

# Helping People Connect: The Role of Peer Specialists

Webinar Script  
December 9<sup>th</sup>, 2015

**Slide 1: Rick:** On Community Inclusion, I am the host for today's webinar where we were focusing on helping people- the role of peer specialists in helping people connect to the religious organizations or spiritual groups of their choice. This is part of the focus of the Temple University Collaborative on broader issues of community inclusion in general. And I should mention that the Temple Collaborative work is supported under a grant from the National Institute Disability and Independent Living and Rehabilitation Research under the Research and Training Center Grant.

**Slide 3:** Our purpose today is really to do a couple of things. It is to talk about the importance of congregational connections for people with serious mental health issues. To review the roles that peer specialists can play in forging and sustaining these long-term connections. And to recommend a series of actions that all of us can take that hopefully will get more peer specialists involved with more of the people they serve in talking about whether they would like to and how they could connect or reconnect to religious congregations and spiritual groups of their choice.

**Slide 4:** Joining me, I'm going to sort of spend a little time reviewing the monograph we recently have reissued on this topic, which is really the genesis for this webinar. And I'll spend a little bit of time reviewing that, but joining me as well to talk when I'm done is David Measel, who's a director at the Pennsylvania Peer Support Coalition, and Reverend Ann Helmke who's director of spiritual services at Haven for Hope in San Antonio, Texas. And I'm hopeful that each of you will have the opportunity to join in the conversation. You can click on the chat or Q&A section at the top of your screen if you put your cursor at the top and ask questions and when the presentations are done, our Technical Director Jared Pryor is going to be reading those comments and those questions that all of you have and we'll all have a chance to talk together about it. If that makes sense

**Slide 5:** Let's get started. I wanted to start with a discussion about the importance of religion and spirituality in the lives of people with serious mental health issues. Here at the Collaborative we focus on a wide range of research and training activities that are designed to highlight the importance of helping people with mental health conditions to participate in a wide range of the domains of everyday life. To be more involved in competitive work and returning to school, engaging with their families, participating in civic life. All of the kinds of activities that any community has that gives the people who participate in that community, and people with mental health conditions, meaning and a sense of connection and a sense of community. We do this because we have deep concerns that an awful lot of people with serious mental health conditions, are somewhat isolated from the community and are not fully engaged. And thus wind up part of what I sometimes refer to as the overall warm embrace of the mental health system. In which mental health providers are attending to housing needs and educational needs and social activity and recreational programs, but don't really do as much as they could be doing to help

people connect to the same kinds of groups that exists in the mainstream community around them, and offer the supports they need to join them and participate successfully in those groups. Our research tells us that, like many other Americans, individuals with mental health conditions, and many are interested in connecting to mainstream religious organizations and spiritual groups as part of that interest in community inclusion. And they are, like other Americans, interested for a combination of reasons we think. One is as that of an expression of their faith, to be connected to a spiritual or religious congregation does a great deal in people's minds to connect them to the faith they have found as adults, or they may have been raised in as children. But like many other Americans, folks with mental health conditions are also interested in the opportunities for fellowship that participation in a congregation or spiritual group allows. So that joining a Baptist or Methodist church, a conservative or reformed synagogue, a mosque or a zen group or any of the various ways that which people connect to religion offers not only the faith but the fellowship. It gives them an opportunity to participate in the community and make new connections beyond the world of mental health. And it's these two elements that we think are terribly important, at one point we here at Temple were talking with a group of consumers and learned that almost everybody in this particular group went to church on Sunday morning. They got up, they got into their best clothes, they went out to church and then they came home. And not one of the people that we were talking to had moved from beyond the faith to the fellowship aspect of their connection with the congregation that they were attending. And were interested in trying to figure out how they could, were either uncomfortable about doing so or feared rejection or for a whole variety of reasons they maybe just didn't have the social skills to do so needed some support to broaden their engagement with this congregation from simply attending services. Which is, I shouldn't say simply, which is an important thing for many people to do, but to broaden their engagement by getting engaged with people within the congregation. It helps people get beyond themselves, get beyond the mental health world and really connect to the community.

**Slide 6:** Our interest in this particular webinar is to talk about the roles that peer specialists can play in promoting this connection to religious congregations and spiritual groups. It's certainly true that there are a wide number of professional roles within the mental health world who can be doing the same thing. But we do want to suggest that peer specialists may be in a particularly effective role in doing so. This is a very rapidly growing element of the workforce all over the country, this is a workforce's effectiveness at relating to and helping people to focus on their recovery and providing the supports people need to engage in the community around them has been proven in one research study after another. And we think folks are in the perfect position to promote these connections. Now there are a variety of ways that peer specialists can do that. I do want to take a moment to talk about the issue of disclosure, cause there are many people who would like to join or connect or reconnect to a religious congregation who would not be upfront about their current or history of mental health issues. But there are still many things that a peer specialist can do in helping people explore or what kinds of engagement in a congregation that they want to engage in to help them practice wither the social skills or just the travel opportunities to get to services, and can help to manage concerns, and to be there for people to call after they have come back from their engagement to their congregation to help them problem solve. With disclosure, the roles of peer specialists can expand, that is to say if people are more comfortable having their current or past history of emotional problems out in the open. Then the peer specialists can play a role more directly in contacting the congregation, talking to a minister or a church elder or someone else in the congregation, and seeking to make clear that this person would like to join the congregation and seeking the congregations support in seeking a more welcoming environment for

that connection. So we think this is a wonderful opportunity for peer specialists and a way for the sometimes not fully defined role of peer specialist's to be further expanded.

**Slide 7:** However, in putting together the publication I mentioned we spent a lot of time in national focus groups with peer specialists all across the country. And they reported pretty consistently they had been discouraged in playing these roles because of the variety of concerns. On the one hand they often heard folks, clinicians in their program, about the clinical concerns about unhealthy religious ideation. That is that to be talking to someone about whether they wanted to join a religious congregation and how you could help them that this would somehow would touch off some unhealthy thoughts that people have about religion that become clinical issues. And so were sort of reluctant to have peer specialists move in this direction. Other administrators programs were concerned about church/state conflict, many of our mental health programs are either entirely or substantially supported by public dollars and would talking about religion represent a conflict. Others we heard from peer specialists had heard concerns that if they began to discuss connecting to congregations in a group setting that it may touch off some battles between peers in the group about which religious set of tenants were effective. But we also heard that a lot of peer specialists had had their own set of negative interactions in religious settings and had their own concerns about getting engaged. They may have been told when their first emotional problems began to emerge that they really needed to pray harder, they may have been rejected when that didn't work, they may have found a kind of uncomprehending congregation. Some folks told us about exorcism, rites that they were asked to go through. So people had had their own, sometimes traumatizing, experiences with religions and spirituality, and were sometimes themselves reluctant to go back into this, even with their work with the people they were serving.

**Slide 8:** Our perspective is, that are, these are not the best reasons to turn away from being involved. Certainly unhealthy religious ideation is a possibility, but it occurs quite rarely and should be a separate clinical concern. But shouldn't be enough of a concern that we don't address the religious and spiritual needs of all the other people who would like some support in reconnecting to this part of community life. Church/State conflicts we think can be readily resolved by reiterating that we are focusing on the individual and if the individual is saying this is something I'd like to pursue as part of my pursuit of recovery goals then that ought to be good enough for us to pursue it, without necessarily pushing people in one direction or another. But really responding to what they're saying, gives meaning to their lives. And I should reiterate that we are doing this that we think mostly on a 1:1 basis, how most peer specialist operate, we don't really see the opportunity to see competing or religious discussions about who's best. We're really trying to structure a setting and saying this is what makes sense to me and how can I get your support in moving forward along those lines. I think peer specialists who do have profound issues can either begin to work through those issues or refer the individual to another peer specialist for help. So we are hopeful that peer specialists can begin to think about when you're talking to people how they can raise the issue of how the individual's recovery goals include some sort of connection to a mainstream religious or spiritual group and how they can be helpful in doing so.

**Slide 9:** We devolved a set of six recommendations, I'm going to go through these individually. The first three all start with the word talk, my favorite word, and I'm going to talk about those a little bit, the others are really actions that you can begin taking. So let's start with recommendation one.

**Slide 10:** And it's really talk with your supervisor first. If you're going to move in this direction you have to be aware that there are concerns. Concerns about religious ideation, there is concern about

church/state conflict, there is concern about how you use your time and your support. And if you're going to move in this direction, because it's fairly rare still, it's something you need to talk to your supervisor and something your agency has to feel comfortable with. And it's also therefore an opportunity for you to seek the guidance and resources and support from your colleagues and your supervisor and your peer colleagues as you move forward. But I want to reiterate that this is one of those areas where you have to be sure you are not getting out on a limb before you start moving forward. And having a discussion with your peer group about the importance of moving in this direction.

**Slide 11:** Recommendation two then is to begin talking with the people you support directly. There are really four kinds of conversations you really need to have, and you'll see in each of these, this is an area where choice and the principle of choice in giving the individuals you support the widest range of choices you possibly can, is absolutely critical. So the first choice issue is saying to people "is this something you're interested in?" "Do you want to connect or reconnect or a religious or spiritual connection?" "Do you want to do it at this time?" And if you don't, if you have no interest, in general or this is not a good time to pursue that, then that's ok. We're not suggesting that peer specialists are promoting religion, we're just suggesting that peer specialists are raising the issue so they can be responsive to people who want to move in this direction. Not everyone will, we suspect indeed a fair amount will want to move in that direction. The second area of choice is which religion or spiritual group they may be interested in connecting to. It's not the job of the peer specialist to say "Oh, I think you ought to join this church or you ought to do this kind of yoga, it's really your job to say "what would you be interested in?" And to help people find that kind of connection in their community, and to support them in doing so, rather than promoting a particular direction. Some peer specialists who have deep religion feelings themselves, may find this difficult, but it's really your job to respond to what the individual is saying and what makes sense to them. And then the third set of choice, what's the nature of the interaction they would most enjoy and benefit from. For some people it would be just going to services, for others it would be a bible study group, for others it would be participating in the social life of the church, and we'll talk more about ways that people can be involved in these religious and spiritual communities. They're quite varied, and I think your individual has to get, the individual you work with, has to get a sense of what they would like. And the third issue as I mentioned before is this issue of disclosure, probably the most important choice that people get to make. In all of their connections to the community whether they're looking for a job or going back to school or participating in a baseball league, is whether they want to be open with that community group about their mental history or current status with regard to mental health. Or whether they don't want to be. And I don't think there is much evidence of research about what's better and it belongs purely in the province of what people are most comfortable with and how they want to proceed. But you can begin talking about all of these things as a peer specialist in your interactions with people, and begin talking about a plan and the nature of the supports you can provide.

**Slide 12:** Third recommendation is discuss all of this with local congregations, you have, you may have congregational groups, multiple congregations, there may be a few in your community that you can begin talking to to be clear about what you are going to do. This is easier if the individual involved is open, comfortable with being open, but I think even where there isn't disclosure, you can still begin talking with congregations about how they can create a more welcoming environment for people who want to reconnect or connect to this trend of issue. There are really three issues here, there are only two noted but I just thought of a third one while I was working on my notes. The first is to be clear that

you are focused on helping the congregation create a welcoming atmosphere. A lot of congregations, they're to be admired for doing this, have begun to be involved in mental health education programs, educating their current congregants on what mental health is, what are the signs of mental illness, what sorts of supports are available both to eradicate stigma, but also to make sure that people in the congregation turn to church officers or mental health professionals to get the help they need. This is important work but this is not what this work is. This work is about helping the congregation to say there are new people joining the congregation with a history of mental health issues, how do we make sure they are comfortable, that we include them, that we reach out to them and do what we can to make them comfortable. Second, be clear that you are not talking about a program, a number of churches and synagogues and mosques will have specialized programs, a Thursday night counseling program, or a food bank, or a housing service, and those are wonderful opportunities for churches and synagogues and mosques to be involved. But what you're talking about here is one person at a time, you're not talking about a program, you're talking about an effort to help individuals join the congregation and be comfortable there. And the third issue is I think is to be clear you are not offering the congregation any clinical help. You're really talking about, and we go back to that word, offering both faith and fellowship opportunities for people to be involved. And with that kind of clarity you can begin in a number of ways.

**Slide 13:** One of the things you can do is start to organize multiple sources of support, certainly there is your role as a peer specialist, you may find yourself attending services with somebody for one or two times so they may feel comfortable. You may find yourself looking at the array of religious congregations and spiritual groups in helping somebody pick that out. You may find that there are one or two other people within the mental health program who have similar interests and people can work together and you can pull that together as a peer specialist, you may sort of be the resource and problem solver. But you can also draw on family and friends to do some of this work. Third if you have identified a congregation and someone is comfortable being identified as someone with a mental illness, you can go directly to the congregation and seek the congregations support or the support of individual congregants. We were talking with a church locally who told us that their congregation in a somewhat rural area had suddenly become aware that three different people from a local group home were attending Sunday services, and it was not entirely successful. The people that were coming from the group home were shuffling in their seats and sometimes talking to themselves and getting up two or three times during the course of the services to go out for a cigarette break. And in one large or small way being a little disruptive and the congregation was getting, I guess in a fair word, annoyed. And began talking about what they could do about it and instead of saying well why don't we ask these people to stop coming, they went to a young adult group within the congregation and we need three volunteers. Each of these volunteers will contact people and say "hey we noticed that you're coming to services, I'd like to welcome you into the congregation. I'd like to meet you before the next service, perhaps we can sit together and we can talk together and I can introduce you around". And over the course of the next couple of weeks, the problem went away. That's sort of what we mean about welcoming congregations and religious groups and spiritual groups are in a wonderful place to try to do that.

**Slide 14:** Recommendation five is as I mentioned earlier is needing to explore the ways that people connect. My friend Mike belongs to a synagogue, he's very involved in the synagogue, he's very open about his mental illness, he's spoken in a lot of public settings, although not at the synagogue. But they

know he has a history of mental health. He had attending services regularly, he not only goes to study groups, he leads a bible study group, he participates in social activities, he's a regular on the basketball team, he's gone with-he and his wife had gone with a group on a trip to Israel, and he volunteers with some of the charities. He's very involved in ways that have little to do with his psychiatric disability, people are aware of his history, they have reached out to him, and he has involved himself in a variety of ways that strengthen the congregation itself, and has a world beyond the world of mental illness that he can contribute to and supports him when times are rough.

**Slide 15:** Recommendation six is to support mental health education programs. I think once you find yourself involved with congregations and supporting people, you'll find opportunities to do presentations on mental health things. The congregation, the pastor, the rabbi, or the Ahmadi turn to you for referrals for congregants. And sometimes if the people you placed are having a particularly rough time, the congregation may turn to you to resolve that particular problem. But these represent opportunities for you to begin on the 1:1 level and then see that grow into other opportunities to really support the congregations in creating a welcoming community.

**Slide 16: Rick:** We have a number of different perspectives, I'm going to stop there and turn to David Measel who is a contracted administrator here in Pennsylvania with the Pennsylvania Peer Support Coalition and I've asked David to kind of share his perspective on what I've said from that vantage point of being a long-time peer support worker, who's worked in a number of ways. And then I'll introduce Reverend Ann Helmke in just a moment. David, do you want to take a few minutes to respond?

**David:** Sure, Thanks Rick. First real quick, I am a certified peer specialist, I'm a certified Peer Specialist supervisor as well. I worked for a number of years doing direct service for a provider in Lancaster County, before moving to my current role at the Peer Support Coalition. Specifically right now, I am developing a training for certified peer specialist to work in crisis services. So that's kind of a little bit of a background on me. What I wanted to do was kind of go through each of the recommendations, kind of like Rick did, 1-6 and just offer a little bit of a perspective from a peer support position. First, the recommendation of discussing with the supervisor or agency the role that a peer support can play. I think, I was actually very fortunate to work for an agency that was owned and run by a peer. And it was a stand-alone peer support organization so everyone except for the administrative staff provided peer support. So it was nice because the organization actually understood what peer support was. But there are a lot of organizations out there that are including peer support in their service, who may not have a full understanding of what a certified peer specialist is or what peer support is, and how were trained and what we look to do, and how we look to provide the service. Sometimes we come from a different perspective than the other people in this service. So I do think it's important to talk to your supervisor in two different ways. One is to educate them on what a peer support is, what your perspective is, and how you want to provide the service. In terms of religion, I was actually a little discouraged to read Rick's report that peer supports were being discouraged from working on spirituality or religion with their peers. Because I was trained that this was something that peer supports did work with, and that's sort of different from most of the other providers in the system they tend to take a hands off approach. So I think it's important for CPS' and peer supports to let their agency know and their supervisor know that if we're going to be working from a position from recovery and going to be following the recovery principles, that working on religion and spirituality, if the peer wants to, is something that we should be allowed to work on. Recommendation Number 2, Discuss with people you serve about their goals for reconnecting, that goes with what I was talking-the very last thing I said, if the person wants to, recovery

is self-directed and if the individual wants to work on a spirituality or religion goal then I think it's important that certified peer specialists be allowed to do that. Now one thing that's important on this point is that most of the people that I worked with and most of the people that other certified peer specialists and peer specialists work with have been working with other supporters for a number of years. And they may not understand that a peer specialist is approaching the service or support of that individual from a different perspective, and because most other services providers and supporters take a hands off approach to religion, it is important that the certified peer specialist let their peers know that that is an area that they can and are willing to work with them on. Cause they may not even bring it up thinking that it is not something that the CPS can even work on. I know that I had a number of peers that when I mentioned that as a goal that I can help them with, they were really taken aback by that. Rick kind of touched on this idea of disclosure and permission as a certified peer specialist. I noticed there was a question about this from the people listening. One of the things that peer specialist should be doing is encouraging their peers to do things for themselves and the CPS can support that individual in that goal. So if a peer expresses a religious goal or a spirituality goal, I would always encourage the peer to do as much of the work on their own, and I would support them in that. If it included making a phone call to a church or some organization with questions, and they weren't comfortable with that, I would always try to encourage them to make that call on their own while I was there so I could support them. And then as a last resort, if they really didn't want to do that, I would make the call on their behalf. But of course if you make the call on their behalf, you have to figure out or you have to ask them ahead of time how they want you to present themselves. Are they ok with you explaining you are a certified peer specialist, and if you do that you're going to be more or less telling the person you are talking to that you're asking on behalf of someone who has a mental health diagnosis. So keeping in mind the disclosures or permissions is really important. Recommendation Number 3: To discuss with faith based groups in the community their attitudes, again I think education is really important and I think this may be something that the Pennsylvania Peer Support Coalition can assist with in the future as we kind of build capacity and become stronger is getting out there and educating the congregations and communities on recovery, what peer specialists are, what they do, and this ties in with point number 6 as well. Rick talked about this particular goal being more about the congregation, or organizations being welcoming to an individual and creating a welcoming atmosphere. But certainly it is incumbent upon us as peer specialists and as peers to -I'm sorry I just got distracted saw something shiny- to take a lead in being and educating congregations and other organizations about recovery and what peer supports do. In terms of point number 4 what I wanted to talk about here was that I think it's important that certified peer specialists also know their own boundaries. I've talked to a number of peer specialist who have brought up the point, and also Rick talked about this and that you know they've been asked by peers to support them in a spiritual goal or a religious goal that didn't really tie in to their personal beliefs and how they should handle that. So I think one important thing that CPS' should be aware of ahead of time or at least examine within themselves is what aspects of this particular goal are they able and willing to support an individual with and if there are boundaries or lines they know they can't cross, having a plan ahead of time of how they are going to handle that with the peer. You know, for example, and this is a relatively benign example but you know for example, if the CPS is Catholic and the peer is asking for support in moving into a Baptist congregation, are you OK with that. I think that most CPS' would be OK with that, and like I said that's kind of a mild example, I think. But it is important to think about those things ahead of time to know and have a plan what you're going to do.

**Rick:** I'm going to move you along in a little bit Dave so we have enough time for Anne and then some questions.

**Dave:** OK. I like to talk as well (laughter). The one other thing I'd just point out is that Rick and I discussed this before this presentation, and I think this is a really important point. Community inclusion is a huge part of what we do with our peers. Getting them connected with the community, helping them develop new connections within the community and new supports within the community. Regardless of the religious aspect of it or the spiritual aspect of it. Certainly getting people involved in religious congregations or churches is a great way and a really nice way to help them connect with their community. So I'll leave it there.

**Rick:** Thank you, David. I had the opportunity to talk to Reverend Ann Helmke last week and get her perspective on some of these issues and some of her work that they have been doing at Haven for Hope. And I've asked Ann just to talk a little bit about Haven and share some of those success stories they've had along these lines. Ann?

**Ann:** Thanks, I just want to commend both of you on the information you have put together and brought forward. It's really great because we have been trying to compile all of that for the last five years of our history, and to see it like all put together into this webinar, I'm just really grateful for that. So thank you both. And so a little context about Haven for Hope in San Antonio, our mission here is ending homelessness through transformation, so it's a place of hope and new beginnings for persons experiencing homelessness. But yes, that also includes those with mental health and wellness concerns, but it is within that context of homelessness as well. Haven provides shelter, but it is not a shelter, it's a transformational center that is recovery oriented, trauma informed, person-centered that 1:1 aspect that you've been talking about. It's a partnership of 92 organizations that deliver over 150 services to address root causes. And we've been open just since 2010, but since then more than 2400 people have graduated and live in permanent housing and in community. So that's kind of the context we've set ourselves in here. But you asked me specifically Rick if I could share stories of peers making and being a part of connecting folks to supportive care within a faith community. So I've brought two stories today. Our first story is about Jose, and his peer support actually stepped into connecting Jose with that faith based community after he'd actually moved off of site from Haven for Hope and into his own apartment. And that stepping in was a result of an established relationship with that peer when he was actually staying on Haven's campus. So you can see in this the importance of relationship and connectivity to even making those connections forward. So Jose asked his peer Beau for help in finding a good congregation. So Jose came forward on his own and made that request and needed that connection, but considering Jose's kind of withdrawn nature, and mental diagnosis, finding a congregation where he would feel safe and accepted was a challenge but it was also an amazing opportunity. So that answer though came through his peer support, it came through Beau, who offered to take Jose to services at his own church, at Beau's church. And so Beau introduced Jose to others that were there, including church members who host various NAMI workshops, as well as support groups. And Jose must have found some spiritual strength and support there because he's spread his wings, he's found a job in Dallas, and is now taking another step in his life journey, which is huge that he's moving forward in that way. So some faith expressions, someone would be calling out for an "amen" to that right? You know, Amen, that's a great story. Our other story is about Sharon and a strong relationship that is still ongoing with one of Haven for Hope's spiritual services peer supports, Cynthia. In their mutual journey together, Cynthia helped Sharon identify her passion and her life plan and also began

building her post-Haven life plan around that passion. So Sharon dreams of becoming a licensed cosmetologist, and volunteering at homes for battered women. In Sharon's own words she says "God has laid this dream on my heart because I will be able to use my new skills to women who have been battered and in abusive situations. Having survived years in an abusive relationship, I know what it feels like first hand to look in the mirror and not like what you see or even recognize who you are anymore. I want to be that someone who can help domestic survivors feel whole again. I want to remind survivors of their beauty." Sharon is now applying for a grant from a local foundation to help cover her tuition at a cosmetology institute. And at a recent meet and greet at Haven, organized by spiritual services, Sharon met five women from a local church who have pledged and are helping in whatever way they can to help her fulfill her dream. Another Amen to that. In the last 20 months at Haven and through spiritual services and also some very intentional and very relational efforts within the Haven system, 82 Havenites have been directly connected to San Antonio faith congregations for support. And so, you know, what that means for us here at Haven, and we're also firm in our conviction that what we're learning here at Haven and what we're practicing applies across the country. But these are the things that we know and we have learned. We know that spirituality in the holistic mix of mind body and spirit and community is at least equally as important as all the other elements. We might even suggest that if we aren't asking the question about spirituality, that we may even not be doing our job. Whether it's a peer support or anyone else in this kind of service field. What we also know, and this kind of rings true with what both of you have said, that meeting people at where they are and who they are spiritually, you know to be open to them, that's essential. So whether that be in their spiritual expression, or a need of affirmation of that, or whether they were formally harmed, many people are in terms of religion by religion, or in need of spiritual wellness, to meet the person there where they are spiritually. And then in developing those connections in the faith community, to be fully aware of what that is as well. These things are essential. We also know from our experience at Haven that there are specific ways to do this specific work that does work, even when receiving governmental funding. For us, you have talked about focusing on recovery goals, and I would add to that to focus on the spiritual as opposed to religion, that unique part in the person that you're meeting for who it is, where that spirit is at, but to meet the person there to make the connectivity and work from the spiritual as opposed from the religious aspect. And to build relationships, networks of known congregations is just as important. So knowing your faith community, and who's available and open and has the education and are going through the education, and willing to become friends and fellowship and support to folks, and that part is 50% of the work as well. And we also know that through our experience that peers bridge the trust gap in opening the doorways into those relational connections with the largest, what we believe, the largest natural resource that any of us have within any community at large, and that natural resource is the faith community. At Haven we have approximately 13050 folks we serve here each day. And in San Antonio we have approximately 13050 congregations. That equates in quantum physics, here we call it holy mathematics, ya know 13050 people and 13050 congregations, 1:1. So that holy equation could and is ending homelessness through community support and that fellowship and expression of faith. So I just want to say "ditto" to the recommendations that you've listed and the comments that are there and we want to add one more to that, we want to add another slide, another recommendation, so the title on the slide would be "Have Courage" and then under that, a couple points. So one don't be afraid cause you're not alone in these efforts, people everywhere who understand holistic healing transformation know that spirituality is a part of it, people are just maybe a wee bit afraid of it or don't know how. So we're not alone, ya know, in opening our arms to this effort. So have courage, don't be afraid you're not

alone, ya know, go to some spiritual sensitivity training if you haven't already. Get comfortable with yourself and how to go about that. And there are ways to do that as well. And then under the last part of that, you know, would be go Nike, for the betterment of those we serve, just do it. Just go out and be able when you're meeting with people to simply ask if this is a part of your plan, would it be helpful for you, are you already connected, can we support that, where are you, can I help with that part. And then leaving the choice and the work up to them. I really did appreciate the part about making calls on their own, as well as the boundaries conversation too that David, that you brought up. So I think that's all I want to share and that I've been asked to share, so I pass it back to you Rick.

**Rick:** Thank you very much. Thank you both. Wonderful Contributions.

**Slide 17: Rick:** Quickly, what you can do for those of you on the call or all of us actually consider your role, talk with service recipients about their interests. Maybe you may want to recommend broader discussions on the issues within your peer support group or your agency. We would be interested if peer specialist training programs, either agency by agency, or county or state by state, want to develop modules for basic training so this issue is specifically dealt with, or advanced training formats. We're going to be training with the Institute on Recovery and Community Inclusion here in Philadelphia, which have contracts to do peer specialist training to both add something to the basic training for Certified Peer Specialists, and an advanced program along these lines. And talk about what training may be necessary for supervisors, and develop support groups, peer specialists who are working in this area.

**Slide 18: Rick:** I want to say that we would be happy to participate in any of this. We have two documents that you can find on our website, and our email is [tucollaborative@temple.edu](mailto:tucollaborative@temple.edu), and you can get the one we have been looking at today. But there is another called "Developing Welcoming Congregations", in which we look at the roles that individual congregations have played on their own in doing mental health education and other welcoming strategies. But as I said, we would be happy to work with any of you who are interested that want to contact me or contact Ann or contact David, to go a step further so that something comes of this. Jared, are there some questions? We have a little bit of time before we sign off.

**Jared:** We have a couple of questions in the chat. First Jeffery Drain asked "What is meant by mainstream groups in relation to the spiritual connections from recommendation two?"

**Rick:** I think what I mean by mainstream groups, and hello Jeffery, are established congregations and established religious groups. We are really interested in ways that people connect to the community. And Lord knows there are enough congregations around a lot of spiritual groups around that offer an opportunity for people to be engaged with other people outside of the mental health community, that we don't need to be forming new groups ourselves, but really connecting our people to what already exists in the community.

**Ann:** And I would add to that, when you say established, that it is a gathering of people that it is a congregation, because you get more support that way. So it doesn't have to be necessarily, when you say spiritual groups, doesn't necessarily have to be structured like a religion, but a gathering of people that have some relationship connectivity to itself already is who we do connect people with, because they are going to get more strength and support that way. Mainstream tends to in the religious community, means some of the you know, Catholic, Presbyterian, Episcopal, Lutheran, Methodist, Jewish community, Muslim community, but we also are very in your face. The Buddhist, Hindu, Seek,

Native American, really meeting people where they are, kind of some matchmaking, trying to find out, you know, what somebody's spirituality is, and try to at least make those connections when they don't have any. You know, with a congregation that is close to who they are. So if somebody says, I grew up Methodist, we try to connect them with a Methodist congregation. Or if somebody has been Muslim, they're more connected that way, we'll connect them to a Muslim community.

**Rick:** Or wants to explore something new as well.

**Ann:** Right, listening to where they are, the person you are helping.

**Rick:** Jared, do we have another one.

**Jared:** Yep! So Susan Weeks asked, so most of her clients are Schizophrenic, and that is in her opinion that they have faith and wondered if that could be part of the disease?

**Rick:** Gee that's an interesting question. No, faith is more often a support for people, I think some, I'm not a student of the literature on spirituality, what I have read is that most people derive a sense of connection and purpose from their engagement in religion. And I think its quite separate from the schizophrenic, the issues raised by schizophrenic. That doesn't mean that people with serious mental illness of all kinds can't become over engaged or over identified of some aspect of a particular religion, but I think the religious impulse from one country, and culture and time to another is so profoundly evident across the country, but even people like myself who have very little in the way of the spiritual temperament recognize that the vast majority of people do derive some strength and support and a sense of meaning and purpose from their spiritual organization, and I think we have to see that as quite separate from the mental illness.

**Jared:** OK we have another question by Carter West, can a local congregation contact peer specialists to say they're open to their consumers in their communities?

**Rick:** Sure, I think that would be a great idea. And I think what has to be worked out is how to do that and to be sensitive to the issues on disclosure as part of the individuals who might want to participate. That has to be something to discuss with the individual and the agency has to be clear about. But I think it is great if congregations take the lead. But again, I want to caution people to be looking at welcoming congregations, that notion of having congregations open to fellowship and faith to individuals. And to hold back for the moment on the notion of group activity. I think congregations who want to be there for individuals are great, I think that's where we should start instead of group programs.

**Ann:** And also within that, we generally when we are working with congregations, we encourage a team of people to be kind of the main support team, but within that, to have like two lead contacts. And that those two people form the initial relationship and be the main contact for the person, so that they're developing that closer relationship. We encourage two leads because things can happen to that lead, you know people could move because of a job, so there is one other person tied in closer and can consistently move that forward, the relationship. Because, as we all know, whether its homelessness or mental health, that consistency and authenticity are critical to that relationship formation. And that's why peers are so good, because it can move faster that way.

**David:** Let me add here real quick, that if you belong to a faith community or know of a faith community or church or any organization for that matter that wants to know more about peer support, I would

encourage you to direct them to the Pennsylvania Peer Support Coalition, we can certainly help with those kind of educational pieces.

**Ann:** And yeah even just calling a local agency or organization that you might know that does this sort of work, and even asking “do you have peers?” or “is there some way that our congregation can be supportive”, and start the conversation. If you don’t know where to go just pick up the phone with some place to begin. Because peers are broadening as Rick said earlier, and so pick up the phone and give a call and start some kind of conversation.

**Rick:** Great, we are just about out of time. We will be putting this webinar onto our website shortly. Please note the publications are available and we would love to hear from you, your response to this session or requests for help. Any of the three of us or anybody else, and if you are going to do something as a result of this webinar, and we hope you do, let us know what you are doing and let us know how we can be helpful. Again, Ann, Dave, thank you so much for your help. Jared, getting us, me in particular, through this. And thanks to all of you who took the time to join us. We appreciate your interest and hope to hear from you in the future. Thank you all very much. Bye Bye.

**Ann:** Thank you.