An Evaluation of Peer-Delivered Mental Health Disaster Relief Services in New York City

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Executive Summary

This report provides a description of an evaluation of the Project Liberty Peer Initiative (PLPI), a peer-delivered program in New York City designed to provide mental health supports in the wake of the 9/11 public disaster. Organizing and delivering a comprehensive set of mental health supports for populations directly affected by such a disaster is an incredibly complex endeavor. A variety of supports and methods of support delivery are necessary in order to reach a maximum number of people in effective ways. The PLPI program represents an innovative and successful effort to provide a range of mental health supports to individuals with psychiatric disabilities, a population thought to be particularly vulnerable to the impacts of trauma and the potential recurrence of post-traumatic stress-related symptoms.

In the summer of 2003, our evaluation team recruited a total of 82 participants for this project. Participants were both recipients of PLPI services and peer staff employed by PLPI. We conducted 29 individual qualitative interviews with a wide range of persons in terms of demographics and life experience. Another 53 individuals participated in focus groups held at locations around New York City, often at traditional outpatient mental health centers which served as host sites for PLPI group services. The participants in this evaluation process were eager and enthusiastic to share their perspectives on the role of peer support services in a disaster relief setting.

Two specific aims guided the evaluation described in this report:

- To provide an accurate description and comprehensive picture of the services provided by the Peer Initiative; and

- To determine the unique role of these services in the mental health service system and in post-9/11 disaster relief efforts.

The nature of this evaluation was primarily exploratory and descriptive in nature. Our goal was not to measure the effectiveness of the program and its services using concrete outcome indicators. Rather, our primary purpose was to develop an understanding of the scope and nature of services, while also adding to the existing body of knowledge about peer-provided mental health services.

Although much exists in the mental health literature about the nature and value of peer-delivered services, the application of these services to disaster relief situations is uniquely addressed here. The events of 9/11 were life-changing for individuals living in New York City and throughout much of the country. Measuring where and when the impact of a disaster like 9/11 begins and ends is difficult. Unlike other aspects of disaster relief (restoration of housing, food, clothing, business relocation, etc.), the impacts on mental health following a disaster are often subtle and difficult to measure.

Both peer staff employed by PLPI and those persons who received PLPI services demonstrated incredibly valuable insight. Taken together, their stories offer a comprehensive picture of a unique mental health program providing an array of valuable services in the wake of a devastating event. These findings serve several important purposes: to improve our understanding of the nature of peer support services in mental health; to provide a case study of the delivery of peer-provided mental health services after a large-scale public disaster; and to consider implications for the funding, organization, and delivery of other peer support services in disaster relief settings.

Those individuals who participated in PLPI services, either through provision or receipt of services, collectively shared a fascinating and compelling story of compassion, dedication, mutual aid, connection, and community following the devastating effects of a horrible disaster with far-reaching potential for traumatic impact. Individuals with psychiatric disabilities (mental illnesses) living in New York City were able to organize together, apply for federal relief monies, and successfully reach out to more than 10,000 people in throughout the New York metropolitan area.

Although peer support principles, ideas, and even interventions have been used in other disaster situations, stories of the process have rarely been captured and/or told to a larger audience. Peer support in general has limited exposure in the public eye, and the high exposure work of the PLPI meant that peer-delivered services were increasingly visible in New York City's mental health arena following 9/11. Many traditional providers and administrators in the host settings used as locations for data collection for this evaluation reported that this was their first meaningful experience with peer services. The PLPI program served as an exemplar of non-traditional mental health services.

The scope and magnitude of the impact of PLPI services, both for recipients and providers, is beyond measure. Quantitative data provide part of the picture, as do the stories of participants here. Yet there is also an intangible sense of value and importance in what the program achieved and in the lives that were touched by it. The long-term implications of this project may only be understood years from now. It is impossible to quantify how many individuals with psychiatric disabilities in New York City experienced reduced post-traumatic stress symptoms in part as a result of their interaction with PLPI outreach workers. It is also impossible to gauge, except through generalizing from our findings here, the intensity of personal meaning and impact in persons for whom PLPI was their introductory experience to peer support.

For the peer staff hired and trained for the provision of PLPI services following 9/11, employment in this program was a powerful and moving experience. They were able to share their personal narratives with others for whom the exchange of support was critical. Peer staff employed in the program also gained new skills, education, valued social role opportunities, and a wealth of experiential knowledge providing support services to others who have been through similar life circumstances. Many staff members described feeling that they had finally found their niche in life, and that they were empowered and inspired by the responsibilities they were given in their service provision roles.

The needs of individuals with psychiatric disabilities are both and complex and multidimensional. For many, the effects of the 9/11 disaster are inextricably linked with other challenges they have faced as people with disabilities. Recipient interviewees described PLPI services as absolutely critical in the restoration of meaningful post-disaster lives. Our data, taken in combination with the quantitative utilization data captured by Project Liberty, indicate that the program was incredibly successful in meeting its goals and that it dramatically impacted the lives of thousands of individuals.

Recipients of PLPI services gained access to valuable supports, including individual counseling, group sessions, and after hours telephone support. Perhaps more importantly, they were exposed to other individuals like themselves, who had experienced psychiatric disability and were struggling with how to cope with post-September 11th life. They were provided with a safe, comfortable environment in which they were respected, and indeed valued, for their own experiences and perspectives. Recipients were also given access to inspiring role models in the form of PLPI peer staff. For many recipients of PLPI services, this was the first time they had interacted with peers in service provision roles, and many participants described it as an empowering and eye-opening experience.

The findings herein tell the story of a program successfully serving a very specific subpopulation in New York City after the devastating events of September 11, 2001. This story should be heard by administrators and planners of disaster relief services, and should be considered in planning for future disaster relief efforts. The core principles of peer support that provided the framework for the PLPI program offer a natural, respectful, flexible, and community-based way to provide mental health support services based on shared life experience. Rather than being devalued, stigmatized, or ignored, peer-delivered mental health support services should be incorporated into all stages of planning and implementation for relief efforts following a large-scale public disaster.

Introduction

This report delivers findings from an evaluation of a peer-delivered mental health disaster relief program in New York City. Based on recognition of the potentially significant mental health impact of the events of September 11th, 2001 in New York City, The Federal Emergency Management Agency (FEMA) funded the New York State Office of Mental Health (NYSOMH) to develop a formalized system of mental health response services. The NYSOMH program was named Project Liberty and offered free, non-discriminatory mental health support services from over 70 individual service sites throughout the five boroughs of New York City. Using anecdotal evidence suggesting that certain highly vulnerable populations (particularly those with histories of trauma and existing psychiatric disabilities) were at special risk for re-traumatization and the recurrence of post-traumatic symptomatology, Community Access Incorporated (CAI) and the Howie the Harp (HTH) Advocacy Center proposed to deliver peer support services specifically targeted toward this subpopulation. The HTH Peer Initiative Program was initially funded under the Project Liberty auspices in January 2002 and provided services to New York City residents from March 2002 until the end of August 2003. All services were provided by trained staff who are current or former mental health consumers and designated as "Peer Outreach Workers".

As supported by the findings that follow, individuals with histories of trauma and/or mental health treatment may have had a more difficult time processing the disaster, or experienced a disruption in recovery efforts initiated prior to the tragedy. Some individuals interviewed for this evaluation reported experiencing the re-awakening of past traumas and traumatic events. Others, struggling with substance abuse, reported that they had increased their usage in an attempt to suppress overwhelming feelings.

The evaluation described herein offered a unique opportunity to examine an innovative peer-run program and determine the characteristics and scope of its services. While mutual support and peer-provided services have long been utilized with outpatient mental health populations, there is a lack of understanding and agreement about their relevance in the provision of mental health disaster-relief services. Anecdotal evidence from HTH's experience delivering peer support services in New York City prior to 9/11 suggested that members of highly vulnerable groups might not have been able or willing to access traditional professional mental health services and would thus have gone without critical services, leaving a significant gap in the wide-scale provision of 9/11-related relief and support services. The original HTH/CAI proposal located mental health peer support services targeted toward this "at-risk" population within a preventive public health framework. It was hoped that by reaching out to individuals with psychiatric histories and current disabilities, peer support services would be able to engage those members of the population most at risk and least likely to seek services. Ultimately, peer-delivered services were portrayed as perhaps the only way to effectively engage this population in desperately needed services, and to avoid further cost and burden to the mental health system.

Little is actually known about specific characteristics or features of peer support services provided within such a context. Service characteristics such as scope, nature of services, and content are essential for an understanding of peer support in disaster relief services. The collection and analysis of such information as reported here will help determine (a) what the critical and unique elements of peer support services are, (b) how these elements resemble and/or differ from counterpart services provided by professionals, and (c) how such services might or might not be useful in future applications following crises and/or disasters. Both structural characteristics (e.g. administrative elements, staffing patterns, supports for staff) and service-related characteristics (e.g. service elements, means of delivery, scope of services, eligibility issues) were considered to obtain a comprehensive picture.

Forming a precedent for the HTH/CAI proposal, peer-delivered relief and support services had been used in public health disasters such as the Oklahoma City bombing in 1995 and the North Ridge Earthquake in Los Angeles in 1994 and were reportedly effective in reaching and serving a high-risk underserved population. In response to the events of 9/11 in New York City, and recognizing the potential value of peer support in outreach to psychiatrically vulnerable populations, NYSOMH's Project Liberty funded the HTH/CAI proposal, leading to the creation of the HTH Project Liberty Peer Initiative (PLPI) program. Two other organizations (the New York Police Department and Fire Departments) also provided peer-delivered mental health support services following 9/11, but these services were only available to employees of said organizations. Their presence, however, does at least confirm the perceived value of building in support services delivered from non-traditional sources such as peers.

In advance of the PLPI start date, HTH conducted focus groups in the mental health community in New York City to gain a better understanding of population characteristics and need levels. Some of the findings from these focus groups included ongoing disparities in mental health care and treatment and a surprising dearth of peer-delivered services available to the mental health community at large. For individuals with prior or existing psychiatric disabilities, the PLPI program offered a means of defining and dealing with post-disaster issues. The findings discussed in this report draw a rich picture of how PLPI services helped mitigate the effects of 9/11 for New York City's mental health consumer community.

The specific aims of the evaluation were:

(1) To provide an accurate description and comprehensive picture of the services provided by the Peer Initiative, and

(2) To determine the unique role of these services in the mental health service system and post-9/11 disaster relief efforts.

Program Description

Howie the Harp Advocacy Center was established in 1994 as the Peer Specialist Training Program by mental health consumers Howie T. Harp and Howie Vogel. Howie T. Harp passed away that same year and the organization was renamed in his honor. The mission statement of the HTH Center indicates that "We provide comprehensive training to people with psychiatric histories, including those who have been homeless, who have had problems with substance abuse, or have a history of incarceration. We believe that individuals who have experienced such problems and persevered can help others with similar experiences. Our agency is committed to empowering consumers through education and self-help". The HTH Center currently operates under the parent organization Community Access Incorporated (CAI), which began in 1974 and provides housing, support services, and advocacy for individuals with psychiatric disabilities in New York City.

Using a trained workforce of peer outreach workers, the HTH Center, under the financial auspices and management of CAI, began to deliver Project Liberty services in March 2002. Project Liberty Peer Initiative (PLPI) services continued until the end of August 2003. Services were delivered in each of four program areas: (1) individual counseling and referral, (2) group counseling, (3) public education, and (4) a "warmline" offering telephone support/counseling/referral. All services were provided by the peer outreach workers employed by HTH/CAI. During the program time period, services were provided in all five boroughs of the New York City area, with Manhattan the most common service site and Staten Island the least common. Each of the four core program elements will be briefly described below, augmented by quantitative utilization data when available.

Individual Counseling
Individual counseling and referral sessions were viewed as one of the key services provided by the PLPI program. Particularly in the early months of program implementation, when disaster relief and support around 9/11 issues was a more pressing concern, individual outreach and counseling formed the backbone of PLPI services. PLPI outreach workers blanketed the city advertising their services and availability for one-on-one counseling and/or referral. Outreach-based individual counseling was seen as a highly effective strategy for reaching large numbers of New York residents, particularly those with existing psychiatric disabilities. During the outreach visits, referrals to professional mental health services and/or substance abuse treatment services were offered when deemed appropriate (see Table 1).

Table 1: Referrals Made During Individual Counseling and Outreach

Type of referral	# Referrals made by PLPI	% PLPI referrals accepted	% All Project Liberty referrals accepted
Mental health treatment	733	90	62
Substance abuse treatment	747	90	66

A total of 12,237 individual outreach visits (including counseling and/or referral) were conducted, with 83% of these (10,133) being unique first time visits. Table 2 presents gender and age information for those individuals. Of these first time contacts with individuals, 83% (8,401) were classified by the peer outreach workers as being disabled or having a previous condition. As the target population for PLPI services was a psychiatrically disabled one, these conditions were typically mental health-related. Of the same first time contacts, only 12% (1,191) were provided to non-disabled members of the general public. These findings differ from the service provision statistics of all other Project Liberty providers which were more heavily weighted toward the general public (49%), and less so toward those with disabilities or existing conditions (15%). The average length of a PLPI individual outreach session was 22.2 minutes (SD = 15.7, median = 19, range 10-240), less than the average for all other Project Liberty sites combined (31.2 minutes).

The gender of individual PLPI outreach recipients was relatively evenly split, with slightly more than half 55.2% (5,591) being male. Approximately 50% (5,048) of recipients were Black, followed by 27% (2,696) White, 19% (1,903) Hispanic, and slightly over 3% (344) Asian. Further demographic statistics are available in Table 3.

Of the unique first time outreach visits, 7.2% (733) were offered mental health referrals and of these, 90% (661) were accepted, higher than the average mental health referral acceptance rate of all other Project Liberty sites (62%). Of the PLPI first-time individual visits, 7.4% (747) were offered substance abuse referrals and of these, 90% again (670) were accepted, higher than the average substance abuse referral acceptance rate of all other Project Liberty sites (66%). It should be noted that acceptance of a referral does not indicate follow-through, but rather simply measures whether or not a recipient acknowledged the need for a referral and took the given information with him or her.

Table 2: Gender and Age of PLPI Individual Counseling and Outreach Recipients

Age	Male	Female	(Missing)	Total
Preschool (0-5 yrs)	0	1	1	2
Childhood (6-11 yrs)	8	11	0	19
Adolescents (12-17 yrs)	58	90	1	149
Adults (18-54 yrs)	5,016	3,878	37	8,931
Older Adult (55 yrs +)	482	500	6	988
Missing	27	13	4	44
Total	**5,591**	**4,493**	**49**	**10,133**

Table 3: Ethnicity and Gender of PLPI Individual Counseling and Outreach Recipients

	Male	Female	Missing	Total
White	1,581	1,108	7	2,696
Black	2,745	2,272	31	5,048
Hispanic	1,005	892	6	1,903
Asian	173	170	1	344
Middle Eastern	39	18	1	58
American Indian	6	2	0	8
Other/Unknown	37	30	0	67
Missing	5	1	3	9
Total	**5,591**	**4,493**	**49**	**10,133**

Group Counseling

PLPI group counseling sessions were provided as a primary strategy to reach individuals with psychiatric disabilities who may have been facing traumatic after-effects from the 9/11 events in New York City. Group sessions were seen as a particularly useful technique that allowed for shared learning and the mutual exchange of peer support. Groups were both educational and supportive in nature, and run with a high degree of flexibility so that group members were able to participate in the content and direction of meetings.

Group counseling sessions were typically led by one PLPI outreach worker, although occasionally a co-leadership approach was used. A variety of topics were covered, with 9/11 and its related effects on persons with psychiatric disabilities being a common foundational theme for groups, particularly in the early stages of the implementation period. PLPI group leaders reportedly used a variety of techniques and approaches, ranging from the presentation of didactic materials (e.g. sessions on trauma coping skills, re-traumatization, and symptom management) to structured sharing of participants' stories to open-ended exploration of topical concerns.

PLPI staff each brought a unique set of group leadership skills to the group counseling sessions. Leader self-disclosure and personal storytelling was a crucial element of most group sessions, and helped operationalize the role modeling process that is central to many peer-delivered services. Some groups were geared more towards specific subpopulations and problems (examples include an ongoing peer support group for young male adults and several groups addressing the co-occurrence of substance abuse and psychiatric disabilities). These did not seem to be perceived by most group members or leaders as being duplicative of existing groups, and were distinguished from such by their peer leadership and inclusion of 9/11 content.

A total of 1,553 group counseling sessions were conducted by the PLPI. Of these, 11% (170) were first-time groups, and 89% (1,383) were ongoing group sessions. Manhattan (43%) was the most common location for group sessions, followed by Brooklyn (41%), Queens (9%), Staten Island (4%), and the Bronx (3%). Table 4 shows group services broken down by borough.

As with the individual sessions, an overwhelming majority (153; 90%) of the PLPI group sessions were attended by those classified as having a disability and/or pre-existing condition. The average number of total group sessions (inclusive of first-time and ongoing sessions) held per month was 86, or 21.5 groups held per week. Average attendance was 10.6 individual recipients per group session. The average length of a PLPI group counseling session was 65 minutes (SD=16.2, median = 60, range 30-180).

Table 4: Group Counseling by Borough, 5/02-8/03

Borough	PLPI Groups	All PL Site Groups
Manhattan	42.8% (664)	46.1%
Brooklyn	41.4% (643)	19.1%
Queens	9.2% (143)	19.3%
Bronx	2.9% (45)	10.2%
Staten Island	3.6% (56)	3.7%
Outside city	.1% (2)	1.7%

During the program implementation period, a total of 16,401 individuals attended PLPI group counseling sessions. Of these individuals, almost 14% (2,263) were first-time attendees, much lower than the average percentage of first-time attendees for all other Project Liberty sites combined (42%). In the first eight months of the implementation period, PLPI group sessions were held predominately at the HTH site, located two short blocks from Ground Zero in lower Manhattan. After November 2002, almost all group counseling sessions were held either in community centers or other community locations, primarily traditional mental health service settings where peer support was not otherwise available for consumers.

Table 5 provides a chronological look at when group sessions were held along the PLPI program lifespan. These data demonstrate that new groups were consistently being held even up until the program's end. What is not reflected here, but important to consider, is that many of the PLPI groups were reportedly going to continue after the program closure in August 2003, albeit as independently function self-help/peer support groups.

Table 5: Monthly Group Services Provided by PLPI, 3/02-8/03

	Mar 02	Apr 02	May 02	Jun 02	Jul 02	Aug 02	Sep 02	Oct 02	Nov 02	Dec 02	Jan 03	Feb 03	Mar 03	Apr 03	May 03	Jun 03	Jul 03	Aug 03
First time sessions	2	12	14	11	14	9	22	12	14	15	7	6	9	7	1	0	11	4
Ongoing sessions	0	20	39	56	105	79	94	111	118	100	113	101	112	103	34	100	62	36
Total group sessions	2	32	53	67	119	88	116	123	132	115	120	107	121	110	35	100	73	40

Public Education

The PLPI conducted public education sessions as a primary means of outreach targeted toward a wider general audience. Public education sessions were viewed as a way to increase visibility and awareness about Project Liberty services generally, and more specifically PLPI services for individuals with psychiatric disabilities in need of additional support around 9/11 and related issues. With these sessions, the stated goal of the PLPI was to reach program administrators, psychiatrists, case managers, and assorted other mental health professionals, as well as consumers themselves. Didactic information about the nature and roles of peer support were included as a primary feature of the pubic education sessions. Frequently, the presentations led directly to improved relationships between the PLPI and assorted mental health providers, as well as the creation of ongoing peer support groups, and referrals to both individual PLPI counseling and the PLPI warmline services. Reactions to public education sessions were reported by PLPI staff to have been quite positive, with many organizations expressing an interest in ways to incorporate peer support and/or peer-delivered services into their existing program structures.

The Howie the Harp PLPI also distributed official Project Liberty educational materials in the form of flyers, pamphlets, and assorted other formats. Flyers included not only general Project Liberty information, but PLPI-specific information advertising the warmline telephone support service, and group counseling sessions. The warmline's toll-free number was also listed in various citywide mental health and human service newsletters. A grand total of 53,999 educational materials (all formats included) were distributed by the PLPI program staff. Of these, 28,807 were materials left in strategic public places (e.g. near Ground Zero, in outpatient mental health centers, consumer drop-in centers, parks where homeless individuals congregate, etc.), 13,354 were materials that were simply handed to individuals in the general public without further explanation, and 11,470 were handed out with a brief discussion occurring between the PLPI outreach worker and the recipient of the materials. Finally, 368 individual mailings of Project Liberty-related materials were sent out by the PLPI program.

A total of 301 public education sessions were conducted by the PLPI, with a total attendance of 5,244 individuals. Ninety-three percent (280) of the public education sessions were held during the first year of program implementation, when public outreach and recruitment were clear priorities. Manhattan was the most frequent borough for public education (38%), followed by Brooklyn (30%), the Bronx (14%), Queens (13%), and Staten Island (6%). The average length of a PLPI public education session was 48 minutes (SD = 25.0, median = 45, range 15-174), shorter than the average public education session length for all other NYC Project Liberty sites (74 minutes).

Warmline Telephone Support Service

A telephone "warmline" created and run by PLPI staff was a key program resource made available free of charge to potential participants. Warmline services consisted of a supervised core group of staff who answered telephone calls onsite and provided conversation and/or counseling to those in need. Crisis prevention and avoidance of isolation for New York City residents with psychiatric disabilities were cited by PLPI staff as two of the target goals of this service. Phone lines were open in the evenings and weekends so as to allow potential participants a wide range of times during which to call. Full confidentiality was maintained for callers, and utilization data were thus not collected. Callers were reportedly able to talk to a peer warmline provider for as long as necessary. Calls were fully anonymous and callers were not expected to provide any identifying information.

While utilization data from the warmline were not available for this report, several PLPI providers interviewed for this evaluation had staffed the warmline. As described in greater detail later, these staff members reported that for those individuals utilizing warmline services, the impact on their ability to cope and to address issues related to 9/11 was significant.

PLPI Services

Table 6 presents a chronological overview of three of the four core services by the PLPI program across its lifespan. There was a strong connection between many of the PLPI services offered. Although all four core services were delivered throughout the program implementation period, individual outreach and public education played larger roles early on, while group counseling sessions remained a consistent service feature until the program's closure in August 2003. Individual outreach was viewed as an opportunity to refer service recipients to the various other PLPI services as well as non-PLPI services provided by Project Liberty. Similarly, during all of the group counseling sessions and public educations sessions, PLPI outreach workers advertised other services as appropriate. Many of the evaluation participants who had received group counseling had also used the warmline as an additional support outside the group and during nights and weekends. This was commonly viewed by recipients as a valuable resource they would not have utilized if it had not been for the personal invitation and outreach provided by PLPI workers.

Many of the outreach workers provided services across programs, and reported that they enjoyed the flexibility of being able to work in different program services. The warmline was separately staffed and housed in a separate location. However, there was some crossover in that several of the outreach workers shifted either to the warmline after providing general outreach, or followed the opposite path.

Table 6: PLPI Services Provided by Month

Month/Year	Individual counseling/out reach	Group counseling (initial group)	Ongoing group counseling	Public education
3/02	97	2	0	23
4/02	646	12	20	45
5/02	970	14	39	35
6/02	923	11	56	17
7/02	701	14	105	26
8/02	762	9	79	14
9/02	743	22	94	7
10/02	600	12	111	28
11/02	681	14	118	29
12/02	1063	15	100	23
1/03	893	7	113	18
2/03	805	6	101	8
3/03	756	9	112	7
4/03	786	7	103	9
5/03	193	1	34	1
6/03	675	0	100	10
7/03	605	11	62	1
8/03	335	4	36	0

PLPI services by design were targeted to reach individuals with pre-existing psychiatric disabilities. As seen in Table 7, an overwhelming majority of PLPI service recipients (particularly in the group counseling sessions) were individuals falling into the disabled risk category, rather than simply being members of the general public. These data suggest that PLPI services were indeed able to reach the very specific population niche for which the program was intended. Data are also presented in Table 7 for comparison between PLPI services and those offered in all other Project Liberty (PL) sites.

Table 7: Consumer Risk Categories: PLPI v. all Project Liberty Sites

Service	PLPI consumers in disabled risk category	PLPI consumers in general public category	All PL site consumers in disabled risk category	All PL site consumers in general public category
Individual counseling/outreach	82.9% (8,401)	11.8% (1,191)	14.9%	49.0%
Group counseling, initial session	90.0% (153)	2.9% (5)	10.4%	34.8%
Public education	82.4% (248)	13.6% (41)	17%	24.4%

Methodology

To clarify the terms that will be used in this report, the words "peer" and "consumer" will be used interchangeably to refer to individuals who self-identify as current or former users of formal mental health services. Most though not necessarily all of such individuals have at some point had a mental health diagnosis and many have experienced serious psychiatric disabilities and hospitalization. The terms "staff" and "providers" will similarly be used interchangeably to refer to mental health consumers who were hired specifically to work in the Project Liberty Peer Initiative (PLPI) program run by the Howie the Harp (HTH) Advocacy Center and Community Access Incorporated (CAI) in New York City. Finally, the term "recipients" will be used to refer to individuals who received any of the services provided during the course of the PLPI program implementation.

The methodology employed in this evaluation resulted in large part from a series of collaborative planning discussions between members of the SUNY evaluation team, New York State Office of Mental Health (NYSOMH) officials, HTH administrators, and assorted key stakeholders. A collaborative relationship was built in which all aspects of the evaluation design and implementation were developed in agreement with key stakeholders.

Study Design

A mixed method approach to the evaluation described herein was utilized, drawing upon existing quantitative data, combined with primary qualitative data collected by the evaluation team. This team, composed of the Principal Investigator, three Doctoral students and a peer research assistant (Peer Evaluation Coordinator) based in New York City, was used to collect naturalistic data from the program itself, and from individuals who were PLPI service recipients at the time of data collection. Routine administrative quantitative data collected by the program and maintained by Project Liberty were also used to augment the qualitative data. An inductive approach to knowledge building was utilized, allowing for the interweaving of both quantitative and qualitative data.

Sampling and Recruitment

By necessity, a purposive sampling design was used to recruit potential participants in the PLPI evaluation. Due to delays in funding and actual implementation of the evaluation process, recruitment did not begin until late August 2003. At the time of data collection, HTH/CAI was in the process of phasing down services for a final project completion date of August 31, 2003. Thus, sampling and recruitment strategies had to be significantly modified to gain access to sources of potential participants just as the PLPI was ending all services.

Three types of participants were recruited for participation in this evaluation: (1) those who were actively receiving PLPI services, (2) those who had finished their crisis counseling with the program, and (3) direct PLPI program staff. Located onsite at the

HTH/PLPI headquarters in Harlem, the Peer Evaluation Coordinator was responsible for coordinating the recruitment and sampling process. This individual served as the primary contact for interested participants. To recruit participants from the first two groups above, the evaluation team worked collaboratively with HTH PLPI administrators to compile a list of active community partner sites (locations where PLPI group counseling sessions were regularly held) where recruitment could take place. Examples included community centers, outpatient mental health programs, consumer drop-in centers, clubhouses, etc.

Following the identification of sites, flyers advertising the evaluation were distributed to site liaisons with previously established relationships with the PLPI and HTH. Flyers identified the purpose of the evaluation and offered participation in either an individual interview or focus group meeting. Most importantly, flyers provided contact information so that participants could have detailed questions answered. In some sites, flyers were simply posted in public places where mental health consumers received services, while in other sites, flyer copies were handed out directly to individual consumers. Flyers (see Appendix 1) indicated that potential evaluation participants had to have either received PLPI services in the past or be currently receiving them at the time of entry into the evaluation. Finally, PLPI group leaders who were still running group counseling sessions in late August 2003 distributed recruitment flyers directly in their groups. At that point, potential participants were given no information beyond the flyer and a phone number where the evaluation team could be reached for further questions and/or recruitment into the evaluation if the participant so desired.

For the third group of potential participants (PLPI providers/outreach workers), copies of a separate recruitment flyer (see Appendix 2) were handed directly to all PLPI staff at the time of recruitment. Staff were informed that they could participate in the evaluation on a fully voluntary basis without risk of negative consequences from their employer. Interested staff were instructed to contact the Peer Evaluation Coordinator for detailed information about the evaluation.

Once a potential participant (either PLPI provider or service recipient) called the Peer Evaluation Coordinator, all details about the evaluation and implications of participation were presented. If eligible and still interested in participation, a mutually agreeable time was set to meet for recruitment and participation. Informed consent was obtained at this time and participants were only interviewed after consent forms had been given out (see Appendix 3). A waiver of required signatures was approved by the SUNY IRB, so that participant acceptance of an informed consent sheet was considered an indication of consent. Interviewers and focus group leaders also asked participants to confirm understanding of all critical information from the consent form. For confidentiality, participants were encouraged to only use their first names in setting up interview appointments or focus group attendance.

Human Subjects Protection
The evaluation team members successfully completed a certified human subjects protection training prior to the start of data collection. All participation in the evaluation was fully voluntary, and participants were given full informed consent procedures. Approval for the protection of human subjects in the evaluation was obtained from two

institutional review boards: (1) the State University of New York's Research Foundation and (2) the Research Foundation for Mental Hygiene (overseeing the New York State Office of Mental Health). Full written informed consent was obtained from all participants (see Appendix 3). The printed materials given to potential participants at the interview or focus group included all information about the evaluation, participation in it, and protection of confidentiality and participants' rights. Only participants who responded via telephone to the printed materials were eligible for inclusion. Once the initial phone call was placed, information about the evaluation and its voluntary nature were provided and any questions the participant might have had were answered. After setting up an initial meeting, the PI or research assistants obtained informed consent directly with the participant, reading him or her the letter of informed consent, explaining all relevant information, and requesting a signature (using initials only to protect confidentiality) indicating understanding.

Information regarding the evaluation was also provided orally to potential participants to ensure comprehension. The same procedures were followed for the individual interviews and focus groups, although focus group participants were told that confidentiality could not be fully assured since focus group members were also responsible for material discussed in the meeting. Focus group members were reminded about the importance of confidentiality and encouraged not to not share anything discussed in the focus group meeting outside of that forum.

All evaluation participants were compensated at a rate of $20 per interview or focus group. Interviews and focus groups lasted approximately ninety minutes. Participants were paid in cash at the start of the interview or focus group, to prevent participants from feeling that they could not suspend participation at any point without financial compensation. All participants were asked to sign receipts indicating acceptance of the compensation. These receipts are stored by the PI in a separate locked storage cabinet from the primary data storage cabinet inside a locked closet in the PI's locked office. These forms were collected for accounting purposes only and cannot be traced back to any identifiers in the data.

All data and any related information from participants were kept completely confidential. Only first names were used to set up interviews and focus group meetings, and no names or personally identifying information was collected as part of the evaluation. Upon completion of an interview or focus group, the evaluation team destroyed all records of participants' first names as an added protection of confidentiality. Thus, absolutely no personally identifying information was kept by the evaluation team.

All interviews and focus groups were audio taped with permission of the involved participants. Upon completion of data collection, all interviews and focus groups were transcribed into computer files, with all potentially identifying information removed. All transcripts and related information were stored in a manner consistent with the protection of human subjects as outlined by the two overseeing institutional review boards.

Setting

All services evaluated in this study were provided by the Howie the Harp Advocacy Center in New York City. In conjunction with Community Access, another non-profit human service organization, the Howie the Harp Peer Initiative Program was created in March 2002. Established as part of New York State's Project Liberty response to the ongoing mental health effects of the September 11, 2001 tragedy, the Peer Initiative Program delivered free, non-discriminatory trauma support and relief services to adults with psychiatric disabilities in the New York City area. All services were provided by trained staff who were current or former mental health consumers and designated as "Peer Outreach Workers". The Peer Initiative Program provided services in each of four primary program areas: (1) individual counseling/referral, (2) support groups, (3) public education, and (4) a "warmline" offering telephone support/counseling/referral.

The Peer Initiative Program was originally housed in lower Manhattan, several blocks from the World Trade Center disaster site. Outreach workers were recruited, hired, and trained by Howie the Harp staff. Training was provided onsite at the HTH Center in a 12-week intensive and inter classroom format, with experienced consumer providers and HTH staff presenting educational materials.

Data Collection

Two primary types of data were involved: (1) secondary quantitative data in the form of existing program administrative data (aggregate level only, with no personally identifiable information available) maintained by New York State Office of Mental Health, and (2) primary qualitative data collected by the SUNY evaluation team. All qualitative data were collected directly by the SUNY evaluation team. Two qualitative data collections methods were used: semi-structured individual interviews and focus groups. Each method was applied with both PLPI providers and service recipients. Interviews with both providers and recipients provided critical data in relation to the description, clear definition, and understanding of program philosophies, goals, and services. Twenty-nine individual interviews and 8 focus groups were held during August and September 2003.

All evaluation team members were trained by a consulting qualitative methodologist in how to conduct ethnographic interviews and qualitative focus groups. Individual interviews were conducted by one team member, while each of the 8 focus groups was co-led by two team members. Focus groups were targeted for 6-8 individual participants each.

All of the individual interviews with PLPI recipients were held either onsite at the specific program sites where participants were attending PLPI groups, or in a neutral location of the participant's choice (e.g. in a park, coffee shop, etc.). Staff interviews were all held at the HTH Center in private office space. Recipient focus groups were held at various program sites throughout the city, and the staff focus group was held onsite at the HTH Center.

Each focus group was led by two members of the evaluation team, one with primary leadership responsibilities, with the other playing a support role and also serving as note-taker. Written notes were kept in order to provide a summary of focus group content back to the group at the end of each meeting. This allowed the co-leaders to check the validity of summarizations directly with group members. Sharing the notes back with the focus groups also served as a formal way to close each group.

Semi-structured interview guides specific to each subgroup of participants (PLPI providers and PLPI service recipients) were collaboratively developed by the evaluation team. Questions were created and grouped into substantive sections to be eventually used for the initial development of an analytic template (see data analysis section below for further details). Guides for individual recipient interviews and focus groups are included in Appendices 4 and 5 as examples.

Participants were compensated for their time at a rate of $20 per interview or focus group. All participants were paid in cash at the beginning of the interview or focus group in order to minimize perceived coercion. Interviews and focus group meetings lasted approximately anywhere from one hour to ninety minutes.

Data Analysis

All qualitative data collected in this evaluation were analyzed by the evaluation team, using established narrative and interpretive analytic techniques. A template analysis approach (King, 1998) was used as the basis for all qualitative data analysis. Template analysis was chosen as it represents a middle ground between positivistic analytic approaches which emphasize a quasi-quantitative approach (e.g. content analysis techniques in which codes are entirely predetermined) and grounded theory approaches which are fully open-ended in terms of coding. The template analysis approach is also appropriate in situations where data analysis can be guided by some pre-ordained categories and content areas, such as the case was here. These pre-ordained categories and groupings of codes were determined in part from the semi-structured interview guide itself, and while they provided some preliminary direction for data analysis, the template analysis approach allowed for maximum flexibility and the exploration and development of new categories arising directly from the data.

As indicated above, all interview and focus groups were audio taped with full permission of participants. Audio tapes were then transcribed verbatim into computer files, with any identifying information removed. Transcription was done by SUNY Albany graduate research assistants assigned to the project. Each student involved in transcription signed confidentiality agreements so as to further protect those individuals who participated in the evaluation. Each transcript was then imported into qualitative data analysis software (ATLAS-TI). All evaluation team members were trained in use of the ATLAS software as well as in techniques of template analysis for qualitative data. Regular collaborative meetings were held to discuss each stage of the analytic process.

First, each interview transcript was read and re-read several times by the evaluation team members. Textual data were initially coded, using an iterative hierarchical coding

process. Higher order codes were first created to assign more general groupings of coded data, and then more detailed, specific codes were added as secondary and tertiary level codes. Following several readings and initial higher order coding, a preliminary code list was developed by consensus with all evaluation team members. This code list served as the template that was used for the main coding and analysis for all data collected. The code list, consisting of approximately 15 first order codes, and 50 secondary and/or tertiary order codes, was revised and adapted as data analysis went on, until coding saturation had been reached.

Using the code list, evaluation team members reviewed and coded all transcripts. In several instances, multiple coding procedures were done to ensure inter-rater reliability. Data analysis meetings were also held to discuss the analysis process, to compare findings, and to reach consensus on meaning. Meetings served as a means through which the data were themed, and interpreted by evaluation team members, finally reaching appropriate levels of agreement and confirmability.

Finally, during the preliminary stages of data analysis, we reported findings back to PLPI staff in order to check validity of interpretation. In August 2004, members of the evaluation conducted an open presentation of findings to HTH staff and recipients (see Appendix 6 for advertising flyer). A rich discussion allowed for the re-interpretation of meaning around certain issues in the data, and suggested new areas for data exploration. The presentation was well received, and participants indicated that the evaluation team had accurately captured the essence of the PLPI program, according to their experience. This type of member checking was critical to the analytic process, and ultimately adds to the value and believability of our findings.

Limitations

Several important limitations should be considered upon interpretation of the findings from this evaluation. Perhaps the most important limitation is an inherent sampling bias that resulted from the late point of data collection during the PLPI program implementation period. Since access to the PLPI site and participants was restricted until late August 2003, it was only possible to include participants (either PLPI staff or recipients) who were receiving services at that late date. We were not able to specifically recruit individuals who had received PLPI services during the early months. The fact that all data collection occurred at the very end of the program led to an increased emphasis upon participants' experiences later rather than earlier in the life course of the program. However, many of the participants had received PLPI services for long periods of time, and many of the staff had worked at the program since its inception. These individuals were invaluable for their ability to help reconstruct the history and development of the program over time.

A further potential sampling bias may have resulted from the cross-sectional approach to recruiting, whereby potential participants were recruited via flyers located in settings where PLPI group services were provided. This recruitment strategy was employed as it offered the only reasonable means of locating PLPI service recipients. The potential bias

however arises from the fact that persons who only received individual outreach counseling, warmline services, and/or attended a public education session were by necessity excluded from participation. Additionally, it was not possible to recruit those individuals who had participated in PLPI group services earlier in the life course of the program but who no longer attended groups at the time the evaluation interviews and focus groups were conducted.

The self-selection of participants into the evaluation may have also led to sample bias and a resulting limitation to the findings. It is possible and indeed likely that those individuals who were still participating in PLPI services 17 months after its start were either those who were firm believers in the value of peer support services, or those who become engaged in PLPI services well after the initial events of 9/11/2001. Two potential limitations emerge as a result of this feature of the sample: (1) a positive bias toward peer support may have been present since all non-staff participants in the evaluation were regular PLPI group attendees, and (2) the emphasis on 9/11-related content may be underrepresented in our findings as a result of the late point of data collection in the program life course. The potential positive bias in results may also have been compounded by the fact that all services were fully voluntary and thus those PLPI service recipients who were unsatisfied with services would very likely have discontinued participation in services and would thus have not had access to participation in the evaluation.

Finally, for the sake of anonymity, participants in this study were not asked to provide any demographic information or specific information that might be potentially linked to identify them. This was particularly important for PLPI staff, with the relatively small number of staff in the program. Consequently, data from this evaluation do not allow for the inclusion of any demographic analyses of participants. We have included a race and ethnicity variable in order to provide a sense of the range of participants, yet it is important to note that this variable is based solely on observational information from the evaluator/focus group leader/interviewer. Validity of this information should therefore be considered a potential limitation here.

Findings

The content of this section is drawn from the qualitative data collected through interviews and focus groups with staff and consumers of PLPI. The organization is based upon the template analysis approach discussed earlier in the report. Each topic area represents an emergent theme in the transcripts.

The (N = 82) participants in this evaluation represent a wide range of individuals from different racial and ethnic backgrounds. No personal demographic information was collected from participants, in order to maximize anonymity and increase participants' comfort level with the evaluation process. No information was collected regarding experience with the mental health system, psychiatric diagnosis, and/or current mental health status. However, all participants reported comfort with the "peer" label and identified themselves as either former or current users of mental health services. A total of eight focus groups were held, with 53 individuals participating (n = 46 recipients; n = 7 PLPI staff). Twenty-nine individual interviews were conducted, with 11 being PLPI staff and 18 being recipients of PLPI services.   Table 8 presents basic demographic information about the participants, based upon observational data collected by the interviewers and focus group leaders (see *limitations* section for further information).

Table 8: Demographic Characteristics* of All Participants (N = 82)

Racial or Ethnic Categories	Sex/Gender		
	Females	**Males**	**Total**
American Indian/Alaska Native	0	0	0
Asian	1	1	2
Hispanic or Latino	2	4	6
Native Hawaiian or Other Pacific Islander	0	0	0
Black or African American	14	34	48
White	10	16	26
Racial Categories: Total of All Participants	**27**	**55**	**82**

 * based upon observational data collected by the interviewers/focus group leaders

Outreach

> *"How were you affected by 9/11?"And you can believe once you just start with that, "How were you affected?" everything comes out…they just let everything out, they just need someone to just stand still and just let them basically cry but you don't see the tears, they just pouring out their hearts.*

Reaching Out to Individuals. As the predominant technique used to reach the target population, outreach permeated all levels of PLPI services, as demonstrated by the fact that all direct staff were designated as 'outreach workers'. Each unit of service, whether an individual counseling session, group counseling meeting, warmline phone call, or public education session was viewed as an opportunity to broaden the reach of the program, so that as many potential consumers as possible were aware of PLPI services and their relationship to citywide 9/11 relief efforts. Many interviewees regarded the lengths to which outreach workers went and the creativity they showed in connecting with the population of interest as a vital program strength. "We went out to the street, to the hospital, to the parks, and talked to people anywhere," said one staff member, "so I think that we were more successful, in the fact that our staff were willing to do outreach."

That PLPI outreach workers were themselves residents of New York City affected outreach strategizing and implementation. In some cases, instead of venturing into new territory, outreach workers made use of their familiarity with neighborhoods and establishments with which they were already acquainted to augment their impact. One worker described the approach:

> *I went to settings where I knew people or was accepted…I worked in three different pizzerias in my neighborhood so sometimes I would go to the pizzeria and, and try and do one-on-ones in that setting…If I just went down to Penn Station and said, "Oh, I'm from Project Liberty, I want to talk to you," it's more awkward than if…I was doing it in a setting that I was more comfortable with myself .*

Various openers and techniques were employed by PLPI outreach workers to gain and maintain the attention of the individuals they approached. Two dominant 'camps' among PLPI outreach workers existed: those that mentioned September 11th immediately, and those that took a more gradual route to what was for many individuals a painful topic. The following passages demonstrate the contrasts:

> *You just can't go over and say, "are you still suffering from 9/11?" They'll say, "who are you?" So you've gotta have identification, and you have to approach the person in a friendly manner, and you have to start a conversation…And then, from there, little by little…you can have the information that you need…and I think that was very effective on a one on one basis.*

> *One of the really good staff members uses this line: "Are you getting the support that you need?" I think that's a great line...as an opening. I would say that's one technique, to approach them not on a 9/11 basis, but to approach them on a broader, emotional support basis. I would usually say, "Where were you when, when the World Trade Center attack happened?"*

Among the daily challenges reported by individual outreach workers were perceptions of the relatively prescribed timeframe for recipient contacts and service expectations (usually referred to by PLPI staff as "quotas"). According to staff, a minimal contact of fifteen minutes was necessary for reporting to Project Liberty administration. Many outreach workers felt that in their rather fast-paced city this criterion was neither feasible nor realistic. Furthermore, because people were approached in public places, they were often busy with their own tasks or en route at the time of contact.

> *That was impossible, I think, talking to people every time for fifteen minutes. People want to go here in New York. A lot of people don't have the patience to stand there and to hear what you gotta say about whatever. So there was a lot of brief contact, handing out the information, and… if they were willing to take the time to answer some of your questions, then so be it.*

Contrarily, a few staff felt that fifteen minutes was inadequate to accomplish the goals of Project Liberty's outreach program, and saw a need for more in-depth helping opportunities. The competing pressures of efficiency and care in outreach created a challenging dilemma for outreach workers. One interviewee indicated that,

> *After a while I found that in order to meet my quota I couldn't spend more than about 15, 17, 18 minutes with any one individual for whom I was doing the crisis counseling and...I would never see that person ever again. So that wasn't really such a valuable service.*

It should be noted that no specific "quota" system was in place, but rather Project Liberty used 15 minute reporting increments for all required paperwork. The distinction is important, and highlights a very specific instance in which increased communication with and ongoing technical support from the Project Liberty administration might have resulted in less confusion for direct staff. More detail on this is included in the Discussion section of this report.

Connecting with Communities and Agencies. Although related to general outreach, public education was seen by staff as a separate line of service, and a distinct way of connecting with the community. Public education presentations in a variety of settings were recalled to be an efficient means of reaching more people in less time. Outreach workers saw day treatment and community centers where populations that fit the criteria for PLPI services were already congregated as particularly useful host sites.

> *Our goal was to reach other mental health consumers. Presentations got us into the door of mental health agencies. We did our presentations at mental health agencies. And there's so many across the city, hundreds and hundreds. And residential housing, clubhouses, the drop-in shelters, places where mental health consumers are likely to be. Through the presentations, we were able to reach large, large audiences of people.*

As mentioned earlier, PLPI employed a variety of publicity methods to reach potential consumers and develop relationships with agencies where public education presentations and ongoing peer support groups could be hosted. Media announcements for general Project Liberty services offered wide exposure, but their effectiveness in specifically reaching the population of psychiatric disabled individuals in New York City is not clear from the evaluation data. Staff comments regarding precisely when the announcements began to air and to what extent, as well as regarding the adequacy of the advertising in general, conflict rather strongly.

> *We had conducted more than 300 public air presentations, probably more than that… in 18 months. It was wonderful--it really did have a life of its own.*

> *Well, I frankly think they didn't give the thing enough advertisement…I mean, I would say 'Project Liberty' to someone and they'd look at me like I was a Martian. The mythical average person had no idea that Project Liberty even existed.*

Only a few consumers reported having seen Project Liberty television spots or newspaper ads prior to being contacted by PLPI outreach workers. As recalled by one interviewee, "I didn't know anything until [our site administrator] started people from [Project] Liberty coming to our groups. That's how I found out. Before then…I didn't even know it existed." Due to the more general nature of these mass media-based announcements publicizing Project Liberty as a whole, however, it seems likely that more information about peer-run services targeted specifically for mental health service populations would have been necessary regardless of overall coverage.

Cold calling was the initial approach to networking with potential partner agencies around the city. Due to what was considered by some staff interviewees to be a limited response, however, calls were later followed up with personal visits from outreach workers, and this strategy was reported to have met with greater success. The cooperation of agencies from throughout the five boroughs was a critical precursor to PLPI's formation of ongoing groups in host settings.

In a few cases, outreach workers had previously been consumers of the facilities they visited. One staff interviewee felt that the connection with their audiences, whether individuals or as a groups, was enhanced by this shared experience.

> *There are a lot of people out there who are lost, and there are a lot of people on our staff who were once in facilities that we were working with. So it was a perfect match, and it was really authentic.*

There were some barriers to be addressed in collaborating with agency staff, and the most prominently mentioned was skepticism about peer support services. In contrast, though, a number of interviewees felt that the uniqueness of peer support was appealing to agencies. Agencies' responses to peer support appear to have been a mixed bag. One PLPI staff member noted that "a lot of the site managers and staff people were responsive in a positive kind of way because many of them also believed that there are gaps in services." Others noted:

> *That was what we told people that was so unique and different from the other 81 Project Liberty programs. We're peer-run, we're here to help consumers. We want to come in and talk to your mental health consumers. That was our selling point.*

> *Naturally, not everyone is gonna be for peer to peer, okay…at least we got our message across. There's always gonna be critics, there's always gonna be cynicism…but I've been an advocate for almost two and a half or three years now, and you gotta continue to fight.*

Even once a group was established in a host setting, conflict could occur. One PLPI outreach worker described a situation in which a site administrator and traditional mental health provider reacted strongly against methods used in the PLPI peer support groups:

> *Well, for one thing I was actually, god forbid, waking the clients up. They'd been lulled to sleep by, you know, the professionals droning on, which is the way they like it... [The provider at the site] actually said to me that I was talking over their heads, despite the fact that she admits that they understood every word I was saying. In other words, I did not talk down to them. And this was bad, according to her eyes.*

By and large, outreach workers traveling to sites around the five boroughs seem to have been the most powerful force for getting the word out to the consumers we interviewed. Primarily, outreach workers visiting program sites introduced potential PLPI consumers to Project Liberty by discussing Peer Initiative services, distributing literature and business cards, and posting flyers. Many participants had never heard about Project Liberty prior to a visit by outreach workers, and responded positively to the workers and the services. Some were merely curious and wanted to attend to see what it was all about. Generally, outreach workers were well received by potential participants. One consumer remembers the first contact with the "Peer Support Initiative…they were saying, 'cause of the tragedy of 9/11, you could call them, and they're gonna be there all day…and then when she, when the girl came here, that's what clicked it on, they really…sorta liked her."

Some interviewees were not present for the outreach workers' visits, but saw the flyers and other distributed materials and inquired further with agency staff or peers. Others were motivated by previous experiences in peer support that had been helpful for them. Additionally, positive word of mouth was a potent outreach mechanism and served to extend the reach of the PLPI program.

> *...They also found out from someone that was going there that instructed them to go, so they learned from a friend also, and they took the initiative to go down to [location] and find out more about the program...and I saw the expectations that that person got, that they were uplifted, and this person was just like me: down in the dumps, feeling low self-esteem. And I've seen them after about a year and they was doing good.*

During the outreach phase, some difficulties arose in clarifying who potential consumers were. A challenge faced by outreach workers and PLPI administrative staff was building consensus around exactly who the target population comprised. A number of staff felt that inpatient settings and prisons were critical locations for outreach. The people in these facilities, it was believed by some outreach workers, were in dire need of peer support services, and also less likely to be able to access such services. It was further believed by many staff that the uniqueness of the impact of 9/11 on individuals with psychiatric disabilities may have made more traditional, provider-based support services less effective than peer support in dealing with trauma, even where traditional services were adequately provided. Thus, potential peer support services delivered by PLPI were not viewed as duplicating existing mental health care, but rather supplementing it with a more situation sensitive, culturally appropriate alternative for those individuals seeking different avenues of support. The words of participants below describe some of the tensions felt in this arena.

> *When we started...in the inpatient unit in the hospital...we got a lot of flack from Project Liberty for doing that. So we had to come out of there. And we also wanted to go into the prisons because there was a great need...but we weren't allowed to be inside prisons or jail facilities, because they felt that like the inpatient unit, they were already using services. There are a lot of consumers there who really need to hear the message about peer support, and who could benefit from our services.*

> *This program was restricted. Only mental health consumers, only in hospitals, clubhouses, and community centers. No inpatients...we did that and we were told to stop. And when you're limited, you don't reach your full potential of people. And the biggest myth of all is the thinking by the FEMA people, that people in a hospital get a lot of support...I haven't been in every hospital, so I can't say, but the hospitals that I've been in, that couldn't be further from the truth...and I don't blame FEMA, because they have guidelines and they have to follow that, but I'm hoping that they get the information right that people in inpatient do not get proper counseling services they need.*

Nevertheless, there does seem to be quite a bit of agreement among PLPI outreach workers, administration, and service recipients that as tragic as September 11th was, it brought to the forefront a need for mental health peer services that had previously gone unrecognized. As forthrightly explained by one staff interviewee,

> *How many people were just not being helped? And that's why when people talk about mental health consumers and the rest of the world I got to say I'm not really concerned about the rest of the world, all right? It's the mental health consumers that really gets the short end of the stick...It's awful, it's horrible that 9/11 had to take place. But you know what really scares me [is] if 9/11 didn't take place. That's right. It would never have been brought to no one's attention the services they need, that they're in desperate need, and you would've never known about it.*

Peer Support

As the primary interventive technology used by the PLPI program, peer support emerged in the evaluation findings as a particularly powerful concept with tremendous impact on both individuals' lives and the service organizations with which they interact. Although definitions varied slightly, common themes emerged: shared identification with peer providers, the importance of listening, connection, the value of reciprocity (mutual exchange of help with the peer providers), perceived authenticity and credibility of peers, empowerment, the comfort of understanding, and role modeling.

The very notion of receiving formal services (either in an individual or group format) from someone who has 'walked in my shoes' was almost universally reported by participants as being of critical importance. One recipient noted that,

> *The biggest thing is that they are a peer...That's the bottom line, is somebody that's gone through the system like you have, somebody who has problems like you have...you can talk with somebody from the peer advocacy sometimes a little more personally because it hits home on both sides of the fence, on my side and their side, you know. And like I say sometimes they were right on the mark, other times not. But most of the time they rang the bell...they get your attention.*

The above words demonstrate the importance to recipients of the shared personal identification that takes place in a peer support environment. Another participant built on this common identity, noting that the voice of a peer or mental health consumer was taken more seriously by many recipients, and ultimately given more weight than that of a traditional non-peer provider. The differential response and greater perceived authenticity experienced by many recipients was simply "Because they're talking from their own life experiences, instead of a book." This same consumer went on to say,

> *Well, peer support is supposed to be somebody who has been through it, and learned from it. It's supposed to be like, as a big brother or a big sister...like a lending ear. To me, it's better than a psychiatrist and a*

social worker…people were more comfortable with talking to someone who's already been through it.

Shared Identification. The significance of identifying with a peer who is in a service provision role was a recurrent theme for almost all PLPI recipients. One PLPI staff member described this identification process, "peer support, you understand…people have gone through the same things. It's like, difficult for me to talk to somebody about crack who had never smoked it… So I like to be around people who know this…and I can talk to them about it and they can identify with me and I can identify with them." Another participant described the PLPI group experience as "very supportive to me because I was able to identify with a lot of things concerning my mental history." A third said,

> *…Being in Project Liberty…helped me cope with my problems. I wasn't having thoughts of suicide anymore. I listened to the speakers, their experience of what they went through, and then I identified with them and I said yeah that's me, that's just like me, I'm not alone.*

One interviewee described this phenomenon as a 'mirror effect' in which listening to shared stories from peers stimulated self-reflection:

> *I believe in the mirror concept, that I can look at every one of my peers and see some part of me…At some point in my recovery, I will ask somebody else … and maybe somebody's where I'm trying to get. That way they can help me…and I can identify. When you sitting there talking about 'I hate my housing,' 'I'm scared,'…you put me right there. I'm looking right at you and I'm right there with you.*

The shared identification expressed by so many recipients and PLPI providers served an important function, particularly in light of the 9/11 tragedy: it emphasized mutual connection, and for many, stemmed off feelings of isolation and loneliness that make coping with trauma even more difficult. One consumer interviewee described this connection, saying "my first time going to this group, this Project Liberty group, wow, man. It was like a spiritual awakening. There was just one guy that was sharing and he was talking about the same thing that I went through. It really touched me, you know. I got really emotional about it because I thought that I was alone and I wasn't alone." Another said,

> *Our experiences, you know, what we've been through, what we had gone through life, you can share that with somebody else. They might have the same experience background that you have…and what they don't know you might be able to teach them.*

Collective Sharing. The mutual reciprocity of the sharing process had a powerful impact on many PLPI group members. Several indicated that they had never attended a group in which a true mutual exchange of support occurred. One person said, "the same way we

came to them, with…things we felt that were bothering us, they would confide in us. That's where I got my information from. They would confide in us, in the group and in me at the same time." Another said, "…I mean it's a two way thing…it's no good unless you're giving it away, because it's coming back. It's coming back, believe it or not."

One individual noted that, "by having to identify with things my peers was going through…I was able to express myself, to get things off my chest, and not to feel too burdened with the load on me. To have somebody to talk to is one of the reasons why I attend all the groups I can." This sense of unburdening and relief through sharing was also reported by many other recipients who participated in the evaluation. One recipient said that the PLPI group "gave us an opportunity to come together…to learn about each other. To associate with each other, to fellowship with each other. To uplift each other, and to give each other feedback on problems or issues that we might be expressing there." Another explained, "it makes it kind of comfortable that you release what you've been through."

Many recipients described the experience of peer support generally, and the provision of help to others within the group format specifically, as empowering. One person noted,

> …Just from like conversating with them, and 'tell me your problems,' and things like that, I'd tell them…what I feel could be a solution to things like that, and people started coming to me…I didn't have all the answers, a lot of people I couldn't help 'cause the situation is what you're going to make out of it, but it made me feel good to know that people wanted my information, constantly just asking me questions ….

The empowerment gained through learning that one has something of intrinsic value to offer another human being was regarded as revelatory to many participants. The peer support group modality seemed to serve as a natural laboratory of sorts in which participants could practice the exchange of genuine mutual support. This phenomenon is explicated in the following passages:

> …You might feel down and stuff, but like when somebody come to you for help it …brightened up your day knowing that you could've helped somebody. So…peers should be encouraged to talk to other peers about things. Like, even though you still go talk to your counselor about it, you're going to talk to your peer about it also 'cause a second opinion's better than one opinion.

> I didn't share. I was still kind of shy to share in group but after a while, after two weeks of going to the group, I started sharing and I shared my story and what I went through in my life. And ever since, I thank God, and I thank those guys that came from Project Liberty…it was something that I never experienced before in my life.

...To be one who receives and absorbs enough information and enough knowledge so that when sharing this with others of the same problems, the same situation, you're not only able to be empowered yourself, but you're also able to help others to be empowered in knowing what to do and where to go for services and how to get along...

Many PLPI group members expressed thrill and awe at the ability to be taken seriously and to genuinely offer a caring voice to another. One consumer described the feeling, "I think it's important to realize that there was enthusiasm when you told your story. How people would just light up and say, well I can't believe it, he's a counselor and he has the same mental illness as I do…it made a very positive impact." Another said, "They was getting something from the program too. It was like a two-phased thing. They getting it, and they also taking something. And it also was a reminder of…keeping it real for you, being there too…."

Having an impact on a group leader was not only a unique experience for many recipients, but also symbolic of the equal footing shared between by peer providers and recipients. Providers were described by recipients as "being on the same level as us," and "in the same boat." Regarding a PLPI peer provider, one recipient said, "She was on our level and we respected that 'cause she knew where we were coming from, and we knew where she was coming from." Recipients and providers alike viewed this equality as being an invaluable foundation for the successful sharing of mutual support. One provider emphasized the importance of "some equality of support from my experience, what I went through, so I can help them do that. It is a real experience, to let them know what I went through so that they can realize that they can deal with that. Because I'm a peer to them, and they're a peer to me."

Credibility and Authenticity. Many of the other elements of peer support fed into the credibility of PLPI peer providers. For instance, shared identification made peer provider's encouraging narratives more feasible to consumers. One recipient said, "When you're dealing with someone and they identify with what you've gone through…you feel like this person's not lying to you…And his diagnosis, he was schizophrenic, and he has depression…he didn't let that stop him from leading a normal life."

Perceived credibility and authenticity also went hand in hand with role modeling for most participants. If a peer provider was perceived as credible, 'real', and knowledgeable, there was a greater likelihood that group members would also view him or her as an aspirational role model. Referring to a PLPI group leader, one participant said:

I can't overemphasize the fact that she came from where we came from. She was believable, you know…She didn't tell her whole story, but she told enough about her story where you understand she had accomplished something. She had really accomplished something. So that made me feel that I could do the same. I could accomplish just like her….

Peer group leaders were seen as living, breathing examples of successful recovery from which members could learn valuable lessons. One group member described this process, "working with a peer is good because, you know, the person is like…someone you could look up to 'cause his actions. He went through what you went through and he made it…and he coming back to help you, to help somebody else, which makes him more of like a friend also…and that's special to us." Another described a peer support group leader, saying, "she talked about being in Project Liberty…and I assumed she was getting paid and whatnot. That's something I would like to do. You know, those are things that I wanted to do; she was doing it…that gave me respect for her."

Some PLPI staff reported being very aware of their credibility with consumers, being peers themselves. They found ways to make good use of it, building connection with service recipients, most often in the group settings. One provider noted that,

> *We are people that experience certain things that they may experience…*
> *from being homeless, to having breakdowns, to being in a hospital, taking*
> *medication and we can relate more than the person that's just went to*
> *class and read up on it… so we was able to kind of like see eye to eye*
> *towards people…*

Another agreed, saying, "You'd be surprised how much they tell you when you're a consumer, instead of being a doctor or a psychiatrist. They let out more, I mean they really let things out that they've been holding for a long time."

It should be noted, however, that a small minority of recipients did indicate that they felt as if some of the peer group leaders were simply emulating the behavior of traditional providers and were overly professionalized in their behavior. Yet for most PLPI service recipient interviewees, feedback about group leadership was overwhelmingly positive.

The Importance of Listening. The majority of participants placed tremendous emphasis on the role of listening within the peer support services offered by the PLPI program. Listening was defined by one recipient as the ability "…just to hear other people's problems, what they had to talk about…and to compare those to what I had gone through in the past." Listening was perceived as a rare quality among service providers, and the afore-mentioned credibility of peer providers combined with an ability to actively listen to recipients proved an effective combination for many group members. As described by a recipient, "I felt that I could open up to this person and tell him my true feelings about what I'm doing with my life. And he listened. I didn't have that in my life before...someone to just listen."

Having someone listen to them and being able to listen to others was of great value to PLPI recipients. Listening was also perceived by PLPI staff as being chief among the skills used with recipients. One peer outreach worker explained that "they're ventilating…and if you can just sit there and just listen to them, it makes them feel a whole lot better that you just sat there. Maybe you don't even have nothing to come back at them with; just to listen to them means a whole lot."

Promoting Choice and New Alternatives. Many participants indicated that the experience of receiving formalized peer support services through the PLPI program allowed them access to new resources, increased choices in their lives, and new alternative ways to live in the community. PLPI groups were described by recipients as "opening new doors" and "shining a light on new things". Through participating in the exchange of peer support, being treated as equals, and perhaps most importantly helping other peers, individuals were able to construct new possibilities for their lives. One recipient indicated that "The peer movement will motivate you. You will get supports, you will get resources, something that you might not get in other areas in other agencies."

Recipients and staff members discussing increased choice typically referred to a choice in mental health service delivery options. One person reported,

> *I think the peer movement gives people a lot of choices as far as who they want as their counselor or case manager, and I think there would be a balance there. And I think not everyone would go to the counselor, because now they have a choice…I'd say 50% could go to the counselor or the social worker, yes. Maybe 40-50% or more will go to the peer. But at least they have choices…I think a lot of them might go to both, just to, you know…test it out and see what it is."*

Several PLPI peer providers also emphasized the importance of choice and increasing opportunities to exercise meaningful choice as critical. One explained,

> *When you have more choices, people with mental illness…a lot of them are gonna go into the peer area for help… When you limit people with the amount of choices they have, they can't grow. People need a lot of choices, and not just in employment, not just in housing, but in their daily lives, in their relationships, in their sexual orientations or whatever--people need to have choices. The more choices people have, the better it is for them to come up with the answers. The more narrow the choices are, it's a restrictive situation where people just can't grow.*

Also related to the expansion of choice and new opportunity was a type of consciousness-raising in which participants reported learning about peer support within the context of larger peer movements and recovery movements in mental health. Many participants described finding a new community of persons with shared life experiences with whom they could connect in a larger, even political sense. This was seen as very helpful in reducing isolation and helping participants see outside their own perspectives.

One study participant expressed the power of helping as follows, "I like to share my experience strength and hope with other people." Another participant noted that,

> *I think having peer support is a great benefit I think because it helps you understand issues that otherwise you wouldn't understand from the point*

of view from a person that's been that's been where you've been and has overcome a lot of obstacles.

PLPI Staff Perspectives on Peer Support. Peer support emerged as a 'life force' for many PLPI staff who had not previously worked in peer support roles. The camaraderie of peer staff members, the importance of shared supports and resources, the common life experiences, and the collective sense of value and mission all added up to a whole greater than the sum of its parts. For many, peer support became more than a job, more than an intervention approach, but actually a philosophy and a 'way of life'. Many reported that peer support has become an ongoing life resource for them.

One PLPI staff member described a 'peer' as simply "someone to understand…just someone who they can talk to, and someone who…has a similar history or can understand a little of their journey… someone who is empathetic and not judgmental is a big help." The same staff member talked about the value of bringing peer support to new places and settings:

> *Many consumers and many agencies had never heard of anything such as peer support...you are a consumer yourself and you're sharing your story. And you're there basically to listen and to support as much as possible .*

The experience of providing peer-delivered support services was personally and professionally empowering for many PLPI staff. Outreach workers viewed their efforts as critically important to the lives of recipients. One staff member described the necessity of having peer support as an option for individuals with mental health needs:

> *A lot of the consumers need that peer support… because you could talk to your therapist, you could talk to this one, you could talk to that one, but you **really** need to talk to someone who kinda walks in the same shoes that you walk in, tries to understand how you feel and where you're coming . Some of us still need to express theirself but they are afraid to because they said there may be stigma…*

Many staff members appeared to view their work as an imperative, characterized by a newfound philosophy of shared support and mutual aid. One staff noted that:

> *In my 12 step fellowship we have a saying: if you have to keep it you have to give it away. And that's what I get out of this program, too…Every time I help somebody I help myself…then I get stronger every day….*

With a clear sense of pride and a tone of ownership, a staff member further described the impact of peer support on recipients:

> *…It really made a difference, and I think they like to hear about your experience… even though sometimes things are hard. You could still go out there and try, and it's always good to have someone to talk to. And a*

> *lot of people find it very very hard to talk to family members…'cause you feel that they're going to criticize you, they're going to judge you…it's easier to talk to strangers…*

One PLPI staff member provided a succinct summary of peer support in the following words: "Peer support for me means equal unconditional love, compassion, discipline, a will to live that's surviving."

Long Term Peer Groups

Experience and Impact. Group counseling sessions were a central topic of discussion for many of the individual interviews and focus groups with PLPI recipients. The focus on the impact of group sessions was in large part due to the recruitment methods used and the fact that participants were predominately drawn from program sites where PLPI were conducted. Thus, it was more likely that evaluation participants had received group counseling services rather than individual counseling or public education services.

Recipients overwhelmingly reported positive feedback regarding the PLPI group sessions. For many individuals, the groups represented a refreshingly unique break from their week, and from traditional group interventions. Group leaders were highly regarded and perceived as very knowledgeable. Recipients particularly seemed to value the personal touch, the peer identification, and the flexibility of PLPI group leaders.

Flexibility in approach emerged as a hallmark characteristic for most recipients interviewed. Although operationalized in different ways, this flexibility was perhaps best seen in the fact that group leaders often provided informal, individual supports to group members either before or after actual group sessions. Referring to the PLPI group leaders, one individual said, "if you had any questions that you could have asked, they were glad to answer it for us, and they was always there for us. And they'd stay late. They'd always stay late, never in a rush. They were very receptive, in a sensitive way." Another said, "Project Liberty, when they come in, like I said, they find time for you. They are never too busy to look out for you." The extra time outside of groups offered to recipients was viewed as symbolic of the deep concern and commitment from PLPI leaders. One participant said, "…They would show up early…maybe a half hour before the group starts that she would already be downstairs conversating with people and talking to people, getting to know people on a one to one basis." Another reiterated the value of this time:

> *They used to stay afterwards and talk to people individually, and interact, you know, with some of the clients here, you know…which I think was a good idea, was a good touch. Personally I didn't take advantage of it to be honest with you but I did notice other clients here doing that and having like a little one on one with the person that was here from Project Liberty…*

Interestingly, several interview and focus group participants reported that this increased individual level attention had a perhaps unintended consequence of bringing the groups closer together as a whole. The collective ownership of groups was a recurrent theme in many recipient interviews. One individual said of the PLPI groups, "The conversation flowed a lot more evenly. I mean like instead of a person to a group they talk, like, more people to people…rather than speaking to a whole group or community." Another individual described the group as "more interconnected, more communicable [sic]" than other groups in which he had previously participated. Several groups created names for themselves, further leading to member cohesion and unity.

Group leaders were perceived as disciplined and professional, yet always willing to go the extra mile for individuals. This dedication appeared to translate well to members, and often led to increased trust in the leader from group members, as well as enhanced group cohesion. This cohesion was often evident in the words recipients used to characterize their peer group members. One individual noted:

> *People that come there, they greet each other…people would say their name, and people will get, you know, associated with one another…it's just like family in a sense. Because we are there, and we are sharing, and people are listening to one another…we would talk to one another, we would laugh with one another… it was a warm kind of thing.*

Peer identification with group leaders was ranked as very important among PLPI group service recipients. Being able to watch a current or former consumer of mental health services lead group meetings was reportedly empowering and hope-instilling for members. One participant said, "well, when you hear what people go through and everything, you can relate to it…" Some participants also indicated that the peer status of group leaders further enhanced the group's ability to trust and accept information provided within the group sessions. The following dialogue from a focus group demonstrates the importance of peer status for PLPI group leaders:

> *Not only did they have to educate them about drugs, they had to be educated about mental illness. And that's what I liked about the program that came here. They didn't only tell you about drugs. They told you about your illness. How you can learn about your illness.*

> *And the importance of learning about your illness. You know what I'm saying? And this would come from a person that had dealt with that himself.*

Importantly for recipients of group services, PLPI group leaders were perceived as being "close to the ground," in that they were "street-wise" and connected to valuable community resources. The PLPI group leaders "kept it real" and were able to share their stories in a meaningful way that traditional providers do not often engage in. Group leaders were valued for their knowledge and ability to connect with group members on a personal level while still identifying resources and available supports outside of

traditional avenues. A PLPI group member summarized the group experience by saying, "I think it's all about becoming independent, and I think that's what he's trying to teach us. And I think Project Liberty is really trying to make the process that we go through as being mentally ill a little bit more easier."

Access to resources, whether instrumental or affective in nature, was almost universally cited as among the chief strengths of the peer support groups conducted by the PLPI program. When asked for an explanation of why a PLPI leader was effective, a recipient replied, "it's that he was more informed. And he had all these phrases, and…all these things that made sense, that worked together." Another participant said,

> *And Project Liberty representatives who come there not only make available to us the opportunities for grouping and therapeutic dynamics of grouping, but also they have information on other things that people might need…They have information on housing programs, on other community-based programs that give all kinds of assistance such as mental health and medical and so forth…so that the information that they bring is much wider than the individual groups that they have there.*

Another group member contrasted the identification of pertinent supports and resources in the PLPI group with the approach to resource exploration and sharing taken by non-peer mental health providers:

> *And they, the peer support, come with an abundance of resources, as opposed to, even though the staff member has something…to present something they can only come from what they've read. They…can't come from inner experience. They can't say, 'well, I've been in the situation,' you know, whereas peer support you can say 'well, I've been in the situation this is how I can help you with it'.*

During the same focus group, another participant stressed that traditional non-peer staff "ask a lot of questions," possibly to obtain assessment information, whereas the peer support groups offered by PLPI were characterized by leaders sharing information rather than collecting it. During one focus group discussion, this topic was particularly resonant for many participants and served as a defining feature of peer support groups for many of the group members.

Access to new resources combined with the inspiration derived from having a group leader who was actually a peer was empowering for many group members. One person noted that, "going to these groups and having peer specialists who went through these same things gave me a better outlook, you know. It opened up a window." This image of a newly opened window was shared by many other participants, and suggested the awareness of new possibilities in individuals' lives. Many participants reported that after 9/11 they had re-evaluated their lives, and saw the PLPI groups as offering new possibilities and hope, most commonly expressed in the desire to seek training and eventual employment within peer support. One individual explained:

Yeah, well, they've had a big impact on me because I am looking forward to be like them…I want to be able to help people, and to open my own organization and have a bunch of people come in and share with them what I went through, or just appear as myself, you know. They had a big impact on me… I think if it wasn't for them I wouldn't be here.

Another claimed,

I'm living proof of what Project Liberty did for me…I don't know where I would have been if I had not bumped into Project Liberty. They were one of the best organizations to help me than anyone else. And I trusted them, and in trusting them, I fulfilled my life dreams. I got my apartment now, I'm going to school, I got a bank account. I can ride the subway and the bus, and uh, drugs don't bother me anymore. They helped me be a better person.

The same participant also emphasized the sense of hope instilled by the PLPI group leaders. "And like I said, seeing one of the counselors that had told us he was in the system and that he took medication, that really uplifted me. Like, wow, how did you do? You know...he explained it. And it was in very simple terms. And that's what gave me the initiative to keep going back." Similarly, a focus group participant said:

The peers that came here, they were like a shining example because despite what they've been through, and no matter what you go through, you can find a way out of it. It also made me want to become a peer counselor, you know. So I could give back to those that have been on drugs, or having a problem with 9/11.

The PLPI groups were described by several participants as stress relieving in that they allowed members to unload their fears, concerns, problems, and worries. The group itself was described as "shining a light" offering a way out of stress and despair. One individual reported that "it really works…sharing in the group, it's really worked….when I just came here things was like, it was a lot of people more stressed out, and I find the light shine you know." The individualized attention given to group members reportedly also made them feel quite special. Many reported that the group was vastly different from prior group experiences, in which they felt like the leaders were simply going through the motions and in which there was no genuine connection with group members. One person said:

It's kind of a little bit special when you have somebody came here, you know, to run the group and to make things rise up a little bit more, you know, healthy, and we open our eyes and…we need to share and all those things. It's a little bit special. Yeah.

In addition to being supportive, group leaders were said to be provocative and challenging when necessary. They were also perceived as open to critique. Participants reported appreciation for being able to challenge the leader on particular topics, and this was construed as entirely unique to a peer-led group. Leaders often encouraged members to question statements and assumptions, whereas participants noted that in traditional provider-run groups, they felt pressure to accept what the leader said without question. Simply having the ability to question perspectives and to critically analyze points of view was seen as an empowering feature of the PLPI groups.

Group leaders were regarded as patient, caring, "open" and inclusive. Many interview participants reported that the PLPI leaders seemed to understand that group members might respond in different ways, and that some might take longer to open up and share than others. Group leaders reportedly strove to make members feel included in meaningful ways. Recipients indicated that they perceived a palpable sense of genuine caring and located this in sharp contrast to traditional group leaders and other mental health providers, from whom they felt less authenticity and true concern. One group member reported that "sometimes people are up there explaining their situation, and they're not doing a good job of explaining it, and they would take the time to listen and to be patient with that person, even though he couldn't quite explain what he was saying entirely. So I admire that about them too. That gentleness, that loving kindness about them." Another simply put it, "they were always there for us."

The balance between a narrow focus and more breadth in group counseling sessions did not appeal to all recipients. Some liked the narrow scope, while others reported being bored by the repetition. One individual described his feelings,

> *The biggest problem was repetitiveness. And if I have any say so in the matter, for the future I would suggest that whoever's going to do it, if Project Liberty stays functional, and comes back here for group therapy...the only thing I can recommend is have more subjects to talk about, not go over the same thing... week after week.*

A second person reiterated the frustration with topic repetition in PLPI groups saying, "what annoys me about it is basically like when they talk about what they're going through, and it's been mentioned like more than 170 times. And it does get annoying after a while, when it's the same thing repeated over and over again…." The same participant located the problem more specifically with the PLPI group leaders, saying "They just kept talking about…rambling about different topics. Nobody was really taking a chance to talk about anything that was deeply affecting them."

Emotional comfort and ease of interaction was also of critical importance to group members. Participants described the groups as "more relaxed" than groups led by professional mental health workers. One participant described the comfort within PLPI groups as stemming from shared experience and common struggles, saying:

I said, I've got to share I'm mentally ill too? It was something to be in this room, a different thing to say it. But when I heard…everybody else say it, and I knew that everybody else in there was dealing with a mental illness, I felt more comfortable.

Formal lines between professional and friend were occasionally blurred, but this was viewed as positive by participants, and related to the very notion of peer support. Group leaders were regularly perceived by participants as more genuine, more approachable, friendlier, and more willing than traditional group leaders to "do what it takes" to help group members in need. Rather than being placed upon pedestals and seen as dispassionate professionals, PLPI group leaders were seen simultaneously as equals to group members and as aspirational role models. One participant said of traditional group leadership, "[non-peer] staffs, they have to do it from hearsay whereas, you know, peer supporters do it through experience." Another emphasized that the equality between group members and leaders was particularly useful, and led to opportunities for members to take on the role of group facilitator. "The counselor gave you the chance to do that if you up to it. It be a chance to run the group for awhile and see how things go."

Focus on September 11th. PLPI groups, as designed, provided a forum for discussion of the issues and emotions engendered by the events September 11th. Although some of the consumers were already receiving psychiatric services, and some were members of other groups, PLPI was specifically designed to address the potential mental health impact of the disaster upon the population already living with mental health issues. Peer providers were uniquely equipped to do so through specialized training and connection to a broader range of services. One worker described the unique function of PLPI groups:

We talked about 9/11: Where were you on that day? You know, how were you feeling? What's going on with you? A lot of folks you know they have their therapist, they have their clubhouses, but they wasn't expressing theirself. In a smaller group they were really actually saying how they felt.

Some consumers found that the emphasis on the September 11th attacks was not as strong as they had anticipated. One recalled, "see, I thought it was gonna be about, like the paper had said: if you have fears, anxieties about 9/11, and you know, you need to talk to somebody, call us…and it was more about just any of your problems. They didn't focus on just 9/11."

Another critical issue for the PLPI program was the timing of the outreach. In some cases, potential service recipients were not reached until six months to a year past the event. "I think a lot of people were…sick and tired of the whole wretched business," reported one outreach worker. "This is New York, people do not go around crying in their beer for six months…a lot of people, frankly, got annoyed at me for reminding them."

Some interviewees recognized that outreach for disaster relief services was an effective vehicle for moving people in need of services into a supportive peer-based network, whether or not September 11th remained central to the discussion. One staff pointed out that the problems with which PLPI's target population was dealing did not begin and end with September 11th. "This program was started because of the 9/11 disaster…no one will ever forget. But a lot of things have happened since then. A lot of things was happening before 9/11 that had to be talked about, too."

One worker expressed the belief that counseling in general may impact coping with crisis. "The most significant thing in our case was that Project Liberty Peer Support Initiative gave us entree to the mental health community…Usually, if there was no serious discussion about September 11th, [we would] go on to other things. The better able they are to understand past crises, the better able they are to cope with future crises." Other staff also reported shifting stress off of September 11th in response to explicit requests to do so:

> Yes, I mean 9/11 was our focus, but…like around November and January, it became a real issue for us because they, you know, the consumers told us and agencies told us, very specifically...that they want to talk about something else...so 9/11 gave us interest and access to people and their issues, but it went well beyond that.

Many PLPI staff reported that they felt pulled in two directions, and struggled with the resulting tensions. While they understood their responsibilities to their funding agency, outreach workers also wanted to address the concerns of their consumers, which were far broader and more diverse. The large majority of both consumers and staff felt that it was necessary to move into other issues more relevant to their everyday lives.

> Project Liberty was really fighting us…all of the groups…had to be about 9/11. After some time, they said okay, you can discuss other subjects. So once we were given that leeway, we kinda flew with it, and some of the topics were like housing, employment, medication management, you know, self-help, empowerment…a lot of things that are really real to people…Not that 9/11 wasn't real, but their issues were, you know...they had issues beyond 9/11, even before 9/11.

> Well, FEMA was pretty adamant that we talk about September 11th in every group. But it was apparent to us that just couldn't be done. I had one group that would talk about September 11th in every group…they were just like, at the point of throwing things at us.

One interviewee went a step further and credited the longevity of positive response to PLPI services to the program's flexibility around the September 11th focus.

> I think that if we had only been dealing with the trauma of 9/11…we would not have gotten the great response that we did, because when we

contacted agencies and we actually facilitated groups a lot of the people were resistant to talking about 9/11...They felt that we were rehashing it and many of them felt that we've been there, we've heard that, we've done that already, and they weren't particularly interested in just focusing solely on the trauma of 9/11. They were talking about all kinds of issues, so that had we... narrowed our focus to that extent they would have not been so responsive to our services. We would have been in and out like that. But because we became involved in other issues that they had, that's why we got the tremendous response that we did.

It is quite clear that a large majority of staff and consumers were in agreement on the issue of a continuous 9/11 emphasis. Overall, it seems that this initial requirement lost favor as post-disaster life went on. As one interviewee concisely stated, "you can't talk about 9/11 every day, you know."

Termination. The termination of PLPI groups clearly had an impact on consumers. Interviews revealed a wide variety of reactions. Many seemed to experience a strong sense of loss. In some cases, this sense of loss was partnered with optimism and a newfound confidence to face the next step. Some felt hopeful that they had learned enough in the group to move on in healthy ways, confident in their ability to access other resources when necessary. However, participants also expressed feelings of anger, sadness, and disappointment. Several wondered aloud about locating equivalent supports, particularly considering the unique features of peer support discussed earlier.

It is important to note here that not all of the PLPI groups were slated to cease following termination with PLPI facilitators. Several interviewees reported that their groups planned to go on. In one case, the PLPI facilitator was reported to have appointed a new facilitator from the group; in another, two group members volunteered to facilitate their Double Trouble group; in a third, a group member was asked to facilitate on a volunteer basis by the site's consumer advisory board. Based upon interviewee reports, it is possible other types of arrangements were made at some program sites. However, these arrangements were made by site administrators and/or consumers, and not by Project Liberty. It is unclear precisely how many groups were to continue, nor if they were to continue as peer led groups or become more traditionally facilitated.

Still, for many consumers, the end of PLPI seemed to mean the termination of formal peer support. At some day treatment sites PLPI services had become an integral part of the weekly program, leaving gaps for which there were no known plans to fill. As one consumer reported, "…it's already left a big hole in our schedule. It's like the bottom fell out. Every Wednesday morning now it's like, what do you do, everybody?" Another consumer felt there was a lack of straightforward information towards the conclusion of the group at a particular site. As recounted below:

But then the last couple of weeks they were supposed to show up also, and they never showed up. First one day they say, "Well they're not coming today, but they'll be here next week," and then next week they didn't show

up. It was like, they were supposed to come…they didn't come. Then they were coming the next week. Then they didn't come the next week. Then they heard they were closing up.

In one focus group, an interviewee expressed a sense of betrayal at the termination of a PLPI group which had for some consumers at this site taken the place of Narcotics Anonymous (NA). "…They got us hooked on something and then all of a sudden it gets swept up from under our feet…before Project Liberty most of us was going to NA meetings on the outside and then when the NA meetings on the outside stopped, Project Liberty came in and that's what we would usually do." Another consumer said, "…when they told us they was leaving a lot of people was very angry, very angry, 'cause we'd a got so attached to them," and also felt the removal of services presented a serious problem for people who had come to rely on PLPI groups. "…There's going to be a lot of people in trouble out there you know…you got people that just depend on what's happening here…and now they took that away." However, the same interviewee reported feeling that adequate supports were available following the end of PLPI. "It's like crutches; even though one crutch was taken away I got another crutch. We have groups here you know. And then as far as NA is concerned I have a sponsor. I have things worked out…."

Two PLPI group participants were particularly disappointed that the warmline was in danger of being discontinued. According to one, "whenever I was nervous or anxious I would call [the warmline]. They really helped me get through it and I'm really disappointed that it's gonna end. I mean, I really need that." The second seemed particularly dismayed by mixed messages regarding the future of the warmline.

The woman that I spoke to there said that it was gonna be starting on the weekends also…at first, it was Monday to Friday, 5:00 to 12:00 and then she told me, 'Oh, we're going to start having it on the weekends too.' Now, then I heard right after that it's not even gonna be anymore! So what kinda thing is that?

Several interviewees reported limited transitional time, and lack of opportunity to process the termination. When asked if help with transition was provided, one consumer stated, "no, it came out during the last week and people were saying…that we were gonna miss her…and they would miss the group in general. Yeah, that was about it." Another participant for whom the group was assigned a new facilitator suggested, "if he would have brought the new guy in and like he's training him to take over his spot, I think I would've dealt with it a lot better…."

For others, the hardest part was losing a program that had introduced them to the unique perspective of peer support. Some interviewees felt that PLPI services were a valuable addition to the array of available supports throughout the city and that the need for it would remain. One stated, "…that these people ain't going to be coming around no more…I don't think that's fair…we need Project Liberty everywhere, not just here." Another commented that PLPI is "always going to be welcome to come back." A focus

group participant expressed hope that peer services would continue, whether or not they are provided by Project Liberty:

> *I hope in the near future that [this site] will get another peer specialist to come…because we benefit from it…this not only something new but this is something that we need…just to hear somebody…talk about experiences that we've been through…I hope sometime in the near future we do have another peer specialist come.*

Although parting seemed to be universally difficult amongst interviewees, it may have presented a valuable learning experience as well. The challenges of termination seemed to be recognized as an opportunity for growth, albeit with some apparent reluctance, by one consumer recalling a final dialogue with a facilitator:

> He said, 'in life, you have to be ready for changes.' I wasn't ready for another…that's the straight truth. Me and him had a real good…relationship, and I told him that it would be hard for me to open up to someone else after dealing with [him] for so long and he would still say, 'you have to learn to deal with change'.

Staff Experience

Staff spoke extensively about their experience in PLPI employment. Some of the content regarding impact came in response to the interviewers' questions on this topic, while some content arose in relation to seemingly separate interview topics. Discussed below are five general themes related to staff experience. First, staff described the personal growth that they had experienced while working for the project. Second, a number of staff talked about having experienced considerable professional development, as well. These two themes were at times closely related, as might be expected given that peer support was the mechanism by which services were delivered. Staff discussed a variety of ways in which both personal and professional growth had been brought about, but the impact of the agency itself and the peer support environment frequently surfaced during the interviews, and this topic therefore constitutes the third theme. Additionally, staff spoke at length about the training and on-the-job support they had received. Finally, while the staff generally described their employment experience as having been a very positive one overall, many staff did have some negative experiences on the job, as would be expected. The final theme discussed in this section is the personal impact of difficulties on the job.

Personal Growth. PLPI staff overwhelming described their employment as having had a positive personal impact. Multiple staff members described their experience at PLPI as having made them "a better person." Others described it as having facilitated their mental health recovery or having had a stabilizing effect in their lives. Some staff described the experience as empowering and, true to the peer support model, indicated that they had been empowered by the process of empowering recipients. One staff talked about the act of being a role model as a particularly rewarding part of the job.

Among the more specific personal changes, increased self-confidence was described by many staff: One outreach worker said, "…working here has given me incredible confidence." Some staff reported that their coworkers visibly gained confidence as the program progressed, as well. In some cases, that newfound confidence left staff members able to pursue goals that would have been too daunting prior to their employment with PLPI.

A number of staff discussed learning more about themselves during their employment with PLPI. One staff attributed a newfound sense of self-understanding and self-appreciation to the PLPI employment experience:

> *Instead of just running from myself all the time, it helped me deal with…who I am…I'm this wonderful, dynamic, and perfect person, you know, who sometimes gets sad and that's ok.*

This staff also talked about having been able, over the course of PLPI employment, to overcome a habitual tendency to respond to difficult situations by leaving. This represented significant personal learning and growth to this staff member. For another staff, the process of learning about oneself was particularly important given the impact of the September 11th tragedy:

> *Project Liberty gave me opportunity to really find out who I am and I haven't stopped since. And I really appreciate that because what had happened on the 9/11 made everybody wake up.*

Additionally, for some staff the employment experience was helpful in clarifying personal goals and understanding the steps that would be necessary to achieve those goals. One staff member said, "I know more about what I want, you know, and I have a good idea about how to go about getting it."

Employment at PLPI also had an impact on how staff members conceptualized themselves in relation to their mental health histories. For some that meant a change in self-identification, accompanied by a boost in self-esteem and purpose. "…Yeah, I'm a bona fide mental health consumer and advocate now," an interviewee stated with confidence. Another staff member expressed pride in being able to pass along a newfound and healthier perspective to loved ones outside the program:

> *I've been able to help enlighten her, and that there's nothing to be embarrassed about when you're having problems and you accept the need to seek help."*

In addition, some staff also talked about feeling more connected and committed to the peer movement as a result of their employment with the PLPI program. For many, this connection to a larger social movement was perceived as an incredibly rewarding and unexpected benefit. Staff members were passionate in identifying themselves as part of the movement and clearly viewed their PLPI experience as "more than just a job", but

rather a life-long commitment to using their own life stories to help other persons with psychiatric disabilities.

Related to these changes, a number of staff discussed learning more about self-care while working for the program. For some, that involved learning or re-learning the importance of reaching out to others. "…We all need somebody," said one staff interviewee. "One thing I've learned about this job is that you can't do everything by yourself… you know, don't be afraid to get help."

Another staff member directly attributed staying out of the hospital to the PLPI employment experience. A critical part of this experience was leaving the house each day to work; in the past, staying in the house during the workweek tended to precipitate hospitalizations for this staff member. Similarly, other staff reported that the job offered an important opportunity to simply connect with other people:

> *… doing the workshops, presentations…doing the individual one-on-ones. I started feeling… I guess alive again. More back into connecting with people. I didn't feel as isolated.*

For this individual, the opportunity to connect in turn led to a renewed appreciation for one's own life:

> *And of course I always knew that… we all have problems. Some people…are worse off. And, you know…just to give yourself a chance to keep going…I guess learned to appreciate life a lot more.*

The experience and achievement of working was in and of itself a personal catalyst for some staff. A number of staff had experienced periods of unemployment or underemployment related to their psychiatric disabilities:

> *So, it's changed me a lot, it's changed me a lot. I really feel good about working…I did my work for 18 months. I did it to the best of my ability, and that's all that I can do.*
>
> *…Basically the staff was made up of mental health consumers theirselves so a lot of them didn't have a chance to really prove who they were, or haven't worked in years, or they didn't feel their own self worth. And now I think 35 people just came walking out beaming, you know everybody's happy, they know they can do now. I don't think no one's going to go back their own life. At least I know I'm not.*

Given this staff member's observations, it is not surprising that some staff began PLPI employment with serious doubts that they would be successful. For one such individual, the training period itself initially seemed insurmountable:

> *I remember sitting through a training, and… just not knowing if I could make it through, because we had three weeks… of nine-to-five where we just sat and listened. And I'm thinking, 'I'll never make it through this'.*

For one PLPI outreach worker who began their employment with such doubts, success on the job provided an opportunity to challenge old assumptions and come away with a newfound appreciation for oneself and one's own capabilities:

> *An awful lot of good came out of this. I really, truly surprised myself. I did this…I think I was more surprised at how long I [stayed in] this organization and stuck it out, because…when I started… I just could not see myself doing this kind of thing.*

Additionally, for one staff member who had worked for the Peer Initiative program since its inception, the sense of having had a part in the creation and enactment of this innovative program added to the personal rewards of general involvement. "…Project Liberty made it more of a job that you care about yourself, because you was there from the beginning, you know, you helped create it…." Some staff members' sense of pride in working at PLPI was based in no small part in the opportunity they had to effect positive change in other peoples' lives:

> *I was honored…to be considered and I was honored when I was eventually employed here. And when I started to work here, all my friends knew about it within a day or two. I was so flattered to be a part of the system that my friends knew about it… it was good for me because, even though I had done some important things, they didn't have the possible impact that this had on other people.*

This same staff person reported that being particularly proud to tell friends and loved ones about holding such a valued role, and one in a program funded by a widely-known federal organization:

> *…to be able to tell my family that I was part of this project after September 11th…it made my family feel more accepting of me because I was participating in a project that had this kind of goal and purpose and value.*

> *Federal Emergency Management Agency sounds impressive to begin with and I still tell people that I worked for the Federal Emergency Management Agency, which is true, and some people say, 'Oohh.' You know? They're impressed, so I was impressed (laughing)… my ego inflated, like, five times (laughing), maybe ten times! It's still bigger than it used to be…I guess that's okay.*

On-the-job recognition also had a positive personal impact on many staff, boosting their confidence and self-pride. Noted one staff interviewee, "… constantly being told you're doing a good job… there's something… that gives you emotional strength."

Similarly, a number of staff talked about having been promoted within PLPI, and the sense of achievement and hope that came along with such movement. In addition to providing higher pay and greater future job marketability, being promoted served as a reminder that one was doing one's job well. A staff member explained this feeling of affirmation, "…When they offered me the supervisor position I said, 'Oh yeah, it's working out…I am doing something constructive with myself'"

Other staff members received positive feedback in the form of recipient requests for more service and invitations to site functions, both of which staff found helpful and rewarding. For many outreach workers, the simple satisfaction of showing an external organization or traditional mental health provider the value of peer support was tremendously satisfying.

The job was meaningful to PLPI staff in more concrete ways as well. One staff member offered a succinct reminder of the importance of having an outlet for using one's time in meaningful ways, "…this job is what kept me motivated, kept me occupied, busy." Additionally, another staff member expressed pride and increased confirmation of self-worth based on the rate of pay at the program, "…this was the first time that I received… over fourteen dollars per hour. That's the highest I've ever been paid in my life." The potential impact of higher financial compensation cannot be overestimated, both in terms of staff members' standard of living and their sense of the value of their talents, effort and time.

Professional Growth. Staff identified a variety of ways in which they had grown professionally as a result of their PLPI employment. Given the nature of the positions, it is not surprising that most of this growth related to developing more sophisticated helping skills and ways of connecting with service recipients. One staff member talked about learning how to facilitate groups that were grappling with challenging or highly emotionally charged issues. Another reported improvement in their active listening skills, as well as in their general interpersonal sensitivity and perceptiveness:

> *…it taught me to be very aware of what's going on inside of people. I was always a good active listener but I became excellent at listening actively, which I think is one of the greatest skills. I think that that's something that should have been stressed more because sometimes that takes care of 75 percent of whatever's going on. I became more perceptive and …more sensitive….*

Some staff indicated that their employment experience had taught them more about mental health issues in general. One individual in particular linked this to a deepening of respect for and appreciation of people facing mental health struggles. This change represented significant personal change for this staff:

I really got the experience what goes on inside of people, you know, their traumas and just how deep it is and how difficult for people to deal with feelings, issues…I listened much more carefully and just have a respect, have a respect for people that I didn't have before.

For staff that self-identified as natural helpers before beginning their employment at PLPI, the job was an opportunity to employ existing interests and talents:

I'm always in people's business…and I enjoy being that person and I get a lot of rewards… I'm glad that I can… touch someone like that or talk to someone because all these folks, 18 months ago, I didn't know them…so I guess I'm just a person that's going to be in a job with people. I like paperwork but I ain't the type to sit at the computer and all that. I like the one on one type of job, and you got to go out there and see what's going [on] with people.

For another, however, the job was an opportunity to test and revise previously held ideas about how to help other people:

I learned so much about working with people. I came in with certain ideas about how to work with people and then I learned how it really is. So it has increased my level of awareness. I've become much more observant, more aware of what people go through and what they experience, and how difficult it is for them sometimes. And I thought… that I had this magic formula 'cause it was something that had worked for me so well, I thought I had this magic formula to share and then I realized that in the system, people's thinking didn't always work the way I thought they would work. So then I had to change some of my strategies.

A third staff member talked about learning how to provide meaningful services to new groups of recipients:

…By the time I finished I was facilitating five groups a week at [site name], which is a state hospital, and I started out at the state hospital in [borough 1], which had a very different population than the state hospital servicing [borough 2]. And I grew to that ability to be able to service the other population.

In addition to the growth that occurred on the job, several staff members discussed the opportunities for training and professional development that had been offered by the PLPI program as well as the professional networking that had been facilitated by these conferences and trainings:

Learning more new things, you know, going to these trainings, going to the meetings, meeting more new people… it has made me explore… new horizons.

For many staff, professional growth fueled personal self-confidence, which in turn bolstered professional performance. The process constituted an ongoing cycle of growth and development:

> *...It's a never-ending process because the more you participate in these activities the more your network of friends expands and the more professionals you know, it's helpful in different ways. Not only does it help the process because you're able to service people better, but it helps you also because you feel more self-esteem from being part of the process.*

Staff also indicated that, in addition to providing them with additional skills and knowledge, the trainings offered networking opportunities and helped strengthen participants' resumes. For some, the job ultimately offered not only a real career boost in terms of practical, professional experience, but also a new sense of what was possible:

> *...By meeting my needs, it helped me to be a stronger person and a more marketable person and have a better resume, and a wonderful letter of reference from a supervisor, and the opportunity to move my career forward... I still have an opportunity to move forward.*

Agency Environment. The agency environment played a significant role in the impact that PLPI employment had on staff. One staff described the agency environment as one that allowed staff to transcend psychiatric labels:

> *...It was also an environment where people could be themselves. You didn't have to hide behind the stigma and all these labels...anymore. You could just be who you are and it was accepted. It was comfortable and it was okay....*

It is not surprising that many interviewees described the environment of the project as one in which staff regularly practiced mutual support.

> *Yeah, we all supported one another. You know, people are falling apart, or tired, overwhelmed, or angry...it's tough to go forward (laughter). It's your turn now, it's okay. This is a good place to work at. The environment was good.*

> *...It let me know that there are jobs out there with supportive environments. Although we had the quotas, there was plenty of emotional support from employees. This was a job where people constantly hug each other, slap each other on the back...you're not competing with each other. Everyone tries, lends out a hand to help each other.*

Several interviewees described the project as a family: "Yeah, the staff, everybody was like a family," said one staff member. Another reminisced, "…we started on the shoe strings. We didn't have anything, not even no tables, no nothing. And we built our staff to like 30 to 40 people and we became family…." A number of staff indicated that support happened simply through the process of talking and listening. "I think the key is support, understanding, letting the person talk."

Additionally, support involved encouraging one another and offering suggestions. Perhaps as a result of this, PLPI staff, including supervisors and administrators, grew very close personally. Their relationships seemed to go beyond the perfunctory, and staff members reported being able to be more genuine at work:

> *I think underneath the surface here we all care about each other and we all wish each other well, and we all…we've grown very close (laughter), you know…so I think it's just the level of care. And you can see it. It really is. The people are free here, you know...they're not hiding behind anything.*

The same staff member later said, "...it's a safe haven for a lot of people." A sense of family appears to have extended through the different workgroups in the PLPI program. Initially, warmline staff did feel somewhat disconnected from the rest of the agency. This disconnect seems to have been addressed by administrators, who later stepped up efforts to keep warmline staff in touch with what the rest of the program was doing.

The agency also appears to have offered remarkable flexibility, both in terms of staff scheduling and job tasks. A number of participants spoke of supervisors and administrators encouraging their supervisees to take time off. One staff member reported being given extended time off when this was requested. Supervisors and administrators engaged in flexible scheduling that was built around recognition of staff members' personal needs, while staff supported one another by filling in for each other whenever necessary. One participant summed up this aspect of the program:

> *…Sometimes in your own personal life you may need a day off, your child may get sick; no one penalized you for that. You could actually say, 'Hey well, look, my baby's sick, I can't really come in today.' Then you had someone else to cover for you…*

For this participant, PLPI's scheduling flexibility constituted a type of support that accurately characterized the supportive philosophy of the project. Staff also relied on one another for informal assistance in addressing workplace conundrums, sometimes staying after work to support one another. At other times, staff would meet outside of work and simply talk about personal lives. This may have been particularly helpful given the hectic pace of the job and the fact that staff were often working offsite, and in isolation from their coworkers. As explained by one staff member:

...It is kind of hectic, you know, like say Brooklyn at 11:00 then you are going through the group for one hour and then you got the two hours traveling on the train and then maybe you were in Manhattan at 6:00 so you got a twenty hour week and just work everything in it...Then we had a little recreation where we...relaxed a little bit and had little dinners or little things together. So it was, I don't really want to say it was a family thing but...meeting some more folks and adding to your life I would say. I mean, a family feeling is always welcome....

One staff member spoke of selecting coworkers for support based on esteem for the coworker's ideas and approaches to services:

There was one person that I liked to bounce things off with because I thought that he was very bright, very perceptive and he had a very good handle on things, and he usually came up with good suggestions at staff meetings. So if I...maybe was wondering about something I should do or not do or whatever, I would bounce it off this person and he did the same thing with me. We bounced things off with each other and we also...saw things the same way...we had a lot of the same values.

As one supervisor explained, support within the agency was viewed as the foundation upon which support for recipients was built:

So, this is the type of work we practice what we preach, 'cause we support each other in this, in this Project Liberty peer support staff and coordinators. So that was the first thing when we started--support each other, then start to go on and support others.

A number of participants pointed out that the program environment remained supportive throughout the life of PLPI services. Staff reported finding administrators supportive even at the end of the project, when administrators and supervisors helped their supervisees out with job hunting. In addition to helping staff with their job hunts, the administrators supported staff through the project ending by bringing outside counselors to the program. One supervisor spoke of receiving this sort of support from the program administration:

(*The administration)...have supported me right from the beginning. And right 'til this day they have supported me, and once I leave the job tomorrow, I am sure they will be working to find work not only for me and [the other supervisors]... and for all the part timers, too.*

Staff, supervisors and administrators all seemed to agree that the environment was a supportive one, and little evidence was offered to the contrary. One staff did mention that the program had gone through periods of tension, but seemed to indicate that these were the exception, rather than the rule. Another staff agreed that emotional support was available on the job, but reported preferring to cope with job-related stress more independently, simply by not "taking it home":

...I left it outside the door. At the end of the day I parked everything that happened outside the door. It's amazing how little was there the next morning. Somebody apparently had taken it away from me (laughing).

Training and Job Support. As described by staff and administrator interviewees, on-the-job support came from a variety of sources, including orientation and training, staff meetings, supervision, peer orientation and outside organizations, most notably Community Access.

Orientation and Training. PLPI staff participated in trainings offered by a variety of sources including FEMA, Howie the Harp Advocacy Center, and a number of outside sources and consultants. Many staff had also completed a more extensive training in peer support and advocacy provided by HTH prior to employment with the PLPI program.

Training was described as essential, given both the challenges of the work to be done and the reality that many staff had been out of the workforce for a period of time before beginning their PLPI employment. As one supervisor explained:

> *I felt really good about being in an environment where training opportunities were being offered to staff. Because in some agencies, you don't have any type of special development activities at all. And I also felt that we were working with a population where we really needed to be as knowledgeable as possible, and also the staff. We had staff who had been out of work for 12 years, we had staff who had never worked, we had staff who had very limited education. So training and knowledge was extremely important...I think most people enjoyed it because they got a really wide range of learning, so it helped them in their groups too.*

The initial training was offered by the HTH Center and took the form of a two-week intensive workshop. This initial training was not paid, although one staff reported that there had been some discussion of offering reimbursement. Lunch was provided and travel expenses were covered, and this was cited as being helpful by one staff.

FEMA also offered a number of trainings that PLPI staff attended. One staff member observed that the primary FEMA training was oriented towards natural rather than man-made disasters, but did not feel that this was much of a problem because the training was "very generic." Later, this staff described the FEMA training as not having been "that potent." However, this staff member also found a FEMA cultural competency workshop to be a confidence-booster with regards to providing services to a diverse group of recipients.

In addition to the initial training and FEMA orientation, there were many opportunities to attend trainings and conferences over the course of the PLPI

implementation period. Participation in these opportunities was considered work time and was therefore paid, which, as one staff explained, was particularly helpful:

> *There were a lot of trainings available to us and also… you didn't have to go on your own, you didn't have to spend your own time going to a conference…it was paid up and it was part of work time…so that made it easier for people to respond to the training.*

Staff spoke of receiving training on such topics as employment issues for service recipients, cultural competency and diversity, active listening, group leadership and giving presentations. In addition, staff reported being able to attend the annual New York Association of Psychiatric Rehabilitation Services (NYAPRS) conference as part of their ongoing professional development.

Staff Meetings. When speaking about staff support at PLPI, study participants often referenced the project staff meetings. Staff members were required to attend at least one meeting per week, and meetings were offered twice weekly to better accommodate staff members' schedules. These meetings had a number of associated tasks and purposes. Staff mentioned that service provision expectations were discussed, as were schedules. Related to this, staff meetings were used to work out changes in group leadership responsibilities at various sites around the city. One supervisor explained how these changes were made according to the interests of the staff and group members:

> *…We had them twice a week, Monday morning at 10:30 and Thursday at 4:00, because of the different schedules, but it was mandatory that they attend at least one a week. And so, the purpose of those were basically…to find out how people are doing. What kind of challenges you're having in your group or in your life… what needs to change….*

As this supervisor indicated, the meetings were also used to check in with staff members regarding general well-being. However, one staff noted that there was still a difference between staff meetings and meetings that were held specifically for emotional support:

> *To give people… a staff meeting and a support group is a little bit, is quite a bit of a difference. In a staff meeting you're telling people what the next schedule is. But the support… I could say that a guy yelled at me today and another woman will say, 'yes, I had the same thing,' and that's what we need to hear.*

One supervisor reported that, over time, the staff meetings did evolve into more of an emotional support group, as the need for such a group was identified. This supervisor indicated that there was difficulty finding group facilitators because of differences in group facilitation style among the staff. Eventually, however, groups were facilitated by one within-agency leader that everyone could agree on, and outside consultants were also

used to facilitate some of the meetings. One other participant agreed with the need for an exclusively-support group, but offered this apparently conflicting report of the metamorphosis of staff meetings, "I think this job is very emotionally draining, and we could have had…one in four of our meetings been therapy meetings…We said we were going to, but we never did." The conflict in report may be due to the fact that two meetings were offered but only one meeting was required per week, or perhaps to the two participants defining one event two different ways (e.g., one calling a consultant's visit a workshop while the other thought of it as a staff meeting). This discrepancy aside, it was also suggested that the exclusively-support meetings would have been very helpful from the start of the program. Other than these observations, staff meetings were described as helpful overall. Most participants did not offer recommendations or concerns related to the meetings.

In addition to staff meetings, the program had organized recreational get-togethers. Participants indicated that they seemed to occur every few months, and typically happened on Fridays. One of these was a more formal employee recognition ceremony, which offered concrete support for jobs well done, as well as an opportunity to socialize. One participant described these after-work get-togethers:

> *We probably had our get-togethers, probably every three to four months…where we all bring in food or go out to a park or something like that. We had our employee recognition ceremony … we had fun and were accepting awards….*

Supervision. Study participants reported that supervision was practiced regularly at PLPI. Supervision occurred between administrators and supervisors as well as between supervisors and staff. The development of a middle level of supervision was helpful to the program administrators as well as to the staff:

> *… It was important to give people…although it was very small…an opportunity to be promoted. So we had the outreach workers, and then we had the senior outreach workers who supervised the outreach workers. Whereas before, it was just the site managers supervising the outreach workers. And it's also more support for [administrators], too.*

By all accounts, supervision occurred in brief, weekly or bi-weekly meetings between the supervisor and supervisee. Supervision was described by one staff as being a process of getting to know one another. "… We'd get our new schedules and then we'd talk. It'd be brief, you know…but we was catching on so it wasn't too critical, just get to know our selves." Another staff member noted that supervision needs varied among individuals and that informal supervision, such as hallway conversations and messages left in staff mailboxes, helped to augment the support offered by the supervision meeting.

One staff reported not always bringing job-related difficulties to supervision, saying "…sometimes…every time something went wrong, sometimes you swallowed it. Sometimes it wasn't even part of the supervision process." This apparently was most

likely to occur in cases where the reasons for the difficulty were clear and could be addressed by the staff member. For example, the staff member chose not to discuss in supervision a difficulty encountered with a group, when it appeared to originate with him or herself:

> *I don't think it was necessary. Maybe I could have gotten support and I didn't ask for it, but I thought it was…the outcome was a result of my own shortcoming and I realized that that was the problem. So, since I realized it was my own shortcoming, I didn't ask for supervision because I understood already what the cause of the…the group falling apart was.*

Supervisors and administrators spoke of their intent to be supportive to their staff. By the overwhelming majority of staff reports, these efforts were successful. For example, one staff spoke of being able to call their supervisor at home for additional support, while another described their supervisor as someone to rely on, stating that "he's pretty cool and he was somebody that…I could call onto…." Supervisors, in turn, worked to become familiar with each staff member's work-related strengths and needs. "…They also had a supervisor who you know, kind of had weekly supervision with them. And the supervisor would also …get an idea of how this person worked and what the person needed."

A number of supervisors mentioned that all topics were open for discussion in supervision, as supervisors were interested in staff members' lives outside of work as it pertained to work performance. One supervisor went so far as to advocate for staff on issues outside of work, explaining "… the way I handle the supervision is that you could come up to me and say anything you want to me. If you have a problem with your roommate, you could come to me and I will try to help you." This sort of flexible support did not seem to come at the expense of supervisory attention to struggles directly related to the job. In one case, a staff member recounted being able to turn to supervisors for support about being harassed by service recipients.

Although supervisors stood ready to support their supervisees, most staff advocated for their own needs and were encouraged to do so. "…Overall, people were very vocal about what they needed. 'Cause, you know…we told them if you feel that you're not able to do this right now by yourself, let us know. And really, we'll make the adjustment." Similarly, supervisors and administrators reported striving to give their supervisees autonomy on the job. One supervisor spoke specifically about enjoying that autonomy and appreciating the administrators' efforts in that direction. This supervisor found the autonomy empowering, and the supervisory style seemed in keeping with the principles of peer support:

> *[Administration] left me alone, let me do what I had to do. That empowers you…that someone trusts you. This is what the peer to peer movement does. That's why the [administration] did that… [administration] is really not on top of you. She tells you, she knows what she wants, and we do the best we can to do it. And people just do their jobs, and that's it. It's not that over your shoulder kind of thing. So…it empowers you. It makes you feel like a person, not like a child-do this, do that, do this, do that…The*

> *more that you give people a little bit of room so they can do their work, you'll see the results in a positive manner."*

As might be expected over the course of the program, a few staff experienced some difficulties with their supervisors. One staff reported finding their immediate supervisor to be generally unhelpful. Because of this, the staff member did not feel adequately supported on the job. Another staff went through a period of not feeling supported. When this staff member brought the situation to the attention of a supervisor, the supervisor responded immediately. The staff began to feel supported by the supervisor and other staff. Another staff felt that, once or twice, administrators or supervisors may have jumped to conclusions about situations without first talking to staff; this staff member reported feeling that this was the exception to the rule and that the program was able to prevent it from happening repeatedly by better engaging in dialogue amongst staff members, supervisors and administrators.

Shadowing and Peer Orientation. Peer orientation and shadowing seemed to be particularly important forms of training and staff support. A number of interviewees spoke of staff members informally sharing skills and knowledge related to all areas of the job. Some of these were fairly concrete:

> *We show each other how to do things. Like, some people were older, and not that familiar with the computers. And…in another job you wouldn't ask another employee to help you put in your timesheet or do something else for you. And with this job… you could feel free to ask someone without…any kind of retribution, any kind of snide comments…we don't have that here.*

At other times, the knowledge shared related to service approaches and strategies for facing the challenges of the position. In addition to informal knowledge-sharing, less experienced staff were routinely teamed up with more experienced staff for on-the-job training and orientation. One staff spoke of the effectiveness of being trained by shadowing a supervisor:

> *…It was like… I guess you could say on the job training…my supervisor was sitting amongst us and we would just have to listen to how he would run it, you know what I mean, and then catch on because it was like…getting trained…as we go along…Because I might've took up the class and they might've said, 'it's done like this…,' but…I was able to see how he was doing it… it was a true experience. And then I picked up pretty good, pretty quick….*

Another described being trained by shadowing and in turn being able to train newer staff:

> *I would just do half of the group, he would start and then I would take over. And, and the second time, he would start and then I would take over and then, by the end of the second session, I would stay by myself. And*

then, later on, I trained someone else...and after a while they took over the group and I went to work [another site]...so the process was not unique to me. People would train, and they did it, and they trained other people and moved on to other duties.

This process seemed to facilitate transfers in group leadership. Ultimately, these transfers proved useful. From one staff member's perspective, "…I really didn't see in the beginning the…value of being shifted from one location to another but by the end of the process I felt comfortable that everyone was doing what was appropriate." In fact, this same staff felt that the experience of group facilitation provided on-the-job training that helped staff develop skills that they could apply to new settings:

...And also they grew into...different programs. As they participated as a staff member they...developed more skills which made them more suitable to go to other settings. So sometimes you started in one setting and you grew in… the role that you played in the agency.

One staff reported having had a longer-term leadership collaboration with another staff. This proved to be helpful, as the two staff developed an enjoyable and supportive working relationship. "We got along very well. We enjoyed each other's company, had a good sense of humor flowing back and forth with each other. The… person was like, in fact, an older sibling to myself. We got along very well."

Outside Support. A few PLPI staff members and supervisors spoke about the role that Community Access Incorporated (CAI) played in the project. Community Access was described as being supportive of the program, specifically of PLPI administrators and supervisors. One participant described Community Access as having handled things well. Another noted that administrators at Community Access and Howie the Harp Advocacy Center had different but complementary styles of support, and that both were helpful to the program, particularly during times of more intense program stress.

The provision of outside administrative support and oversight seems to have particularly helpful for the PLPI, as it allowed the program to expend maximal energy and effort on the provision of services, while keeping administrative tasks to a minimum. Some staff reported however, that the blessing of outside administration was at times mixed, and led to increased confusion for peer staff.

Agency Challenges and Staff Recommendations. As discussed elsewhere, the staff members' experiences were not uniformly positive. The demands of the program and often hectic pace of the agency could be wearing, and at least one staff found that at times, self-care was sacrificed in an effort to do more at work. However, problems on the job did not always translate into negative personal impact. For instance, one staff who reported having a number of difficult interactions with others ultimately learned more about coping with interpersonal conflict. Other problems on the job were painful in the moment but less so over time, particularly when weighed against the overall employment experience:

So if it happened once, it was hurtful, but after a couple of days...it blew over in my own mind, 'cause I thought the general contribution, for myself, outweighed the difficulty that I had in this one group. And my own self-esteem bounced back...after a short period of time, my self-esteem came back. For a day or two I was like a dog walking around, with its tail between its legs...gloomy, you know?

A few supervisors and administrators spoke briefly about some staff having been terminated. One supervisor noted that the program had been subject to human resources policies that may not have been flexible enough to meet the needs of the program and its staff. This supervisor suggested that job retention policies should have been in place from the beginning of the program, and that the program either should have been more selective in hiring or should have had authority to identify its own retention policies:

...They needed to have their policies in place from the beginning for job retention. Whether it was being more selective in hiring, and not giving people a chance, which...would have not allowed me to be hired (laughter), or whether we would have been given special permission from personnel to carve out our own sanctions to meet the particular needs of...this type of agency.

Additionally, one staff talked about having wanted FEMA to visit the program to get a better appreciation for the work that was happening there. That FEMA did not do so, while continuing to impose its guidelines, seemed disrespectful to this staff.

Another set of recommendations related to staff training. While the staff, supervisors and administrators generally reported feeling positively about the training PLPI offered its employees, a number of study participants presented suggestions or raised concerns related to training. For instance, one staff member felt that the active listening training should have come earlier in the staff's tenure at PLPI. One wished that the program had offered further stress management workshops and training on coping with compassion fatigue, although this staff reported that these subjects had been covered to some degree by the trainings. Another staff pointed out that the program may not have been in a position to reach out to people who spoke languages other than English, and suggested training as a means to address that.

At least three staff raised concerns that appear to be of a similar nature. Generally speaking, these staff seemed to feel that the training did not focus enough on preparing staff for the day-to-day realities of the positions. One of these staff talked of the need for training that would help employees understand what they could expect to experience on the job:

...After these trainings on trauma, we were just thrown into the water...a little bit more training on what we were going to experience at the very beginning would have been better. In other words, training saying you

were going to have to deal with a lot of rejection, and you were going to come up to people on the street or in the hospital, they're not going to want to talk to you, that's normal...training on stress in the beginning. You're going to feel fatigued. That's not you, that's the nature of the work... more training on what we were practically going to encounter.

Similarly, one staff summed up the initial training as, "too much talking, too little practical," and went on to say, "…they kept talking about theory, theory, theory, and I think I would have preferred a little practical…somebody actually going out with me and showing me what to do." Another staff characterized the training as excessively classroom-based. While this type of training was said to be helpful, a mix of classroom and hands-on training would have been more helpful. As offered, the training did not fully prepare staff for the realities of the job, from this staff member's perspective:

...Actively doing the job or maybe... more one-on-ones, peer support kind of things, and what it was like and everything. When I first joined, I kind of grew onto the job, but because of my own [prior] training...We should've been more aware of...what the actual jobs were going to be like while we were doing training....

One of the staff who expressed these concerns suggested that on-the-job shadowing would be an effective means of addressing the problem. As was discussed earlier in this section, shadowing was in fact employed extensively in the program, although one supervisor noted that sometimes the shadowing period was cut short.

...We tried to do that for as long as we felt the person needed it, or until the person told us, 'okay, I'm ready to fly solo.' ... we tried to keep people teamed up. But there are some instances ... when people were being terminated in the winter, when... you came in and unfortunately you had to fly solo pretty quickly.

In contrast to the staff raising these concerns, one staff specifically stated that the trainings were oriented to the reality of the job. This staff reported not having wanted any further training, and reported feeling adequately prepared for the job. Another staff observed that PLPI employees learned quickly on the job, regardless of the ways in which they had been prepared, saying "…I think in the first month of employment, people…learn to adapt to the employment situation, even if they weren't prepared."

Moving On. The dissolution of many PLPI services impacted staff on several levels. PLPI had offered them opportunities they may not have previously felt were open to them. These opportunities gave some staff members new feelings of competency, and made it all the more difficult to face the loss. "I'm really trying to keep it together. You see the difference …when you're working, your prosperity, your attitude, everything…." Some staff seemed anxious about their next steps, particularly about the possible lack of financial security ahead. In a staff focus group one interviewee described the situation:

Many of the staff...were eventually promoted to full time. One of the things that they were most proud of is the fact that they could get off their benefits, because now they felt as though they were...a real part of society...And now that the project is closing, some of them have to go back on their benefits...This is not what they want to do, this is not a good thing. People left supported apartments, and got their own apartments, some people went back to school...so it's depressing...for all of us here it's a question of finance, you know.

Several staff participants seemed saddened that some sites where peer groups had been established, due partly to their own hard work, would not continue offering peer services. One interviewee commented, "We helped to get something energized, and it really is a loss that…a lot of the agencies are going back to a position that they were in before we came about. No programs for their peers, when that's what peers want." Another interviewee expressed disappointment about the budget reductions that led to the cancellation of the program. "Everything woulda had to have been cut. People put tons of hours in, you know, that's a slap in the face."

Many staff participants were also grieving the loss of the support system they had developed with each other. "…We became family and also coworkers and we're all kind of sad that…tomorrow will be our last day," stated one staff participant. Another, when asked what the hardest part of the job was, replied "not being able to work no more for Project Liberty. Simple as that."

Several staff felt that their work with PLPI would have lasting positive impacts on their personal and professional lives as they moved on, even though saying goodbye would be hard. One participant described the changes that had occurred in the lives of program staff. "We've all grown…so wonderfully professionally speaking, but most of all personally speaking…people have gone and gotten their children out of foster care, people are dealing with…issues of domestic violence…the stories go on and on and on." Another explained,

I mean I'm happy about it, met some nice people...some very great professional folks that I learned a lot from…I have more confidence within myself too and I have seen like 35 people that's feeling more confidence in theyself…Everybody was really sad that the job ended…myself included. But…you take what you learn and you go on with it.

Discussion and Implications

The goal of this report is to present findings from an extensive evaluation of the provision of mental health support services to individuals with psychiatric disabilities by a peer-run program in New York City following the events of September 11, 2001. Both peer staff employed by the Project Liberty Peer Initiative (PLPI) and those persons who received PLPI services had incredibly valuable stories to tell. Their individual stories comprise the data in this evaluation. Taken together, they present a comprehensive picture of a unique mental health program providing an array of valuable services in the wake of a devastating event. The findings serve several important purposes: to improve our understanding of the nature of peer support services in mental health; to provide a case study of the delivery of peer-provided mental health services after a large-scale public disaster; and to consider implications for the funding, organization, and delivery of other peer support services in disaster relief settings.

This evaluation project gave voice to a group of individuals with psychiatric disabilities who were personally impacted by the events of September 11, 2001. As members of a marginalized and often oppressed group, their voice is not one often honored. As evaluators, one of our key roles was to encourage the open exploration of individuals' experiences with peer support services after 9/11 and to respect their unique and powerful experiences. Through listening to and analyzing these experiences and stories, we have tried to not only accurately describe a valuable and highly effective program, but also to draw implications for the organization and delivery of peer-provided mental health support services following a large-scale public disaster.

Finally, there is a broad body of literature addressing the provision of peer-delivered support services in mental health. The findings presented in this report should be viewed in light of that research and should also provide a new dimension to what is understood about peer support and its application in new settings. This final section of the report discusses our findings, identifies and addresses the most relevant practice and policy implications, and highlights areas for future research.

Program Administration

The PLPI program offers a rich opportunity for examining the relatively short-term implementation of a peer-run program, and as such can serve as an example and source of understanding for similar programs in the future. Among the most salient findings in our evaluation were those related to administrative issues. Administrative issues identified by participants include both those attached to the challenges of running a peer support program delivering mental health supports following a disaster, and those attached to the larger administration and oversight of the program by the funding source (FEMA via the Project Liberty mechanism in New York State's Office of Mental Health).

PLPI Mission. The importance of a strong guiding philosophy and statement of purpose emerged as a recurrent them in our data. Programs providing peer services need to be both clear and consistent regarding their various ideological stances and overall mission, particularly because peer services are often devalued and stigmatized in the mental health labor market and misunderstood by traditional professional providers or even by peer providers themselves. The PLPI program serves to emphasize this point, and to also identify some of the challenges associated with mission statements, including translation, clarity, adherence, and drift.

PLPI staff interviewed in this evaluation emphasized the tremendous importance of every peer outreach worker being "on the same page" and working from a similar set of values and goals. However, peer outreach workers expressed some confusion, particularly as time went on, about the overall purpose of the program and their specific roles in it. This confusion seems to be related to the phenomenon of mission drift, in which stated program goals drift from those originally formulated. Our data indicate that mission drift was most apparent in the often delicate balance between service content that was directly related to the events of 9/11 (e.g. processing emotional reactions to the event, sharing stories, grieving) and that which was perhaps only indirectly related (e.g. coping with medications, symptom management, and daily living struggles in the community).

Mission drift may have been exacerbated by the perceived disconnect between direct staff and Project Liberty administration, and by extension, FEMA. HTH had an extensive and quite successful history delivering peer support services prior since long before 9/11, but the very specific purpose set forth by FEMA mandates and the Project Liberty administration was viewed by some as overly narrow and restrictive. Philosophically, peer support services are first and foremost value-driven, and are typically built on foundational concepts of flexibility, respect, responsiveness to consumer-voiced needs, and a grassroots attitude toward accomplishing goals. Thus, the mission drift seen in the PLPI lifespan might be best viewed as a natural reaction to the many challenges of administering a peer-run support program in an entirely new and narrower context. Mission drift is in this view a normative organizational behavior, and should be anticipated in disaster relief planning activities.

Administrative Supports. Because PLPI was but one of many Project Liberty programs, and a relatively small one at that, there was an inherent danger of benign administrative neglect. The assumption that peer-run programs have the same set of needs for administrative support as other non-peer based programs may also create problems. While we do not suggest that peer programs require separate standards, our findings emphasize the importance of recognizing the unique aspects of peer service delivery in disaster relief settings. The need for this recognition should be examined by funders, administrators, and planners, as well as by the peer-run program itself. As a less traditional, less entrenched form of mental health services, peer programs cannot take for granted that established organizational patterns will be produce optimal outcomes.

Similarly, administrative oversight and supports used for traditional organizations may not achieve the same desired outcomes for peer-based organizations.

Ongoing administrative supports may be particularly useful for peer-run organizations in disaster relief settings. PLPI staff attended regular trainings provided by Project Liberty and FEMA, and these were reportedly very well received. Yet outside of training opportunities, interviews with peer outreach stuff suggest that many felt isolated and out of communication with the larger funding and administrative bodies. This isolation led to increased confusion about mission and purpose, and in some cases even to perceptions of neglect and marginalization as a result of their peer status. Such findings suggest that in a project like this, opportunities for regular contact and communication between administrators and *direct* front line staff may mitigate potential conflicts between administrative expectations and peer support practices.

The provision of outside administrative support and oversight from Community Access and Project Liberty seems to have particularly helpful for the PLPI, as it allowed the program to expend maximal energy and effort on the provision of services, while keeping administrative tasks to a minimum. Some staff reported however, that the blessing of outside administration was at times mixed, and led to increased confusion for peer staff. Even with outside administrative support and oversight, paperwork and reporting to funders emerged as a particularly challenging area for the PLPI program. Although funding mandates have in recent years increased documentation and accountability for all programs, many peer-run programs in the mental health arena have been able to operate with a minimum of required documentation and/or paperwork, especially for direct peer staff. With the PLPI, just as there was some staff confusion about mission and methods, there was also some confusion about paperwork and general reporting requirements. In future disaster relief settings involving peer support components, programs such as PLPI may need additional support and assistance with not just the completion of paperwork and reporting, but also the rationale behind it. Such supports need to be provided in an ongoing, participatory manner.

Determining the Right Balance: Length of Services. The findings here suggest that measuring where and when the impact of a disaster like 9/11 begins and ends is difficult and potentially fruitless. It follows that for PLPI group participants and some staff as well, imposing time frames and content restrictions ran counter to the purpose of the program. Many participants felt that attempts to draw boundaries around the impact of 9/11 can only serve as a rationale for setting limits on a program that had taken on an incredibly meaningful role in the lives of many consumers.

After an event like 9/11, it is critical to consider the optimal length of disaster relief services aimed at addressing mental health concerns. Such consideration is especially important as funding for disaster relief constricts, and the possibility of future disasters, particularly those related to terrorism, increases. Unlike other aspects of disaster relief (restoration of housing, food, clothing, business relocation, etc.), the impacts on mental health following a disaster are often subtle and difficult to measure. Participants in this

evaluation described recurrent mental health concerns related to the 9/11 events that arose at unpredictable moments. It is possible that those who were traumatized will experience recurrent effects for years to come. Our data suggest that for individuals with pre-existing psychiatric disabilities, this possibility may increase, and place them in a higher risk group with limited supports.

Ultimately, it may not be possible to conclusively determine how much post-disaster relief is enough. The data analyzed in this evaluation suggest that mental health needs following a disaster are fluid, and often subtle in their display, since many individuals only realize the 9/11 connection when given the opportunity to explore and address it with others who have been through the same event. Our findings also suggest that peer support services can be a uniquely helpful and appropriate way to offer these supports for persons with psychiatric disabilities. PLPI group services in particular were seen by some as a valuable means to prevent longer-term recurrence of such impacts through the provision of a consistent safe haven where concerns and experiences could be openly explored. As with determining the most effective length of participation in ongoing support services, measurement the impact of group participation on the recurrence of post-traumatic symptoms is fraught with challenges and pitfalls.

Transitional Planning. PLPI reached out to persons with psychiatric disabilities, offering an array of meaningful peer support services, sharing experiential wisdom from a peer's perspective, and finally offering a safe place to process the mental health impacts of the disaster. Peer networking in general, and PLPI services specifically, became an integral part of many service recipients' ongoing support system. However, disaster relief services are by their nature temporary and aimed at the restoration of pre-disaster states of functioning. The inherent tension between the short-term nature of the services (and their funding) and the long-term needs of the population became more palpable as time went on, and intensified particularly at the end of the program.

Following the closure of PLPI, this transitional role was demonstrated in some host settings where groups continued on with new facilitators, often peer facilitators from the groups themselves. However, some PLPI recipients in groups that were terminating felt that funding was cut because peer support was not valued, leading to resentment and a significant sense of loss. Several participants also expressed a sense of frustration that program closure implied that group members should have fully recovered and moved beyond the impact of 9/11, regardless of its nature and severity. Had a more organized approach to transition been used, PLPI recipients may have felt more supported through the process and perhaps may have been better informed of the reasons for the withdrawal of funding.

Organizational Context

The qualitative findings of the PLPI evaluation revealed what was for most a very nurturing environment, one that encouraged growth on both the personal and professional levels while offering an invaluable peer network that would persist beyond PLPI services. In some ways, the right mix of people at the right time may result in such a positive atmosphere, and replication cannot in this case be expected. However, PLPI must be credited with very purposeful cultivation of their environment, and may serve as an example for other peer programs.

Preparatory and On-the-Job Training. Standard approaches drawn from similar programs or the general literature provide helpful models for training outreach workers. However, in the more esoteric practice of peer disaster relief, it is necessary to tailor existing models to better enhance the skills with which individuals may be entering the peer support training, and introduce those they may be more likely than the average job seeker to lack. In making such modifications, trainers may begin to anticipate some of the unique challenges peer workers will face in their interactions with site administrators, consumers, and the general public, and help prepare trainees accordingly.

Training was absolutely critical for staff readiness. Although some PLPI staff had previous work experience, others did not or had been out of the workforce for a significant period of time. Not only was position-specific training necessary, the basics of employment in general were also essential areas of preparation. Furthermore, PLPI training needed to address diversity issues, as staff members would be working throughout the five boroughs in many different neighborhoods with many different people. Howie the Harp (HTH) offered its own intensive two-week peer support and advocacy training, and most PLPI staff completed the program prior to conducting outreach or leading groups on their own. FEMA provided additional diversity programs and disaster response training. Staff interviewees, while for the most part satisfied with the training that was offered, also felt that not enough practical training was provided. Many staff felt that the training was an academic exercise more than a hands-on learning experience, and that left them with some anxiety around actually getting started with their real-life job responsibilities.

As PLPI grew and matured, staff with greater agency longevity became a valuable training and orientation resource. New staff learned about their day-to-day functions from more experienced peer workers by "shadowing" their peers as they conducted individual outreach work and facilitated ongoing groups. Shadowing provided real-life training for new peer workers as well as opportunities for more experienced peers to act as role models of successful professional progress, in a mutually beneficial exchange. New staff were also able to try out some of their roles in the presence of a more experienced colleague, and receive support and feedback.

Shadowing was highly valued as an experience by PLPI employees. Still, it is clear that other types of experiential learning prior to field work would have been appreciated. Particularly because the bulk of peer outreach work happens long distances from a

supportive home base, it is important to instill in new workers a sense of readiness and confidence to the extent possible. The staff we interviewed expressed that more hands-on training would have been helpful to this end.

Building a Supportive Environment. Peer workers are charged with helping others with psychiatric disabilities, sometimes at times of crisis, while concurrently managing their own mental health issues. Furthermore, they are attempting to disseminate information about the potential of peer support to an audience that may respond in ways ranging from curious to skeptical to insulting. The responsibilities of outreach work throughout a large geographical radius make the position all the more fatiguing. Providing a supportive home base is a critical development area for peer support programs. Agency support of peer staff is as important as the support the peer workers are providing to the public. It also demonstrates the professional possibilities open to peers when such nurturing environments are encouraged in more and more mental health agencies.

A number of factors helped to develop a familial feel at PLPI headquarters. The most basic was a progressive and educational approach to mental health issues that attempted to counter years of internalized stigma and employment discrimination amongst peer recruits. PLPI supervisors actively sought to develop an organizational paradigm that did not mirror traditional work settings, which generally speaking are not considered to be responsive to the needs of people with psychiatric disabilities. Of course, professionalism was valued at PLPI, and the skills staff members gained there would certainly be transferable to other employment settings. The open environment allowed staff members to feel safe enough to commit to developing new skills, even though some may not have previously been able to visualize themselves in professional roles. For example, flexible schedules allowed for attendance to family and personal issues, including mental health needs; multiple staff meeting times offered a less rigid approach to organizational obligations; and lateral moves within the agency permitted staff to try out various shifts and positions to determine the best fit, rather than leaving when difficulties arose.

That working with PLPI also provided stable financial support was an important factor in staff recruitment and retention. While this may seem obvious, again, the population from which PLPI's workforce was drawn had never been able to take financial security for granted. A steady paycheck was more than just a way to make ends meet. It was also a path to independence that may not have been available in the past, as well as a means to strengthen peer staff members sense of professional self-efficacy.

Organized recreational activities and a formal recognition program also helped create a warm and supportive environment. Activities that strengthened friendships lent the workplace a strong sense of loyalty and trust. Formal recognition let staff members know that they were valued contributors to an organization performing valued functions in the community. Considering the high stress levels involved in disaster relief work, these events were a much needed release and a way for staff to appreciate their own and each other's struggles in the field.

Meetings and Supervision. In order to achieve some of the supportive agency characteristics described in this section, it is vitally important to have established and recurring opportunities for staff to interact directly with supervisors. Nearly every branch of the helping professions recognizes the need for supervision due to the highly personal nature of the work, the ethical gray areas that must be talked through, and the complications of interacting with representatives of other agencies and community centers that may or may not enjoy a common mission. As mentioned earlier, some staff members had little previous work experience and may have encountered novel professional issues on a daily basis. Furthermore, on a conceptual level, peer support is always actively defining itself and certainly even someone entering PLPI employment with a strong work history would run into areas of ambiguity.

Weekly staff meetings allowed staff to ask questions and receive professional advice. They also allowed for group discussions of the ups and downs of the difficult work peer staff took on around the city. Apparently, the staff meetings did sometimes blur into a support group style discussion. It is unclear, however, whether this shift was considered a liability, or if staff appreciated the outlet.

Staff also met with supervisors one on one on a scheduled weekly or bi-weekly basis, and discussed a wide range of professional and personal issues. Many supervisors and staff felt that these were open conversations where any topic was welcome. Staff clearly appreciated these opportunities to ask questions, speak directly, and deal with stress. Overall, PLPI supervisors appeared to be quite responsive and quite willing to tailor supervision to the diverse working styles of staff members. In the rare case that direct supervisors were not responsive enough, for whatever reason, it appears that staff felt they had numerous opportunities for support from other supervisors and from each other. Those that experienced difficulties getting the supervisory support they desired, of which we are aware, were able and comfortable enough to vocalize their concerns, and it appears their needs were eventually met.

Informal supports provided by supervisors and colleagues such as unplanned conversations around the office and on the phone seemed equally important to PLPI staff. Just being able to talk to each other and share their concerns was helpful, and strengthened organizational and personal bonds. Many staff members clearly felt a great deal of affection and admiration for their colleagues, and were able to take that positivity with them as they went about their day.

Organizational Summary. The elements above synergized in an organizational culture that both staff and consumers appreciated, and all involved seemed to feel privileged to have been a part of it. At the root of the organization's success was a genuine respect and admiration for what peer workers could accomplish. Whatever someone's history, once recruited to the program they were offered opportunities not only to work and to enjoy membership in the PLPI family, but also to participate in an atypically democratic work atmosphere. Like most peer service delivery models, PLPI drew heavily on a value-based philosophy of consumer-driven services that is central to the practice of peer support. The PLPI model was built on peer empowerment principles, and it is this value base that

fostered such determination and passion among peer staff. Although staff experienced a very tangible and significant loss when PLPI services came to an end, there truly seemed to be uniform agreement about the widespread impact of the program. Participants in our interviews and focus groups confirmed that they viewed the PLPI as a resounding success, that it was time well spent for them, and that the benefits of participation would be lifelong.

Implications and Lessons Learned

This section distills the findings explored above and offers a series of points for the reader to take from this report. Each point represents a key element that may be useful for providers and policymakers planning future peer services in disaster relief settings. It will also add to the body of knowledge about peer support in general. These are not intended as a comprehensive set of knowledge, but rather as a starting point for future consideration, research, and analysis.

- *Established peer service organizations can successfully develop and support peer-run disaster relief programs that reach large numbers of individuals in need.*

Preparing and planning for disaster relief situations requires the rapid assembly of an array of providers, programs, and service options for individuals. In the case of PLPI, the established organization (HTH) drove the program planning process, provided administrative support, facilities, recruitment and staff training during the implementation phase, and guided the program's termination. The success of this venture points to the importance of developing and supporting general peer service organizations, as well as involving such organizations in community disaster-relief planning. Such planning should be done collaboratively with peer service leaders and representatives of key peer organizations. Funders who provide emergency and disaster relief monies should ensure that peer service options are included in planning for the provision of mental health supports following a disaster.

- *Peer service organizations providing disaster relief services encounter the same biases and challenges faced by general peer service organizations in the mental health arena.*

Traditional mental health service providers that have the potential to collaborate with and offer referrals to peer organizations are often unaware of them as a resource. Those that are aware may fail to recognize the legitimacy and unique role of peer services, or may feel threatened by perceptions of peer organizations as competitors for scarce service dollars. Successful functioning of peer organizations depends in part on the orientation of the larger provider community to the need for peer services. In disaster-relief situations, many programs will be time limited. It is critical that attitudes toward peer support are addressed on an ongoing basis, rather than waiting until short-term solutions are implemented.

- *The mission of peer support services following a disaster should allow for flexibility, particularly with regard to the content and scope of traumas addressed.*

The data reported suggest that tensions may arise between the limited mission of disaster relief and the concerns of the providers and consumers of peer services. While funding is generally directed either towards mental health services or disaster relief services, peer providers may find that they cannot address one without the other, and consumers may find such dichotomized services less accessible and in some cases problematic. Although the translation of an organizational mission from administrators to direct services workers is critical, flexibility in both the definition of trauma and the purpose of disaster relief funding could better support the provision of disaster relief services to a more diverse population, including people with psychiatric disabilities.

A related implication of our findings is that peer services related to disaster relief may naturally address a wider range of traumas than traditional services. One of the core values of peer support as applied in peer-run mental health programs is the importance of consumer-driven services. Operationalized, this means allowing service recipients to direct the nature and extent of the helping exchange. Disaster relief and support services accordingly must be flexible enough to address the various shapes and forms that mental health impacts from a disaster may take.

- *Peer outreach work, particularly in targeted locations, can offer a concrete means of identifying and engaging individuals in specific subgroups (e.g. those with psychiatric disabilities) who might otherwise not connect with post-disaster support services.*

Peer support services and outreach work following a public disaster like 9/11 can serve to help individuals with psychiatric disabilities expand their social networks and "hook" them into caring communities made in part of peers. Peer outreach and support offers a non-threatening, respectful, and empowering way to process through the experience of the event and resulting after effects. Peer outreach may be perceived by some individuals as more genuine, and ultimately more meaningful, due to the outreach workers' shared life experiences and perspectives. The notion of increased trust, and connection with peer outreach workers and group leaders emerged as a powerful theme in the data reported here.

▪ *Participation in peer delivered mental health support services gives recipients a forum to share experiences and concerns with others who have similar backgrounds and lived experiences, and introduces recipients to highly valued social role opportunities through engagement with a broad range of peer support activities and resources.*

Authenticity, warmth, and mutual sharing between peer provider and recipient are central cornerstones of peer services in mental health in other non-disaster relief settings. Our data indicate that applicability of basic principles of peer support to disaster relief settings is a natural and appropriate fit. Recipients interviewed described ongoing confusion about their own reactions to the 9/11 events, and regularly questioned the normality of those reactions. Many also described a perceived lack of options for talking about and processing their experiences and associated affective responses. Having a safe forum for such discussions was a crucial support for these individuals. PLPI group participants were also impacted through access to new social role opportunities, which in turn opened new doors and life alternatives for them. For many individuals, the experience of participating in peer support following a disaster such as 9/11 can provide a different way to see the world and to envision a new purpose characterized by the exchange of mutual support. As but one example, some individuals interviewed here were actively seeking peer support employment as a result of their participation in services.

▪ *Peer organizations may have different administrative needs than traditional disaster-relief providers.*

Disaster-relief funders and other relevant administrative agencies may expect adherence to certain hiring, training, supervision and termination policies. The applicability of existing policies to peer organizations should be thoroughly considered, and modifications should be negotiated as necessary.

Furthermore, direct communication between funders and peer-run programs providing mental health support services following a disaster are critical. Regular meetings between Project Liberty administrative leaders and peer staff may be a helpful strategy in future efforts such as this one. Administrative consultants and technical support specialists, particularly those who have specific knowledge and experience with peer-run mental health organizations, may also be useful.

- *Staff support and supervision are critical components of peer support disaster relief program management.*

Due to the intense emotional nature of the work, supervision and staff supports are essential for the successful retention and job satisfaction of peer workers in programs like PLPI. Supervision in peer support disaster relief programs should be both clinical and administrative, allowing for the exchange of organizational information as well as the discussion of professional, ethical, and personal matters. Additionally, there is a need for both structured and unstructured forums in which peer staff can debrief, share work stories, and mutually learn from their experiences providing outreach and ongoing support services. Administrators and funders of disaster relief efforts that include peer-provided services need to be aware of these needs and incorporate them into planning processes.

- *Peer services following a large-scale public disaster like that affecting New York City after 9/11 can serve offer a high visibility example of peer support principles and can serve to help establish important relationships with traditional mental health organizations.*

Many of the recipients interviewed for this evaluation indicated that their interaction with PLPI was their first encounter with organized peer support services. Similarly, many of the host sites for PLPI groups were traditional mental health provider organizations that previously knew very little about peer delivered mental health services. The location of PLPI services in these settings offered two distinct yet important benefits: (1) accessibility and availability for individuals with psychiatric disabilities, and (2) increased visibility of peer providers and peer models of supportive care within traditional mental health settings.

We hope that one of the longer-term impacts of the Project Liberty experience in New York City is that peer services are increasingly seen a complementary and highly valuable contribution to the mental health service delivery sector. Informal conversations with staff at these host settings suggested tremendous appreciation to PLPI for the group services provided there. It was evident from these conversations that the benefits were seen not only in programming time and free labor, and more importantly for the value of peer relationships and role modeling of peer leadership skills. Indeed, several of the PLPI groups created post-PLPI plans to continue operating as peer-run self-help groups, and were supported in this endeavor by the host sites. The co-location of PLPI group services in traditional mental health sites offered a successful starting point for future collaboration and ideally integration of peer and non-peer support services.

▪ *Peer support services can and should be integrated into other mental health disaster relief efforts in order to provide potential recipients with as broad and comprehensive a set of supports as possible.*

Peer services complement traditional mental health services and serve as a "value added enhancement". In fact, some recipient interviewees suggested that the combination of peer and non-peer providers offered a more effective means of coping. Our data confirm that most PLPI recipients received both traditional and peer-delivered support services. Yet the value of peer support services for these recipients has been tremendous, and in some cases has even been explicitly referred to as "life saving".

▪ *In planning for future disaster relief responses, when possible, established peer-run mental health programs with experience in service delivery should provide the peer support component in an effective model.*

The remarkable success of the PLPI was in large part to the organizational experience of the Howie the Harp Advocacy Center (HTH). Without their expertise in training, supervision, and administration of peer services, the rigors and challenges of the work would have likely been too overwhelming for many of the peer outreach workers employed in the PLPI. Most staff described the agency environment as entirely critical to their ongoing survival and emotional ability to do this difficult work. Furthermore, the long-term relationships HTH had with key stakeholders, including host site organizations, was a significant in the PLPI's ability to develop a citywide network of supports and locations for services.

▪ *Peer-run disaster relief programs face unique challenges during planned program termination.*

The search for new employment, often in an economy still reeling from the disaster, is an experience common to most employees of closing disaster-relief programs, but peer providers often meet with additional barriers. These barriers may include limited or intermittent work histories, requirements for workplace environment accommodations, and the enduring stigma associated with psychiatric disability. Peer-run disaster relief programs may therefore need to build additional employee supports into the termination process and may require additional funding and administrative accommodations to enact those supports.

- *A formal, organized approach to the transition from funded disaster relief services to more permanent ongoing mental health support structures should be central to any future efforts to plan for the inclusion of peer support services in a post-disaster setting.*

Mental health disaster relief services like PLPI may be well placed to serve a transitional role, with supportive service models stepping in to take over once formal relief services are concluded. In planning for future disasters, it may be useful to think about ways to formalize transitions from disaster relief services to more permanent service structures in the community. Some of these structures may already be in place, while others are in need of development and/or coordination. Development of these transition plans and supportive service models must begin long before termination of relief services.

Conclusion

The core premise upon which the PLPI program was developed is the notion that individuals who have personal experience with a psychiatric disability and with the receipt of mental health services have a unique role to play in the delivery of mental health supports following a disaster such as the World Trade Center bombings of September 11th, 2001. Implicit in this premise is the assumption that services provided by trained and licensed mental health professionals not identifying as "consumers" or "peers" may not be adequate to meet the needs of those persons with existing psychiatric disabilities who are impacted by such a disaster. Peer support services are not conceptualized as an alternative to traditional, professionally delivered mental health services, but rather as an enhancement and a complementary resource.

For many PLPI recipients, the range of need for supportive interventions was broad. Supportive counseling, group participation, and warmline usage may not always have reflected specific 9/11 content, yet were ultimately recipient directed and focused. The needs of individuals with psychiatric disabilities are both and complex and multidimensional. For many, the effects of the disaster are inextricably with other challenges they have faced as people with disabilities. Interviewees described PLPI services as absolutely critical in the restoration of meaningful post-disaster lives. Our data, taken in combination with the quantitative utilization data captured by Project Liberty, indicate that the program was incredibly successful in meeting its goals and that it dramatically impacted the lives of thousands of individuals.

The individual stories shared with the evaluators in this project offer firsthand accounts of a public disaster and the resulting impacts on mental health for individuals with psychiatric disabilities. Perhaps more importantly, these same stories tell of the overwhelmingly positive impact of peer-provided services and supports offered via the PLPI mechanism. Finally, they offer a set of valuable lessons learned that may be of assistance for consumer-run organizations, mental health planners, and policymakers as they strive to envision effective mental health support services following a public disaster.

PLPI staff exhibited remarkable levels of passion, commitment, and dedication to the program and its goals. Even more striking was the clear and sustained focus on the needs of PLPI service recipients. For some PLPI staff, working in this program was their first employment experience. For others, it was the first time they had worked in a setting in which their psychiatric diagnosis and associated experiences were seen as assets rather than liabilities. Again and again, the data reported here provide stories of peer workers going above and beyond the call of duty to provide supportive services outside of the context of the program-defined service encounter. It was this level of extreme dedication and deep concern that made PLPI services so effective, and that kept individuals involved in services.

The implications of this evaluation are significant and far-reaching. The lessons learned represent a beginning point for reflection and discussion. There is much more to be learned about the provision of mental health supports following a public disaster, and much to be learned about the specific role of *peer support* within that delivery framework. The data here confirm that peers have a worthy role to play and, when included in a structured and supported way, can have life-altering impacts on great numbers of people. The PLPI experience should not be relegated to a footnote in the 9/11 story. Instead, the ability of persons with specific characteristics (in this case, shared identification as those with psychiatric disabilities) to provide meaningful, powerful, and formalized support services to others should be praised and indeed emphasized in planning for future disasters.