

Global Perspectives on Recovery: Role of Peer Service Providers in SUD Treatment

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With Active Inputs from...

- **Subimal Banerjee.....Person in Recovery &
Peer Counsellor Manager**
- **Gary Reid, International Consultant**
- **Dr. Rajesh Kumar, Exec Director, SPYM &
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Transitional Societies/ Models and Integrating New Ideas Kawasaki as Cow A Saki



Types and Levels of Involvement of Peer Service Providers(PSP) or Persons in Recovery(PIR) in India

- **Peer Volunteers/ Apprentice/Intern....many as informal/ semi formal working arrangement**
- **Peer Educators: Officially Recognised position, with modest salary, for almost 2 decades**
- **Peer Counsellors: Not well recognised officially,
except for AIDS Programmes for IDUs**
- **Peer Counsellor Managers...a Few worthy examples**
- **Programme Managers.....many more such examples, with mixed motives, mostly in unorganized sector...Judicial and Administrative review in process**

Current Scenario In Duly Recognized and Credible Programmes in India

- **478 Drug Treatment Centres: Most of these have One Peer Educator at each Centre,
and 3 to 5 Peer Volunteers**
- **283 Targetted Intervention(TI) Programmes:
Many with Peer Counsellors, some with Peer
Counsellor Managers**
- **A Few Programmes with PIR Programme
Managers**

Relevance of “ Lived in” Experience in Health, MH &SUD

- **SUD Treatment & Recovery, possibly the first setting to recognize & accept eg. Alcoholism**
- **Schizophrenia, Bipolar Disorders & others**
- **Cancer Survivors, Haemophilia....**
and many others
- **Family Members/ Carers**
- **Not to be confused with AA/NA movements**

Health Conditions wherein “ Lived in” Experience occurs

- **Myths & Social Stigma, to Exclusion &
Ostracization**
- **Limitations/ Inexactitude of Treatment**
- **Needs of Recovery Beyond Symptom
Amelioration and Treatment**

Some Relevant Aspects of SUD “ Professionals”

- **OBJECTIVITY as the Touchstone**
- **Socially influenced Attitudes**
- **Personal Past/ Family based Experience....**
 - Eg. Alcoholism & Domestic Violence**
- **Ambivalent Viewpoint about the usefulness of their own work**
- **Possibility of “ Burn Out”**

Evolving Trends Over Time Internationally

- **1970s & 1980s: Persons in Recovery(PIR)
automatically becoming part of Team,
if interested**
- **1990s:Recognition of Professional
Perspective to be added**
- **Early 2000s: PIRs encouraged and Willing to
take up Capacity Building/ Certification**
- **2020s : MHPs with SUD, more forthcoming**

Two Sets of PRPs/PIRs as Treatment Team Members with “Lived In” Experience

Persons in SUD Recovery

- **Peer Educators**
- **Peer Counsellors**
- **Peer Counsellor Managers**
- **Programme Managers**

HCP/MHP with SUD Experience

- **Nurses, Psychologists, Social Workers**
- **Medical Doctors,**
- **MHPs**
- **Psychiatrists**

SWOT Analysis of Active Involvement of PSPs/PIRs in SUD Treatment Treatment Teams

STRENGTHS

WEAKNESSES

OPPORTUNITIES

THREATS/ CHALLENGES

STRENGTHS

- **Better Acceptance by Patients/Clients**
- **Higher Level of Compassion**
- **Ease of Rapport Formation & Trust**
- **Identity as “ Role Model”**
- **Programmatic Cost Saving**

WEAKNESSES

- **Possible lack of Objectivity**
- **Sympathy over Empathy**
- **Possibility of Boundary Violation**
- **May Miss out Medical or MH Issue**
- **Lack of Clarity about Treatment Goal:
Abstinence v/s Harm Reduction**

OPPORTUNITIES

- **Complementarity of Technical Expertise
and Lived in Expertise**
- **Enrichment of Learning**
- **Participatory Treatment Processes**
“ Recovery “ v/s Treatment
- **One step closer in Communitization**

THREATS (CHALLENGES)

- **Territoriality Issues**
- **Attitude of Professionals towards PRPs/PIRs**
- **Variable or Contradictory Messages to Patients/ Clients**
- **Arguments/ Clashes within the Team**
- **Relapse in PIRs: Impact on Patients/ Clients**
- **Over Confidence of PRPs/PIRs : ??? “ Toxic Positivity”**

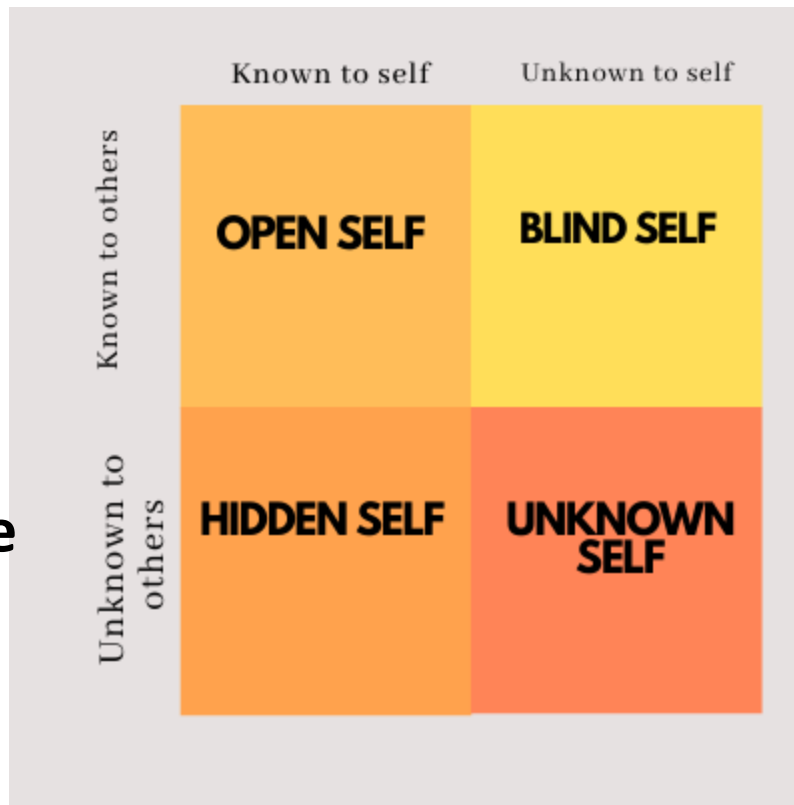
**Be Confident
Like a Pressure Cooker**



**Even If Your Ass Is On Fire
Keep Whistling**

JOHARI Window for Self Awareness: Useful for PRPs/PIRs, All Team Members

- Hidden Self can be seen as a Right-supportive help/feedback
- Blind Self be open to help-Encourage sharing
- Unknown Self may be delicate-



Possible Future Needs & Directions

- **Synchrony between the two streams of Professional & “Lived in” Expertise**
- **Encourage PIRs as part of Teams, and MHPs/HCPs in SUD Recovery**
- **Document More Case Study Experiences**
- **Generate more research evidence- specially in the context of acceptance & perception of Clients, Team Coordination, Cost Benefit**
- **Qualitative Research with some datasets....**

THANK YOU

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