How to Recognize a "Peer-Run Program"

- Darby Penney -

In recent years, the public mental health system has begun to recognize that people with psychiatric labels can provide unique and valuable services by assisting others with psychiatric diagnoses in their own recovery.

This can happen in self-help groups which offer support and mutual aid, or it can happen more formally in mental health programs run by current and former recipients. Generally, these are community support programs such as drop-in centers and supported housing programs, but they could also be licensed outpatient programs such as day treatment or rehabilitation programs.

As the number of such programs grows, it is important to understand how to distinguish truly recipient-run programs from those which are not.

At first glance, the distinction seems straightforward. A recipient -run program is one in which the recipients' control the decision-making. This means that recipients are a majority on the governing board; they control the budget, make hiring and firing decisions, and set the program's policies, procedures, goals and objectives, as well provide direct services to others.

But the definition of a recipient-run program goes beyond the fact that the decision-makers are people who have been psychiatrically labeled. Recipient-run programs are based on a belief that recovery is possible, and that people can direct their own recovery when they shed the dependency and hopelessness that the mental health system often fosters. This philosophy grows out of the common bond of a shared experience among those who provide services and those who receive them. In fact, the "helping" process goes both ways: Those who provide services also receive support in their own recovery from those they serve, and the concept of "professional distance" is absent.

Defining "recipient-run" programs becomes more complicated because most of the existing programs started with staff assistance. This is not a problem as long as staff have a clear understanding of their role which is essentially that of a midwife. The process can be successful if the goal from the beginning is the program's eventual autonomy, with the understanding that staff will gradually step aside as the group members develop skills and confidence to run the program themselves.

Some examples may help to clarify the process: A support group which has a professional as a facilitator, for instance, is not a self-help group. However, it can make the transition to a self-help group when the members feel ready to take over the running of the group.

Similarly, a club program which has paid professional staff and a non-recipient board is not a recipient-run program, no matter how involved recipients are in daily program activities. However, if recipients cease to comprise a majority of the club's board of directors, the club would become a recipient-run program. This could be true even if the program hired professional staff who do not have psychiatric labels, since the board controls the decision-making process, hires and fires staff, and defines the club's philosophy and policies.

The key to defining recipient-run programs lies in the concept of recipient control of decision making and the philosophy of self-help and self-directed recovery.

Anything less may be a good traditional mental health program, but it is not a recipient-run program.