advertising different research projects that are going on. Um, being involved in that would really connect you with researchers and build up that network, um, of researchers. And of course, at the center, you know, we have a lot of resources. So, if you visit our website, I'm sure you guys are familiar with that having come to this webinar. Um, but there are a lot of resources that can support peer specialists.

Lyn Legere:

Yeah. And I would say to anybody who's involved in running peer run organizations, I would check with, uh, some of the national centers like the, uh, national Empowerment Center, um, because they can connect you. There are researchers throughout the country who have been involved with, um, helping peer organizations do good research. Um, I know there's Mark Salt up in Philadelphia. Um, but, uh, the National Empowerment Center would certainly, uh, know those people are and be able to connect you with them. I'm also putting my email in the chat box right now. So, any, anyone you know, if you need a resource, feel free to reach out to us and we'll do our best as well, um, to get that.

Anneliese de Wet:

I can, I can put mine in there too, Lynn and folks are happy. I'm happy folks want to contact me.

Lyn Legere:

And I'm, I'm seeing a lot in the chat. Couldn't agree more that we need to be training the teams. We need to be training the peer support supervisors, uh, because what we did is we got funding to train and place peer support workers with none of the other work that is so vital of working with the agency. Um, so as one person said, half the people still don't even know what a peer board is, what they should do. Absolutely. Um, so that's answer to this webinar, but all of that is true. We could have a webinar on every single one of those things. Sadly, we've come a long way, actually, believe it or not, since our 1999 or 19 2000, no 99, when peer support became Medicaid approved in this country, um, it was a big shift, a big role of funding. And a lot of the very first peer workers went in and broke down some barriers and made some progress. Still a long, long way to go. Um, so I thank you all. This is all such important good stuff about how we do, how do we get more money to do more training? cause that's what's needed. Um.

Anneliese de Wet:

I want to, I want to connect with what you said now about, you know, the training not only for the peer specialist, because very often I think I can imagine for peer specialists, it must feel like they have to do the work to overcome and they have to do, they have to accommodate, and they have to. And I think that really, it's very important for organizations, you know, um, to also be trained Yeah. In that, and to be trained in these topics, trained in what, who peer specialists are. Because what I heard from a lot of the participants is that it's up to them to educate others. And there's, there's a turnover in staff, so that means that, you know, they, they constantly having to te you know, train new people coming in. Um, and that's a big burden to carry, you know, on top of, um, the prejudice and discrimination they experience. So, I think it really is, you know, it has to come from both sides. It must be strengthening the peer specialist workforce, but also educating and changing the values within an organization. Um, yeah.

Lyn Legere:

Absolute. Absolutely. And, um, uh, John, uh, commented, he is a Massachusetts person, so I'm going to, I'm going to, uh, address, because I know exactly what he is talking about. You know, in some, all the trainings across the country and across the world are different. Uh, that's one of our problems. But I think we can say that all peer worker, uh, trainings sort of fall on three core pieces. One is that one-on-one peer support sharing lived experience, right? Another piece is to, uh, be a change agent and that one doesn't go over as well. And then the third leg, which I think is hard even for peer workers to hold onto, is that the difficult role of being in, but not of the system to be there bringing the work in, but not yet co-opted into the system that you're working with. And, uh, Tanya was writing, um, you know, about some of her experiences working as a young adult peer mentor. And they're no different. The young adult peer mentors and the CBSs are all in this place where they're, um, in a foreign culture. And the foreign culture naturally wants you to become more like them, not stand where you are. And it's very hard because you're getting the bush and it's hard internally to stay in your space because we all want to belong, we all want to be part of. And so that natural drift into other roles, um, is easy. And so, this is both, uh, training, making sure people are aware what the role is, making sure people are in a place in their recovery where they can build those shielding resiliency tools so that they, they don't take in everything there but can sort of bounce it off them. Um, it, it's not an easy role and as Jethro says, it's exhausting, right? To always be educating people, always trying to get people to understand it, always trying to, you know, bite your tongue, say enough, but not too much. Like you're always at work with books, people you're supporting and with the staff that you're trying to educate as you're writing this middle role. Right. It's very challenging. Um, and I want to just acknowledge that, uh, Benton has joined us from Uganda. So lovely to have you here, Benton. And, um, Benton had asked, um, a couple of questions even just about, um, revealing, um, this isn't so much about being in a peer worker role, but just as you go into a work setting, um, how do you, um, harmonize, I love that work. I think we're word, I think we’re away from harmonizing Benton, but how can one harmonize peer support and mental health advocacy while working in the, in mental health institutions? And when should one disclose mental health status to an employer? Bearing in mind that this can put people at risk of losing the job, of course, if somebody's a peer supporter, right? Just, just that role discloses, I'm a person with lived experience of mental health challenges. That's why I can do this role. Um, if I, and you know, we know that all the states are different, all the countries are different. Um, I know in the United States, before we had dedicated payrolls, there were many of us out there working in agencies and making decisions to, um, reveal our history to use our voice to make changes in the agency we are working with. Um, and I think, you know, I think those decisions are hard. It depends on what laws you have, uh, in your, in your states or your country that will protect people. In, in the United States, we've got a, uh, a law, the Americans with Disabilities Act, which makes it hard for people to fire you, uh, because you've revealed your mental health, uh, issues. That doesn't mean that they can't find another way to fire you because you told them and they want to get rid of you, and they know they can't do it directly because you revealed your mental health challenges. Right? So, it's always a hard individual decision. What's Yeah,

Anneliese de Wet:

I wanted to, oh, sorry. Sorry, <laugh>. No, please. No, I wanted to connect with that because I think also I, you know, thinking about this question about disclosing, uh, which wasn't exactly the focus of my study, but thinking about the question because it did come up in some of the conversations and it really is something first that you, you know, depends on your context as Lynn was saying, um, really requires careful consideration and I guess some conversations with people you really trust around this, to have some support on that from others. Um, but also to know that there's not a one size fits all answer for this. Um, it really is something that each person needs to decide for themselves. Yeah. Um, and based on their context, where they are in their career or work, what work they're doing. Um, so it really is just, I just wanted to add to that, that it really is a, you know, kind of unique, each person needs to do that based on their specific circumstances. Otherwise, you know, you just can't say, you know, do it or don't do it. So, so it's a really, important Yeah. Thing to consider.

Lyn Legere:

And I think, oh, I'm sorry.

Anneliese de Wet:

No, fine.

Lyn Legere:

Yeah. I think I'll bring people to think through those choices, right? I always like, do the five Wes who, what, when, where, and why, right? Who am I going to disclose to? When am I going to do it? Why am I going to do it? Is there a reason to do it that's going to be valuable to me or not? Sometimes people may just feel pressure to reveal because of their histories of being in mental health systems, where part of the requirement in some ways is reveal all of who you are to everybody, right? Um, to men, people must learn their right to privacy that they don't have to disclose. But supporting people, uh, to, you know, think through those decisions, I think is the way we can contribute the best in that decision making process. Yep.

Anneliese de Wet:

And, and just to link with that, just to, to bring up something that's related is that I heard in the research was some folks who had been in a different role in their organization, um, and then moved over, got peer support training, and then moved over into a peer specialist role. And obviously by the nature of that role, you know, we're disclosing their mental health challenges and having a very different experience in the, in the new role, um, being very differently.

Lyn Legere:

Yeah.

Anneliese de Wet:

And so, so it can be a very, you know, challenging decision to make and something that you need to consider carefully about the implications of choosing to disclose.

Lyn Legere:

Yes. And I know some of these, those people that did that same thing and they got a pay deduction. So just think about that folk. When people went into a peer support role from another role in an agency that they've been with many years, they got a drop in pay. So, we all know that, how that goes. Um, I've seen, um, several questions that I want to, um, address here. And I, and I want to ask specifically if your research came up around this Annise was when people are working in an organization where they, um, also, um, got services at one point, and what kind of, um, experiences did they have with that? And then I can address it, but I'm wondering, you know, if, uh, that came up.

Anneliese de Wet:

I'm trying to think about, maybe there were one or two instances of that happening in my research, but it wasn't something that really came up in, in this group. Of course, it was a small group of people. There were 34 participants. Um, so it really wasn't representative of everyone's experiences. Yeah. Um, but I don't believe that I remember Yeah. Somebody speaking about that at length.

Lyn Legere:

Yeah. Um, I'm glad because I hope that's going down. I'll address this briefly. Um, that's one of the things that we really tried to help agencies with, um, as peer support was rolling out, was that that's often not a good fit because it's very hard for people to unknow what they know. Right. And to change hats and to go from being, um, a supporter, uh, um, uh, your, your therapist, your counselor into being a colleague, uh, it's very hard. And I think it's more difficult when that relationship was based on mental health just because of all the added flap that's on top of, you know, having a mental health diagnosis. We know from the research, sadly, that the greatest amount of, um, prejudice against people with mental health challenges is expressed by people who work in the field. Heartbreaking. But it's, it's been replicated over and over. So, for people to go from that role of, um, counselor supporter to a colleague is almost impossible. So, um, I think it does add even more layers. Um, and I think it requires a lot more resiliency to be, um, keeping up those barriers and making sure that the people, your co your now colleagues are keeping up their barriers and boundaries and aren't, aren't going to your medical records and things like that. And, and those are the complications that come up. So absolutely. It's a challenging, uh, situation. I just say all the resiliency tools that people talk about are probably needed in that setting. So. Yeah.

Anneliese de Wet:

And I, I think I could imagine that for, for folks in a situation like that where they've been served by the organization they now work for. Yeah. Um, they need, they, I could think that they feel an extra burden to be strong, you know, to, to not show weakness, to not show a vulnerability, you know, to not show any kind of, you know, um, norm. I, I want to say not, uh, uh, just everyday kind of stresses, you know? Um, because I think that people feel that they, that or, and they are pa placed under more of a microscope, you know, being, and, and that is unfortunately very, very true. Yeah. It's very hard. I, I have, while you were talking, I was thinking through, and there was one person in my study who had spoken about, um, one of their, um, colleagues, this person had worked in a organization that she had previously been served by, and she did, you know, speak about a situation that she found herself in where one of her previous, um, uh, uh, uh, healthcare providers actually turned on her in a way. Yeah. And, and it was very, very, you know, demoralizing and, and, and heartbreaking for Yeah. For, for that person's experience because it just adds, as you say, those extra kind of demands and challenges that people must face right. In the process.

Lyn Legere:

So yeah, a known history, uh, it's a lot more difficult to overcome than just in the imagined history because they know your, your supporter and they're just imagining what your background may have been when they know what it is. It can be even worse. I want to put a shout out to the substance use community. I know we're really focusing on mental health, um, and I know there's a lot of parallels and then some differences. Our center is funded just through our mental health. But I just want to acknowledge, I know we have some, uh, substance use folks on here. And in terms of this, it absolutely is, is the same process. Um, I think mental health, peer supporters, like substance use, peer supporters, um, are being co-opted or fighting against co-optation daily, whether that be, uh, the medical model of mental health or the more and more medical model of substance use.

Lyn Legere:

You know, we're almost going in different directions where substance use started as a field of people with lived experience. That's the roots of the entire substance use field. But it's gotten more and more medicalized over the years, uh, and more and more difficult to be there as a person with lived experience. Um, and we've always been medicalized on our side of mental health. Um, but uh, it's not moving away from that, that's so ensconced. And so, we find in both fields, people with lived experience trying to be valued in their work setting with, uh, um, varying degrees of success with that. Um, often agency to agency. Right? So, thanks for the contributions of, from the substance use folks. Didn't want to, thank God you were being ignored here. Glad you're here. Um, I think there was another question I was seeing. Lemme see. I'm scrolling the chat. If I missed a question you put in a while ago, feel free to throw it in again. Uh, because I might have missed it at this point. Um, oh, I love this. I just want to; I just want to share something from the chat. Uh, someone says, the agency where I work has a group of peers in recovery, not staff who speak in college and high school classes about what is to live with and be in recovery from mental health and or substance use challenges. I love that. To me, it's just a personal, this is not, uh, the, the, I am not speaking for the center of psych rehab. I'm just speaking for Lynn. I believe stories or changes minds. And I think we must have more and more stories out there in colleges, in graduate school, all of that. But I digress. Um, now.

Anneliese de Wet:

I can add to that. I mean, narratives are really, really what we call narratives, stories in research. We talk about narratives, um, and there are a group of researchers that do quite a bit of work on that. Um, um, have putting stories online Yeah. Um, to support folks. So, if you're interested in that kind of work, I can, you know, send you some material from those, um, folks there in England, in Britain. Yeah. Um, and they've done some, some research on that. So very interesting and very important work. PI absolutely agree with you. Um, Len stories are what make people connect, and that's what we want to do as humans, right? We want to con.

Lyn Legere:

And I just want to, like for you, y'all, if you're not watching the chat, people are putting in great resources and links for other studies that have been done like find out the experience of valve workers. Thanks Elizabeth, uh, for posting that. And I want to address one thing, and this also, um, it's a little different than what your research is about, but very often grants or, um, advisory councils, right? Many things that sort, uh, help agencies get grants and, and do projects require that there be people of lived experience, uh, or peer workers or something of that iteration represented on that team. And the question always is, how much is that person, uh, invited to participate oriented to the process so they know how to participate? Are they asked really what their view is on it? Or are they just a body in a room because it checks off the mark, right? Um, we're still working with so many of these areas where we're devalued, and people truly don't recognize the value of that lived experience and how it is an add-on not a must do. You know, we're not there yet.

Anneliese de Wet:

And I think, you know, this has been a, the fantastic experience of working with you all at the Center for Psych Rehab is, I think our center really lives up to that. Um, really involving people with lived experience in our research, um, processes in, you know, thinking about research from the start, you know, how, what is, what is work, what is, what do pe what do people want researched, you know, cause researchers can decide on a topic and you take it to people who it's, you know, supposed to be benefiting. And they go, we don't want to know about that. We want to know about this and this. You know, so, and that's important that you address with research the things that people really need. Um, and, and that's the wonderful experience of being at the center, is just having that integration of, you know, what I call professional experts and experts by experience, you know, having that, because we come from different, we bring different strengths, um, to the research experience.

Lyn Legere:

Absolutely. And Ken, uh, I, I've been, uh, chatting back and forth, but uh, Ken was bringing in, of course, the importance of neurodiversity, right? And embracing the power of differences and uniqueness’s. And in some ways, we're all in our silos trying to do the same thing. Trying to say, a diagnosis is not a destiny. Right? And Ken was sharing about someone with autism with the same, trying to travel the same road, right? People that don't have the English as their first language, right. People that live in different communities and peer support needs to be tailored for their local, uh, needs. Right? All of this, we still have so much growing to do. Um, and sometimes it's hard to know where you focus. Do you go back and get some of those basics back there? because they're being deteriorated? Or do you hope as you grow and widen that they get reformed? You know, it's a movement and it's always that forward and back forward and back. Right. And, and I think we're still doing a lot of the basics. Um, I like just saw Elephant in the room, so that PS my curiosity. Um,

Anneliese de Wet:

Okay.

Lyn Legere:

Yes. So, so, um, what I'm saying is when people are working in, um, environments that have a lot of coercion is sort of, this is almost full circle to our first question about working in forensic settings. Same thing in involuntary commitment settings. Um, peers work in a lot of places that go totally against the value of peer support. And so, I think the question always comes down to our choices of can I bring authentic enough in my own opinion, peer support to this environment to make it worthwhile despite the challenges. And I think we all choose differently on those. Some people say we never should have brought peer support in behavioral health. cause it's getting so, uh, co-opted. I say as somebody who was in mental health institutions for 50 years and never heard the word recovery. I was serving peer supporters in there despite how difficult the environments are, right? So, I think, uh, we're, we're, we're trying every day to do our best.

Anneliese de Wet:

Yeah. And I, I think, you know, thanks John for that comment also. Um, because I think really what I'm also hearing there is that, you know, um, that the folks in those settings, you know, that, um, peer specialists need to be in those settings. Um, you know, we don't, we, I think as peer specialists, the, you know, the demandingness of the environment, um, you know, I think peer specialists in those environments, as I said in the initially need to find the support to, to do their work there. Um, and I think that it's really, you know, just so important to keep at it. Um, and, and, you know, finding the support, finding those groups, um, colleagues and other settings that can support you in continuing the good work. And, and I want to say in, in various, um, projects that I've been involved with at the center, I must say I, I really am so humbled by the work that peer support specialists do because they, I have not heard a peer specialist that I spoke to saying they give up. They just don't, peer specialists don't give up <laugh>. Yep. And despite the challenges of the situations, they, they choose to stay because they feel a strong loyalty towards the people that they serve. Um, very much, very often, absolutely detriment, right?

Lyn Legere:

Right. We did a, a coaching program, uh, separate from research that Annise did. We did a coaching program, coaching their support workers who were, um, feeling distressed by their job, uh, burnout, you know, maybe getting ready to quit, uh, just because of the job. And, um, so we did coach with them. And what we saw over and over and over was exactly what you're speaking of, <inaudible> people maybe were distressed about the agency, they were distressed about how the agency looked at peer workers, but they were so committed to the work that they did with people that they were supporting. Um, and, and hung in there, peer support work isn't a job. Right? Right. Peers work is a passion, right? There's always that extra thing that goes with it. Um, and, and we've, uh, sort of siloed even here in this webinar, you know, the prejudice and discrimination, uh, of peer workers around their mental health or substance use background. And what we know is that, um, many people go into the work facing this with multiple, uh, arenas where they're experiencing stigma and, uh, uh, prejudice and discrimination, right? So, it may be racial, it may be gender, maybe age, right? And so, um, I think everything we're learning in that, uh, Annise has been researching are things that we hope also, uh, can be thought about with people with multiple, and I'm use the academic term multiple stigmata, um, experiences, right? Uh, because.

Anneliese de Wet:

Yeah, those layers of stigma, right? Those layers of, of prejudice and discrimination that people experience, right?

Lyn Legere:

But I want to, we want to sort of end, and Isabelle, thank you for bringing this up. We want to end with, really, the good news out of this is that peer workers go into their work, often not trained well, right? They get maybe a 40-hour training with whole bunch of info just dropped on them, and then they must go do the job. So, they, they go into work with maybe not a lot of good training for what they need. They go into environments that are hard, and yet they persist, they're resilient. They use recovery skills to come up with strategies. They find ways to stay, they find ways to keep doing the work, and they find ways to do that in a way that is within their own recovery orientation. They take that and apply it to the work to create resilience and shielding so that they can do the work where their heart is, which is what the people served not to serve the agency. Right. And, uh, I, I want to applaud every peer worker who does that, think it's one of the hardest jobs that we have out there, and I salute them. I want to thank you all for being, it's been a great, uh, group. Lots of, uh, interaction, although we are sorry, we couldn't see you or, um, uh, see your faces or hear your voices. But thank you for, um, staying on the chat and, uh, asking her questions and sharing information for us and for everyone else, uh, has been absolute delight. And I'll let Annalise wrap us up.

Anneliese de Wet:

Absolutely. I want to link with what's, what Lynn says. I mean, of the professions in healthcare, mental health. I think peer specialists are one of the strongest, um, I, and it's just absolutely, you know, um, just really a remarkable, um, role that people take on. Um,

Lyn Legere:

So, with a quick question, I think, can you wrap it up by listing a few more? Yes,

Anneliese de Wet:

I saw that question. Yes. Thanks Lynn, for Yes. Reminding me. I love <laugh>. So those Val, those strategies that I was talking about. Um, and please, I think it was Jethro that asked the question. Please email me. Yes, ask me about it. I can give you some more information. Um, but really, I was talking about support seeking, about confrontation, um, about educating others. Unfortunately, that has two sides to it. But educating others, advocacy, being involved in advocacy and reinforcing the value of peer support within your organization. There are many others. Please be in touch with me, ask me about it. I can, I can give you more information on that.

Lyn Legere:

Great. Thank you so much Annalise. Thank you for coming and doing this with this. Thank you all for being here. I hope you all have a great afternoon and uh, a great weekend. Thanks for having me. Anytime. Yep.