

Testimony in support of:

House Bill 5270: An Act Concerning Peer Support Specialists and Requiring Health Insurance Coverage for Outpatient Peer Support Services by Certified Peer Support Specialists

Submitted by:

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Dear Members of the Insurance and Real Estate Committee,

My name is Melissa Thomas, from Stamford Connecticut. I work as Peer Support Specialist in Greenwich Connecticut at Pathways, Inc, a private non-profit mental health agency.

I am in favor of passing House Bill 5270 AN ACT CONCERNING PEER SUPPORT SPECIALISTS AND REQUIRING HEALTH INSURANCE COVERAGE FOR OUTPATIENT PEER SUPPORT SERVICES PROVIDED BY CERTIFIED PEER SUPPORT SPECIALISTS.

My life had been largely derailed by my mental health struggles, for a long time, my only options were psychiatrists and traditional therapists working within the current medical model. From the ages of 18 to 30 I tried just about every psych med that was invented at the time. I saw my psychiatrists and therapists weekly. I attended intensive outpatient programs that focused on DBT and every other type of long-term therapy you can think of. I spent six weeks inpatient in the Menninger Clinic. Some of these treatments were covered by insurance, many of them were not. At one point my parents had to remortgage their home and largely empty their retirement counts in order to help me "recover." It turns out that all of the meds that I was compliant in taking were making me sicker. A genetic test showed that I am largely resistant to psychiatric medications – simply put, they will never work for me. Taking a pill will never make not want to kill myself. As a result, I agreed to undergo 30 treatments of electroconvulsive therapy in 2015, what is commonly known as Shock Treatment. Shock Treatment brought me back to life – before I started it, I was an overmedicated, overweight, largely catatonic zombie that lacked the will to live, by the end, I was a mostly functional human being again. The problem is, that for me, ECT was not a realistically sustainable treatment. It destroyed my short term memory. I couldn't hold thoughts for 30 seconds, there was no way I could hold a job. I had a college degree and experience working in publishing, but I couldn't remember anything long enough to be effective in any type of job. It was a fight to get on disability. It was a fight to get people to believe that something was wrong with me, that I needed help, that the help I was getting, the help that was gatekept by my insurance company was really not helping me at all. All of the well-meaning psychiatrists and social workers assured me that if I just kept doing what they told me to, I would "get better." That maybe I wasn't

trying hard enough. My persistent suicidality in spite of all their efforts became proof that maybe I was beyond help and doomed to a life of living in my parents' house and being supported by the government. The problem with that is that disability never thought I was sick enough to support with anything more than \$300 a month – there was no way out. I had a warm place to live and some money to buy groceries – but I lost all other connections to society. I was less suicidal, but I was pretty disillusioned about a future of being well, a future of thriving.

Somehow, I found Pathways. I started volunteering there in the day program twice a week, teaching writing classes. Writing was the only thing I was sure of, since it's what I got my degree in. Teaching adults living with chronic and severe mental health problems seemed like something I could handle. They were a group of people that wouldn't immediately judge me for my memory problems from my recent ECT – I figured maybe they could relate. The volunteering was transformative. For me, I started to have faith in my abilities again, but more than that, I had connection with other human beings who shared my struggles. I had people who understood what I meant when I referred to certain side effects or how condescending some doctors can be and how hard it can be to make your point to a social worker who has never experienced the pain of depression first hand.

At some point, the Pathways clinical staff approached me to ask me what my secret was. Apparently, clients were sharing things with me and their peers in my writing group that they hadn't shared with their clinicians in sometimes 20 years of treatment. Clients were writing about the suicides of their family members or molestation they received at the hands of their fathers. Clients were sharing with me the pain of abandonment by families who became estranged from the moment of diagnosis and sent them to far away facilities out of shame. Clients shared with me medical problems that they thought their clinicians wouldn't believe because they were tired of being accused of hypochondria or having their complaints dismissed as being psychosomatic. Clients were sharing days or months or years of struggle and pain that they didn't think their doctors would understand or validate or truly be able to help with. The clients didn't want more medication or psychoanalysis. They wanted someone to talk to who got it. They wanted empathy and hope. I became an example of the possibility of life after diagnosis. I was just a volunteer – but Pathways took notice. They saw the conversations I was able to have, the connections I was able to have, the relationships between clients and clinicians that I was able to help facilitate and bridge the gap of understanding. That was before I got training. That was just my instinct and things I picked up from various neuroscience classes in college and all the time I spent in treatment – in doctors' offices, with therapists, with social workers, in hospitals for days or weeks at a time. From when I lived in a mental health halfway house. I didn't have much in the way of pure psychological knowledge or licensing from a regulatory board. I just knew how isolating and hopeless treatment could be. I also knew what parts of treatment helped me. I knew that connections with people who could relate were better. I knew that being treated as a human being of equal importance was essential. I knew that collaboration with doctors – having a say in my treatment – mattered. I don't know why clients shared things with me and let me help them brainstorm solutions when they had much more qualified professionals at their disposal. But they did. Pathways took notice and they

believed in me. They invested in me and paid for me to become a Certified Peer Support Specialist through Recovery University (a DMHAS offshoot) in order for me to have a formalized education in mental health services. They created the position of Peer Support Specialist within the agency for me. I went from a volunteer with little hope for the future to a certified professional. I had a job again. More than that, I felt fulfilled with my work every day. Our agency has so many really great, highly educated, highly motivated, energetic staff – that is a fact. But by adding a peer, they are supplementing their knowledge by including me, and everything I've been through, as an asset. They understand that my lived experience, my hospital stays, my shock treatment, does not make me someone to be ignored, rather it makes me someone who can add to the conversation at treatment team meetings. Being able to disclose my history makes it easier for clients to trust that I will not add to their stigma and in turn they can often disclose to me. This ability to connect with clients in a human way as opposed to in a more clinical way opens the doors for clinical treatment to be more effective. Clients who trust the people they are working with do better in recovery. As someone who can reveal my own struggles and discuss them without shame, makes it at least a little easier to trust me. From there, I can serve as the liaison between clients and clinicians. With trust, I can suggest treatment interventions and methods that may have been otherwise dismissed by clients – their trust in me, their trust that I've been in their shoes and that I've tried many things and been able to find treatments that have helped my recovery. Their trust in the fact that I've tried and tried, and tried new things when old things didn't work, their trust in my integrity, my history, and my mental health knowledge, allows them to try things themselves. My successes provide hope. I've lived in group homes as many as my clients currently do, and I've made it out. I can be a symbol of hope for people who currently do not believe in hope for themselves. I can help them keep that flame of possibility alive. I am not perfect, I am not a model of the only way to recover, there are many things I do not know. But I do know the power of Peer Support. Peer Support fosters connection in ways that other traditional mental health options cannot. This is not to say that these are not worth options, but that the constraints and regulations and ethics around them are different and therefore foster different client relationships.

Recognizing Peer Support as an important tool for recovery is vital for the continuation of mental health treatment. Requiring Insurance Companies to pay for Peer Support services will bring access to these services to so many more people who could benefit from it. As it stands, access to Peer Support can be limited due to lack of funding. In recognizing its value and requiring that it be treated as a valid intervention that Insurance Companies must cover, will bring connection and hope to so many more people.

Respectfully,  
Melissa Thomas