

The T-Cup Grant at the Transformation Center

By the Transformation-Center Mass Leadership Academy Training Team

Research shows that minorities have trouble accessing good health care services in their communities. Research also has indicated that peer support works very well with people with mental health concerns as well as their providers and the larger health system. The Transformation Center is making ongoing efforts to expand cultural competence within the health community in Massachusetts. Our peer support community can play an integral role in improving quality of care.

Although there are peer-run mental health services in Massachusetts, as well as peers working within the clinical mental health system, the services need to develop improved accessibility. By “accessibility,” we mean that the services need to be accessible to people with a variety of disabilities as well as to people from a variety of cultures and languages. In addition, peer services need to offer *trauma-informed care* in a way that is accessible to a variety of cultures, languages and people with disabilities. In other words, peer services (as well as clinical services) need to offer support or care that is informed by the knowledge that many mental health peers have experienced psychological trauma. In turn, all mental health services *for trauma* need to be sensitive to the ways in which trauma is understood within different cultures.

The need for peer support models that are responsive to those who have experienced trauma is a concept that is new to many. Clinical service providers may be hesitant to employ mental health peers as supporters for trauma survivors because of concerns that the employee will be “triggered” by hearing about the trauma survivor’s experience. Peer-run support services may also be concerned that graphic descriptions of trauma may be harmful to other participants in the program, and so, restrict the content that a trauma survivor may discuss in a group. However, because of new recognition of the relationship between mental health and previous trauma experiences, developing peer support and recovery services, communities, networks, advisory groups, advocacy groups, etc., that are sensitive to trauma recovery is crucial.

The Cross Cultural Unity Project of the Transformation Center (inspired by the Transformation Center Board of Directors) was started in order to eliminate health care disparities in Massachusetts. Within the Project, we have worked on various tasks in the past three years to reach out to diverse communities such as the Deaf and Hard of Hearing, Latinos, Members of the African Diaspora, LGBTQQI (Lesbian, Gay, Bisexual, Transgendered, Queer, Questioning, Intersexed), Young Adults and Older Adults. Our first project was a three-day Multicultural Leadership Academy on April 28-30, 2010. The theme was “The Power of Culture and Language to Unite Us.”

Later, the Transformation Center convened a Community Voice Task Force to ask the mental health community what our priorities should be in the next three years and how we could better reach out to all members of our community. The Task Force held town meetings across the state in community mental health settings such as clubhouses, hospitals and peer-run support groups. From these meetings and various projects, the T-CUP grant was born. In 2010 the Transformation Center was awarded a three-year grant from the Substance Abuse and Mental Health Services Administration for the purpose of

promoting Accessible Peer Support and Trauma-Informed Care.

The Transformation Center has commissioned a Task Force on Accessible Peer Support (TAPS) to kick off the grant. This Task Force had its first training at a Leadership Academy, May 24-26, 2011, co-sponsored by the Mass. Behavioral Health Partnership. Participants explored the concept of “accessible peer support” and continued the theme of a former series of trainings: introducing and practicing affinity group and ally skills. Now the group will meet once-a-month to build on our understanding of underserved populations such as those mentioned above. We think these populations may benefit from accessible peer support that is trauma-sensitive.

One project of the Task Force will be to use Dusty Miller’s Addictions and Trauma Recovery Model (ATRIUM) as a pilot training project. Twelve people from diverse communities will be trained with the curriculum and they will also give feedback on what needs to be made more accessible in the curriculum. The curriculum needs to be accessible (initially) to the following communities: Deaf and Hard of Hearing, Latinos, Persons with Disabilities, LGBTQQI, African Americans and men.

TAPS is a substantial project. Partly because of years of prior experience reaching out to diverse communities, we at the Transformation Center feel that the project can be accomplished. By working together and building connections with our community, carefully listening, encouraging each other and having hope, we can accomplish our goal of making peer support more accessible to everyone.

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