

# **“What Do You Think?”**

## **Peer Support Survey 2010**



## **Statewide Survey Results**

**January 2011**

New Hampshire Bureau of Behavioral Health  
105 Pleasant Street  
Concord, NH 03301

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### PARTICIPATING AGENCIES

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## INTRODUCTION

The Bureau of Behavioral Health (BBH) contracts with Peer Support Agencies (PSAs) to provide certain community-based, consumer-run, public services. In 2010, eight agencies operated in thirteen physical locations, plus provided three mobile outreach programs, to over 2,300 adults with serious mental illness (SMI), providing access in nine, of ten, mental health regions of the state.

The Executive Directors of the agencies met with the NH Bureau of Behavioral Health State Planner, in 2008, to discuss and initiate an annual online consumer survey. The first “What Do You Think?” survey was conducted in 2009. This is the second year survey. The surveys are not identical but do have some elements in common. This is the statewide comprehensive report. Individual agency reports, limited to the data for that site, will be provided to each PSA.

The survey provides input for the NH mental health block grant State Plan. The PSAs are funded by NH’s grant (64%), and by State general funds (36%). The goal of the survey is to receive feedback from participants in peer support that will contribute to planning, policy, and system transformation. All PSAs participated in the survey. The terms “member” and “participant” of peer support services are used interchangeably.

Input from members of PSAs is important for shaping the planning process for State-funded peer support programs in New Hampshire. The survey relates to the mental health block grant’s National Outcome Measure (NOM) #8 - Increased Social Supports/Social Connectedness. It also relates to the President’s New Freedom Commission Goal #2: Mental Health Care is Consumer/Family Driven, and to one or more of the State Performance Measures.

**200 people completed the “What Do You Think?” survey.  
This is 28% of the 702 adult individuals who engaged in peer support, statewide,  
during the time of the survey.**

The number of surveys completed is targeted to increase by 10% each year, in ratio to the number of participants coming to the PSAs during the survey period.

The participation in the survey is voluntary. There is no respondent identification in the survey unless the survey taker elects to self-identify. Although the electronic survey is anonymous, anonymity is not necessarily guaranteed at the agency level. As such, the Bureau does not publish individual comments, many of which may identify staff, agency, and/or respondent. The survey is a non-scientific sample of people who engage as members in Peer Support Agencies. The survey could also be printed out as a paper survey<sup>1</sup> if that is what the person preferred.

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<sup>1</sup> All responses must be entered electronically in order to be included in the analysis, so those using a paper survey were not assured anonymity, as the staff had to transfer the responses to the online application.

## EXECUTIVE SUMMARY

There were the twelve elements addressed in this survey. Those with a double asterisk\*\* were also included in the 2009 survey. One third of the 2010 respondents (66 of 200) also took the 2009 survey. The responses to the identical elements cannot be scientifically compared as statistically valid, however they may be generally compared, as the respondents are drawn from the same population surveyed last year.

Among areas that might be generally compared, the responses overall may be viewed as “improved”, or more positive. The “No Response” rate was essentially the same, however there are particular elements in which the “No Response” rate is decreased from 2009, which may indicate a higher interest in addressing the element this year compared to last year.

The response rate for the 2010 survey was 28%, which is 200 individuals out of the 702 reported by the agencies as having attended during the 30 day period in which the survey was open. The response rate from the FY09 survey, which was open for three months, was 38% (153 of 467) and established the baseline for a response rate for future surveys.

The survey response rate was lower this year due to technical difficulties with the survey launch that shortened the time available to respond, plus one agency had a very high number of participants and a very low number of people taking the survey, which affected the ratio. Two hundred optional comments were made, across all elements. The statewide positive to negative ratio of the comments was 86% clearly positive, or affirmative, to 14% clearly negative, or critical. Other comments were neutral or not applicable, i.e. “I like to read the paper.”

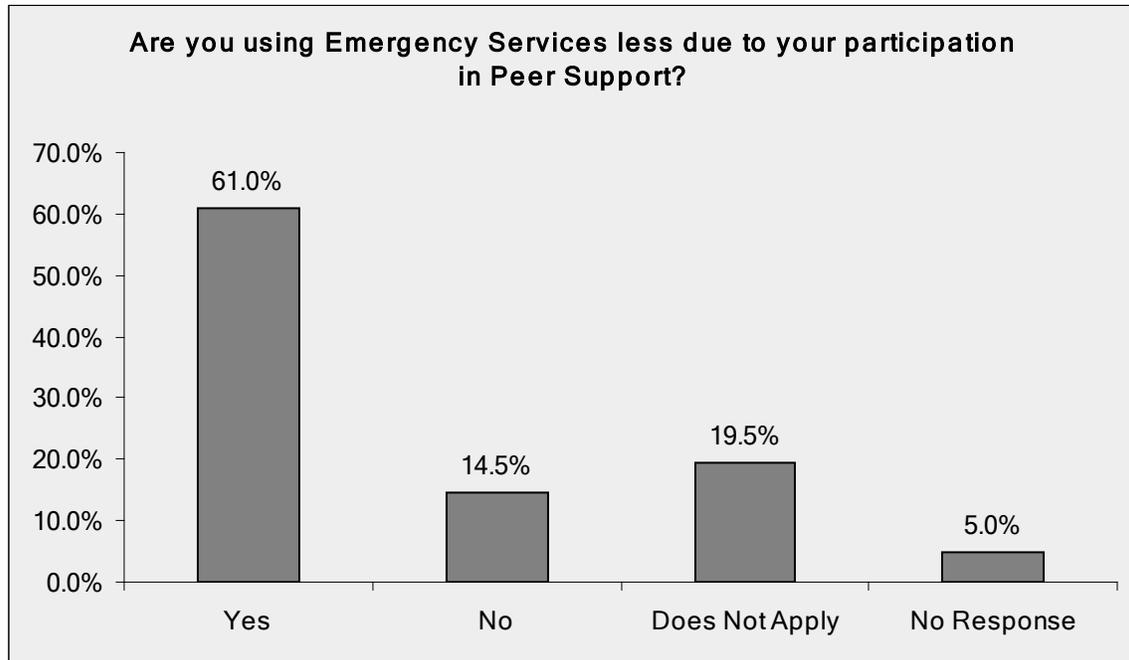
The data generated by the survey results and the optional comments indicated that the majority of those taking the survey expressed having:

- Positive experiences with peer support and their peer support agency, overall
- Enhanced interpersonal relationships
- Increased communication skills
- Increased confidence in self
- Reduced use of Emergency Services (61%) and other mental health services (24%)
- Limited discussions or programming regarding co-occurring disorders of mental illness and substance use disorders, in the context of dual recovery. Sixty percent reported having never been asked about their alcohol or drug use
- Perceptions of limited access to computers with Internet, in some agencies
- A desire to know more about online peer support and mental health resources
- A high degree of stated gratitude for the availability of peer support in the members’ communities

Of all positive comments, 79% were related to the influential role of peer support in using Emergency Services and other mental health services less, along with the perception that staffs believe the individual can grow and change in their recovery. Of all negative comments, 46% were related to perceived barriers to computer use and access to the Internet, including policies that restrict utilization of online peer support recovery and mental health resources.

## SURVEY RESULTS

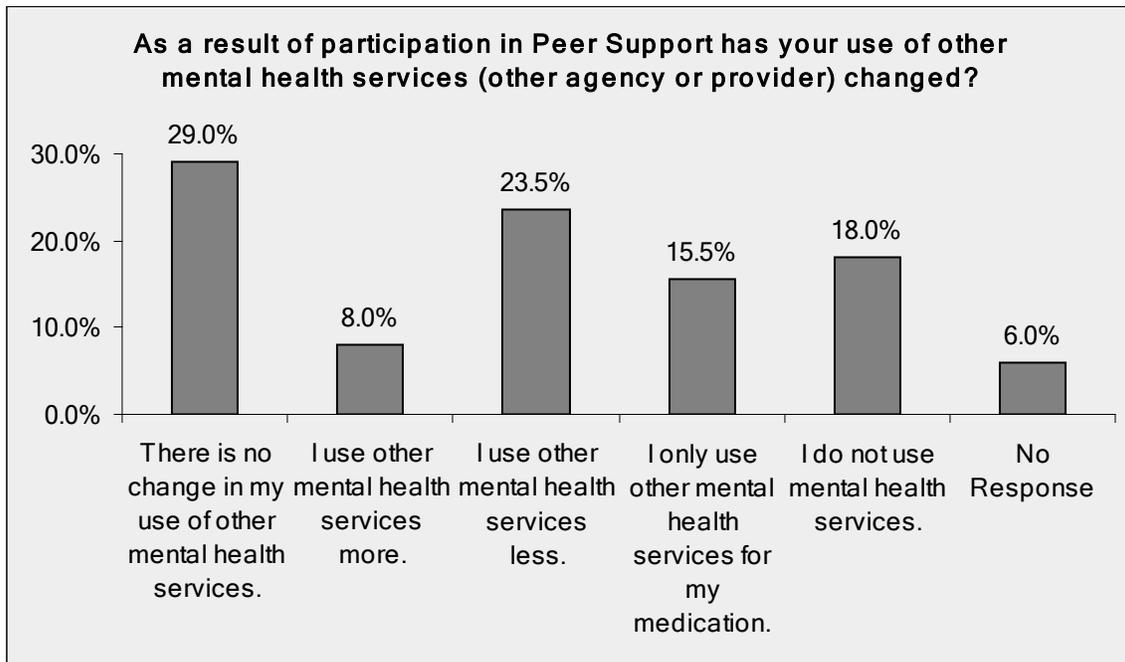
1. \*\* Are you using Emergency Services less due to your participation in Peer Support?



Sixty-one percent of peer support participants report a reduction in their use of emergency services, compared to 46% in 2009. In other words, more people this year said they are using Emergency Services less, because of peer support.

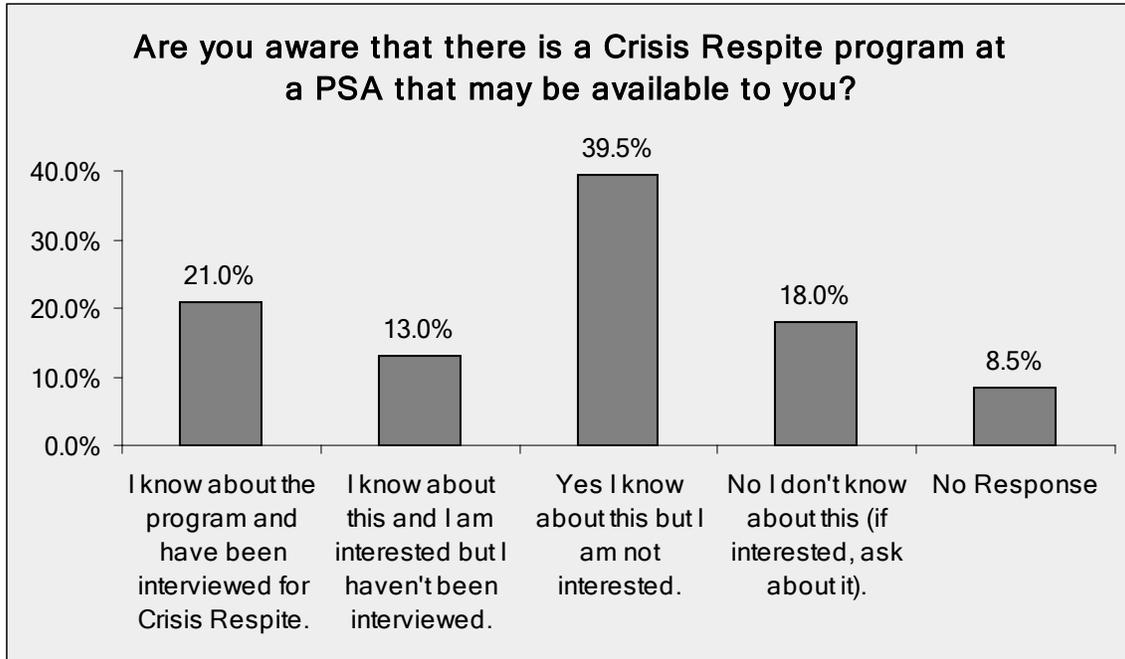
The 14.5% percent reporting that they did not experience a reduction in their use of emergency services increased from 9% in 2009. Fewer people responded that the element "did not apply" in 2010 (19.5%) whereas 40% said it did not apply in 2009. The "no response" rate remained the same (5%) both years.

2. \*\* As a result of participation in Peer Support has your use of other mental health services (other agency or provider) changed?



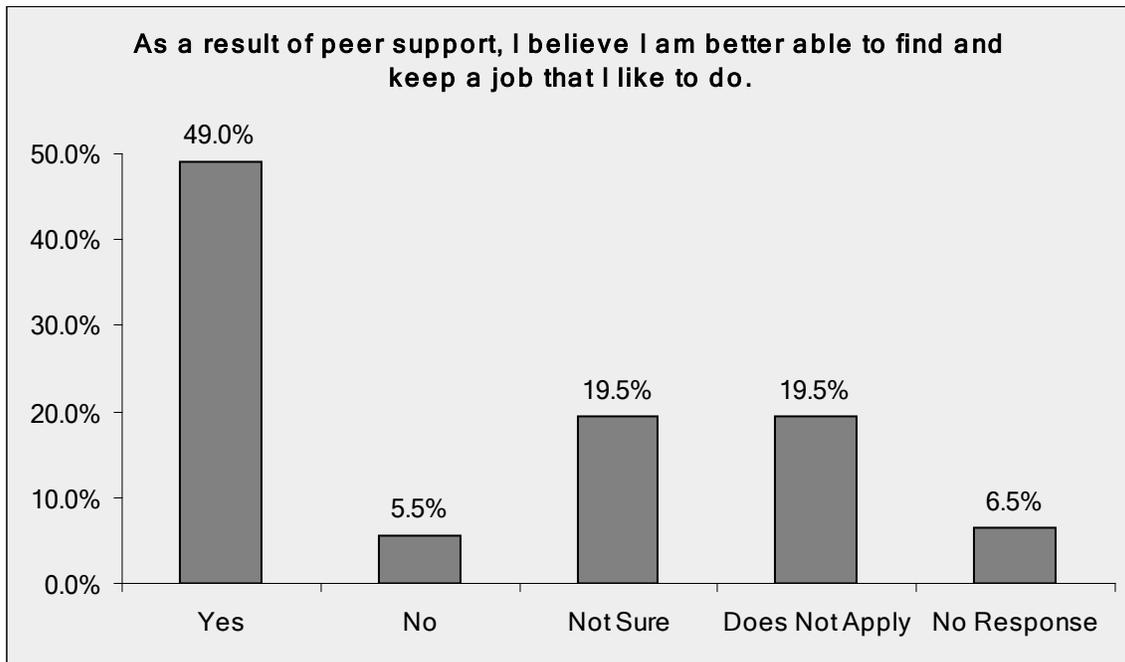
The 2010 data and the 2009 data for this element did not produce any notable differences. The “no response” rate was 6% in 2010; it was 11% in 2009.

3. \*\* Are you aware that there is a Crisis Respite program located at the Stepping Stone peer support agency in Claremont that may be available to you as an alternative to going into the hospital? (It does not matter where you live-the program is available statewide.)



The percent of people reporting that they know about the Crisis Respite program and have been interviewed for it, a prerequisite for admission, is 21%. The 2009 response was 16%. The percent of peer support members reporting being aware of the program, but not interested, is 40% for 2010, and was 30% in 2009. The percent of people reporting that they do not know about the program is 18% in 2010, compared to 23% who said they did not know about Crisis Respite in 2009. The percent of people selecting “no response” in 2010 is 8.5%. The 2009 “no response rate” was 16%.

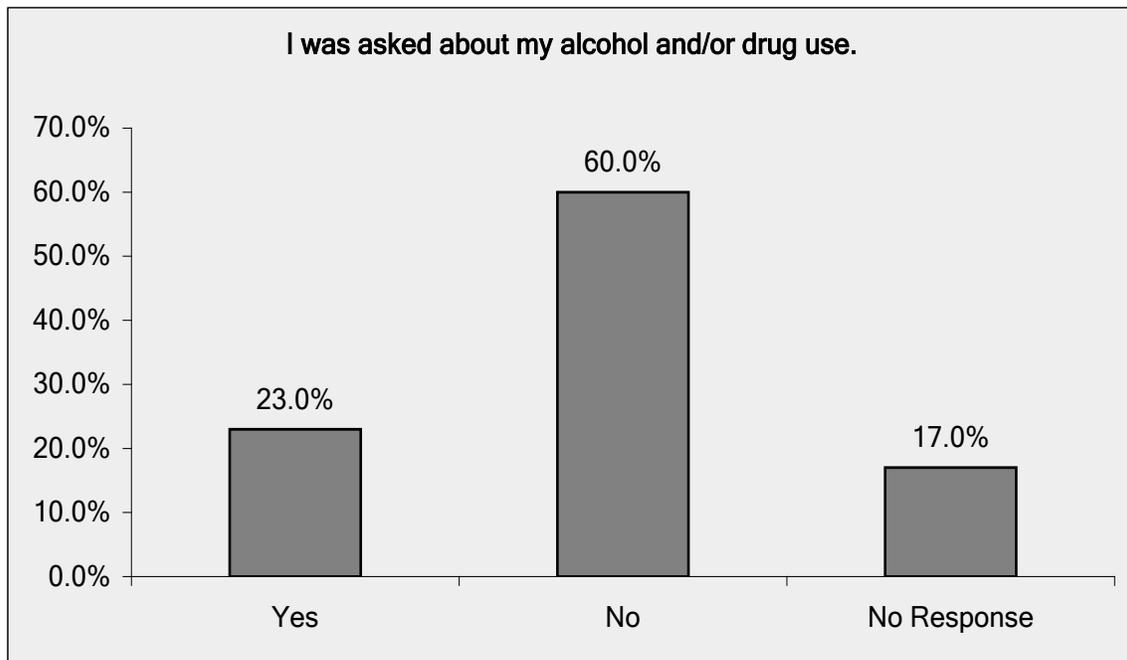
4. **\*\*As a result of peer support, I believe I am better able to find and keep a job that I like to do.**



Forty-nine percent of those responding report believing they are better able to find and keep a job they like to do, as a result of peer support. The percent of people reporting they do not believe that peer support has resulted in their being better able to find and keep a job that they like to do is 5.5%.

In 2009, this query, while worded the same, was one item in an 8-item section and there was no choice of “not sure” or “does not apply” in 2009, which precludes making any general comparisons of the two years regarding this particular element.

5. I was asked about my alcohol and/or drug use.



This element was added this year to develop a baseline from which to gauge the level of inquiry among peer support agencies regarding the possibility of co-occurring disorders. Many people with a serious mental illness also have a substance use disorder, referred to as a dual diagnosis or co-occurring disorder. Mental illness coupled with alcohol, nicotine, and/or other drug addiction results in a more complex health condition that often means the person is at a greater risk for symptom re-emergence in either or both disorders, than if the person has only one condition.

Due to the complicated nature of co-occurring disorders, which are also associated with elevated risk for other chronic diseases such as diabetes, obesity, heart disease, lung cancer, and high blood pressure, experts are recommending more integrated approaches to “whole health” prevention, treatment, and supports, including peer support, for long-term recovery.

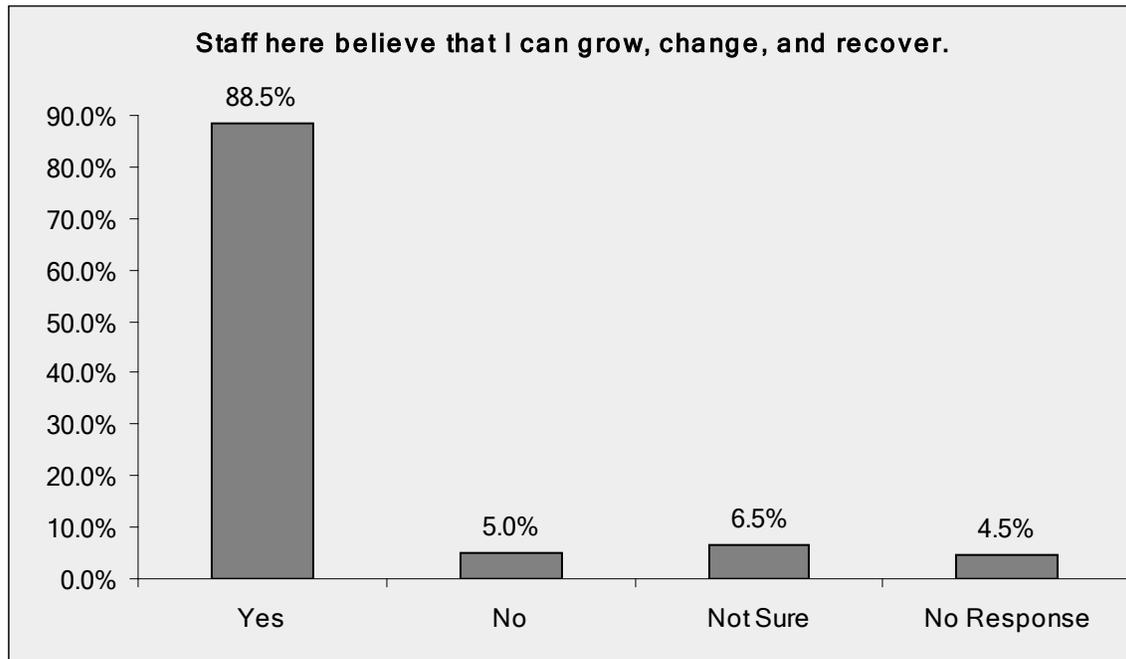
**Sixty percent of the survey respondents reported that they were not asked about their alcohol or drug use.**

Given the high percent of adults with SMI who also have a substance use disorder, this data leads to the question of what factors may influence, or prevent, discussing the subject with the individuals who come to the PSAs seeking support for themselves.

Some agencies provide information about local community-based peer meetings, such as Alcoholics Anonymous, Narcotics Anonymous, Dual Recovery Anonymous, or Dual Diagnosis/Emotions Anonymous, but most do not provide ongoing, in-house, programming addressing the challenges inherent in living with chronic co-occurring

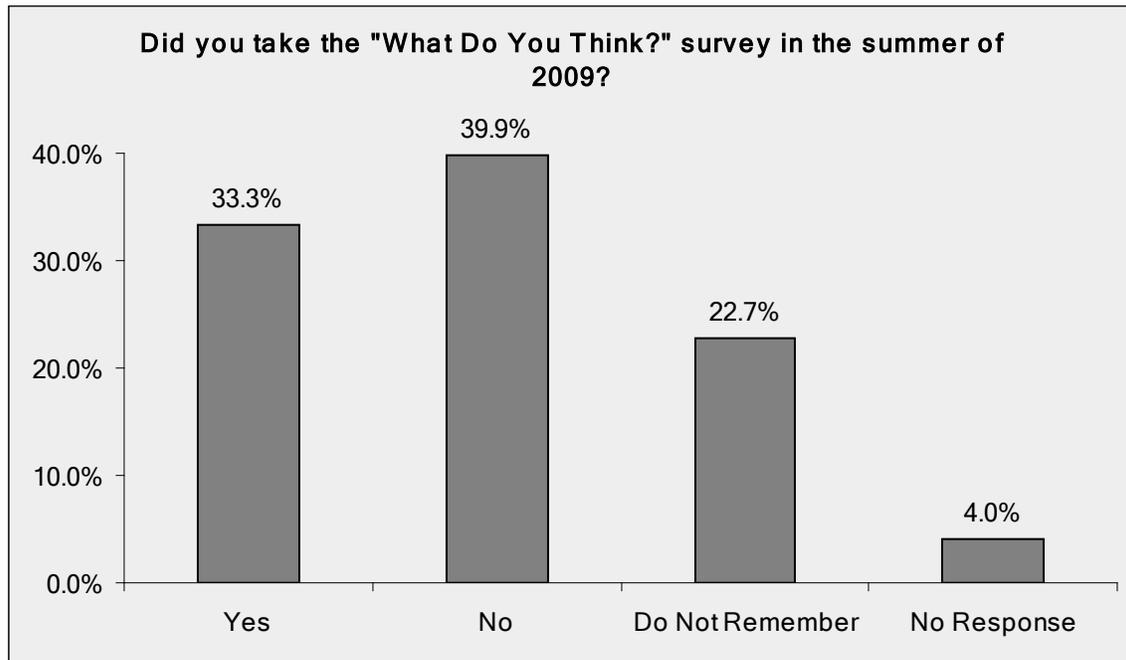
disorders. Of note, SAMHSA is quite focused on increasing integrated approaches to health care and recovery, and new measures of accountability regarding services purchased with Mental Health Block Grant funds are expected to soon be included in the grant application and performance requirements.

6. Staff here believe that I can grow, change, and recover.



This data, with over 88% of respondents reporting favorably, indicates that the staff of the PSAs, the majority of whom are peers themselves, clearly convey to the members and participants that they believe in their ability to grow, change, and recover in positive directions. This presumably reflects the demonstrated valuing of wellness-oriented approaches to peer support among the provider agencies.

7. Did you take the "What Do You Think?" survey in the summer of 2009?



As discussed previously, only general comparisons may be drawn regarding those few elements that were repeated from 2009 in the 2010 survey. Over 30% of the respondents who took the survey this year also took the survey last year.

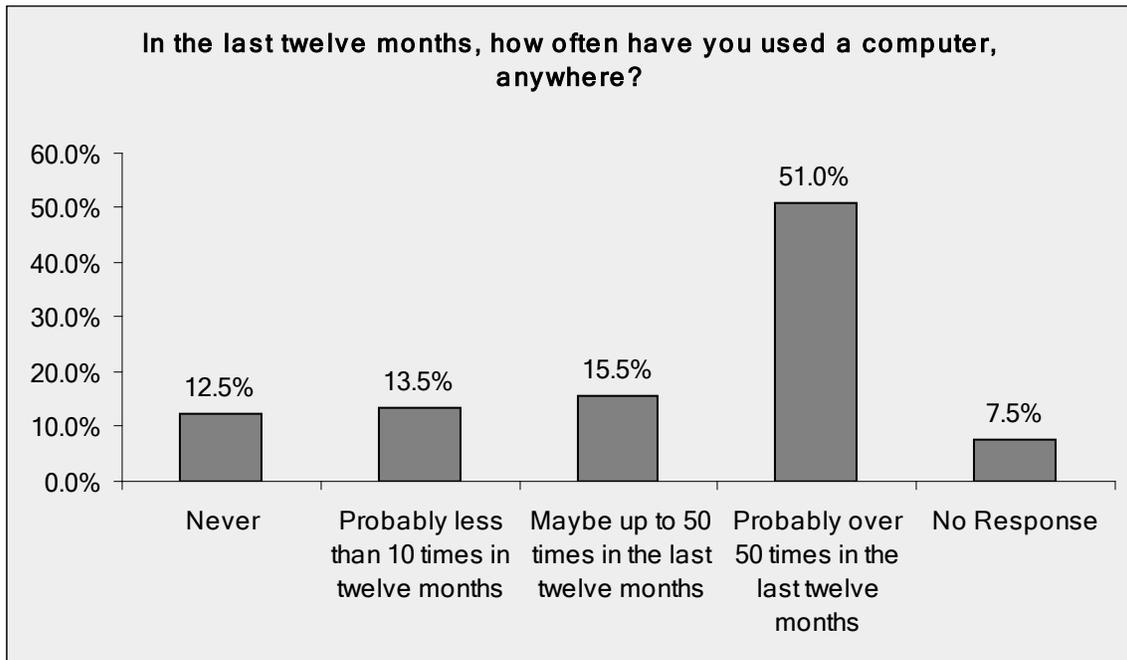
Both surveys have a 7.5% "no response" rate for all elements; so overall, there is no difference in the average "no response" rate.

Of interest, the 2010 survey has a significantly higher percent of "no response" to the new element, #5, regarding whether the person was asked about alcohol and drug use (17%, compared to 7.5% overall).

One inference may be that there is an increased sensitivity attached to being asked about the subject, and individual perceptions of what responding to the item "means", or concerns about how the data might be used, such that provokes a greater degree of choosing not to respond to that particular query, compared to the other elements.

Another inference may be that because the issue appears not to be raised across most agencies, based on the statewide response to Element #5, and based on the observations of two rounds of BBH Quality Improvement reviews specific to programming, there has been limited activity within many of the agencies that would serve to effectively de-sensitize the members' avoidance response to actual or perceived stigma or concern for any potential undesirable consequences resulting from disclosure or discussion of one's substance use problem.

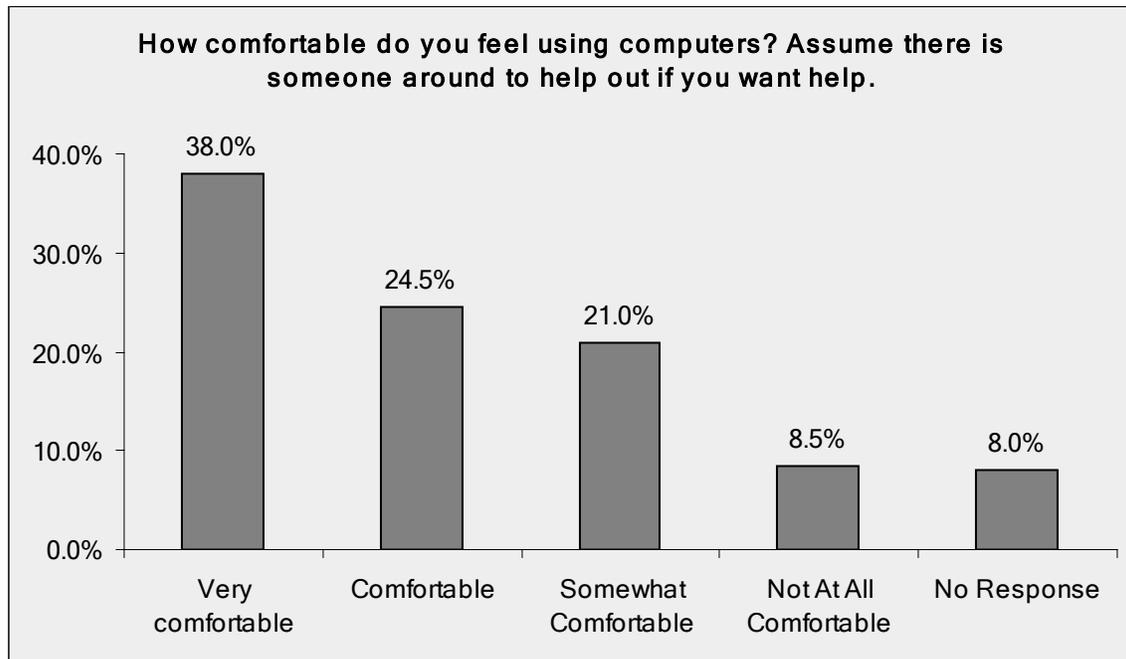
8. In the last twelve months, how often have you used a computer, anywhere?



While over 50% of those taking the survey report having used a computer at the highest frequency (over 50 times in 12 months), a combined total of 26% report either never having used a computer to very infrequent use of less than ten times a year.

There are many reasons as to why individuals use or do not use computers. Given the functional role that computers play in today's society, and how those roles may relate to disparities in health care, including mental health care, the subject of what influences people participating in mental health peer support to utilize computers or not utilize computers may be worthy of exploration at the agency level.

9. How comfortable do you feel using computers? Assume there is someone around to help out if you want help.

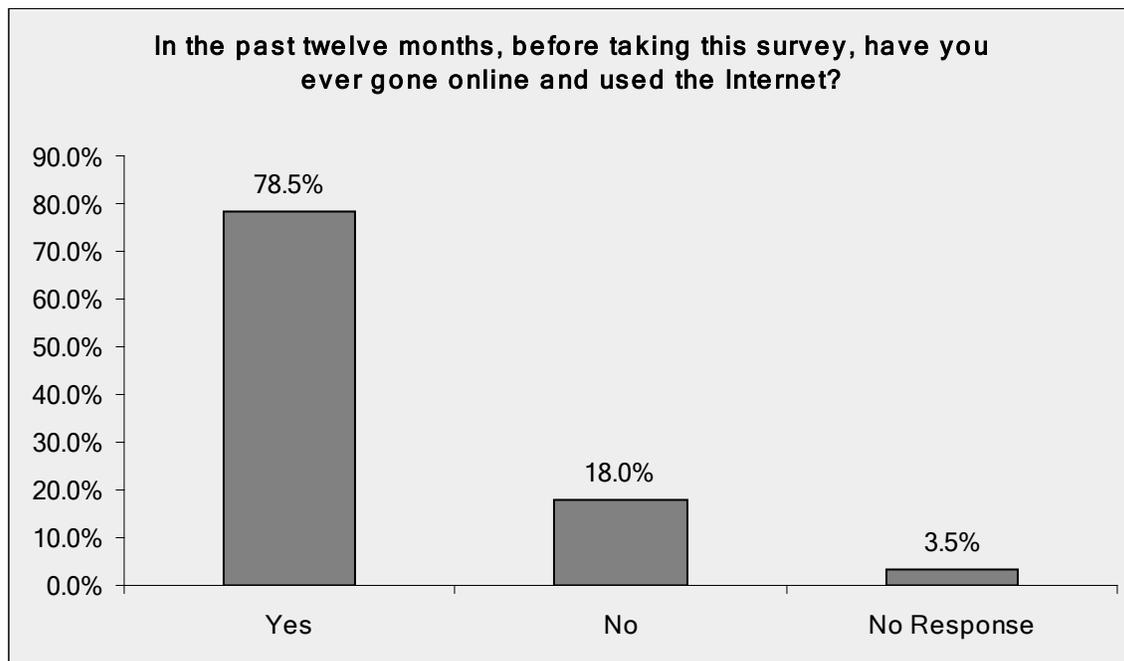


Some PSAs offer periodic computer training and many have a high degree of informal peer assistance for those who wish to learn more and improve their skills. The online survey is, in part, intended to, and designed to, help people become more comfortable with using the computer. The survey is primarily marketed as a web-based survey, although it may be printed out as a paper instrument.

**Although 26% of members taking the survey report either never having used a computer to very infrequent use, only 8.5% report not feeling at all comfortable with using one.**

In the cases where an individual declines to take the survey online, the paper version is offered, although the respondent must be made aware that all data is entered online and, as such, is no longer be anonymous at the agency staff level. The responses must be entered electronically in order to be included in the auto-generated survey analysis. This year there were 6 paper surveys; the data from all six is included in these results.

10. In the past twelve months, before taking this survey, have you ever gone online and used the Internet?

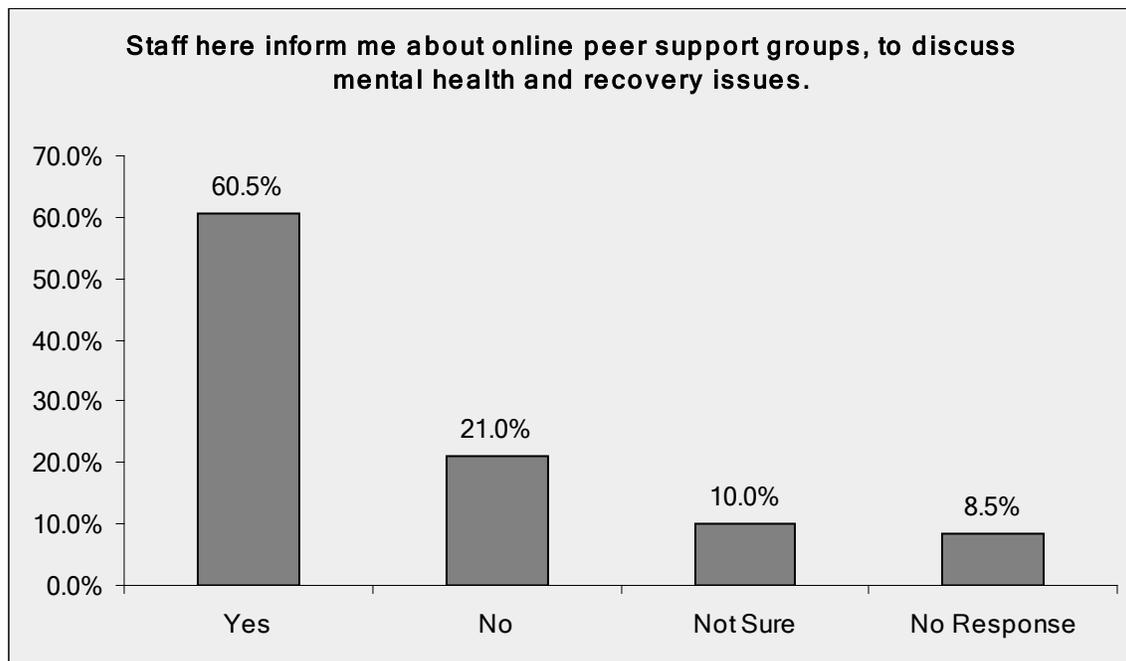


Of the 200 people responding to the survey, 36 people reported that taking this survey is their first time for using a computer to go online. As discussed above, the online survey is, in part, intended to, and designed to, help people become more comfortable with using the computer.

With 18% of the survey takers being first-time users of a web-based application, it may be viewed as a step forward into the world of technology for individuals who have either not had access, or have not had interest, or have been uncomfortable with either computers in general, or going online in particular. It is hoped that the survey has contributed in some small way to reducing discomfort and increasing interest and access to this technology.

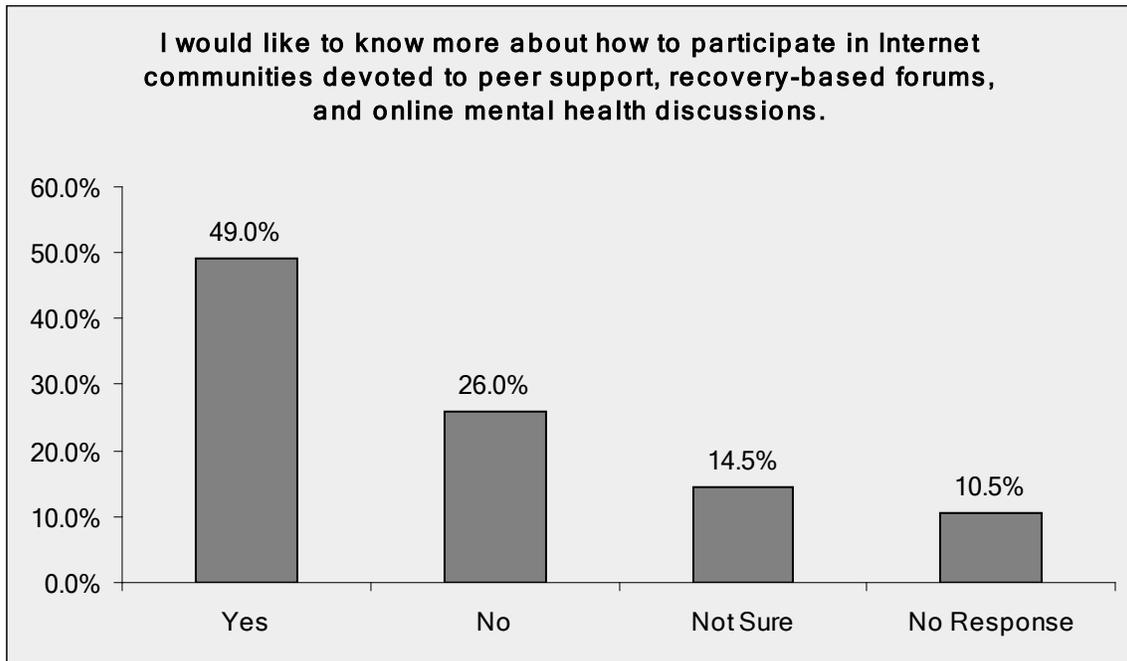
It is understood that there are inherent challenges in guiding appropriate use of the computer, especially with regard to members who are unresponsive to agency rules prohibiting access to certain sites. Assuming good security is in place and there are administrative controls on the computer, the issue is essentially one of education, policy, and procedure, requiring diligence in oversight among peers and personnel. As a program issue, attention to maximizing appropriate use of the computers, and the Internet, should provide an enriched and valuable resource for the members.

11. Staff here inform me about online peer support groups, to discuss mental health and recovery issues.



Over 60% of the survey respondents report having been informed about recovery-related online peer groups. Anecdotally, however, during member discussions within the BBH quality improvement site reviews, members appear, in general, not to be utilizing online mental health resources for themselves. This raises the question as to whether the phrasing or terminology of the survey element may be flawed or inadequate. Alternatively, perhaps discussions within the consumer-run agencies about what sites are considered appropriate and helpful resources for online support for mental health and recovery issues are warranted.

12. I would like to know more about how to participate in Internet communities devoted to peer support, recovery-based forums, and online mental health discussions.



The combined response of "Yes" and "Not Sure", at over 63%, indicates that the participants who took the survey are very interested in learning more about online resources that would provide information and possibly support for mental health issues.

## ADDITIONAL DISCUSSION

What information might be extracted about the individuals taking the survey, their experiences with peer support, and the PSAs with which they are involved?

The data generated by the survey results, and the optional comments, indicated that the majority of those taking the survey expressed having:

- 1) Positive experiences with peer support and their peer support agency, overall
- 2) Enhanced interpersonal relationships
- 3) Increased communication skills
- 4) Increased confidence in self
- 5) Reduced use of Emergency Services and other mental health services
- 6) Limited discussions or programming regarding co-occurring disorders of mental illness and substance use disorders, in the context of dual recovery
- 7) Perceptions of limited access to computers with Internet, in some agencies
- 8) A desire to know more about online peer support and mental health resources
- 9) A high degree of stated gratitude for the availability of peer support in the members' communities

Initially, due to data reporting inconsistencies among the PSAs, the first year response rate was not viewed as adequate to establish a baseline. Further assessment and tracking the data over time led to a reversal of that decision, and the 38% response rate from 2009 is a reasonable standard going forward. Although the response rate did not increase in 2010, primarily due to technical issues, the number of individuals participating in peer support during the time of the survey increased dramatically from last year; 702 in 2010 versus 467 in 2009, a 50% increase.

Two factors might be considered to have contributed to such an increase:

(1) The first survey was conducted during the summer, whereas the second survey was conducted in the fall. Further exploration is needed to determine if seasonal difference influences attendance, although it seems reasonable to assume that it does. If so, it may be a contributing factor to the higher level of attendance during the survey period this year.

(2) By the time of the second survey all PSAs had participated in quality improvement activities which included, but were not limited to, record-keeping and reporting, content and distribution of newsletters and program calendars, training in the Intentional Peer Support model, technical assistance, formal BBH reviews with statewide and agency-specific recommendations, and governance of the agencies by the consumer-run Boards. It seems reasonable to deduce that an overall enhancement in service delivery would promote a higher utilization rate.

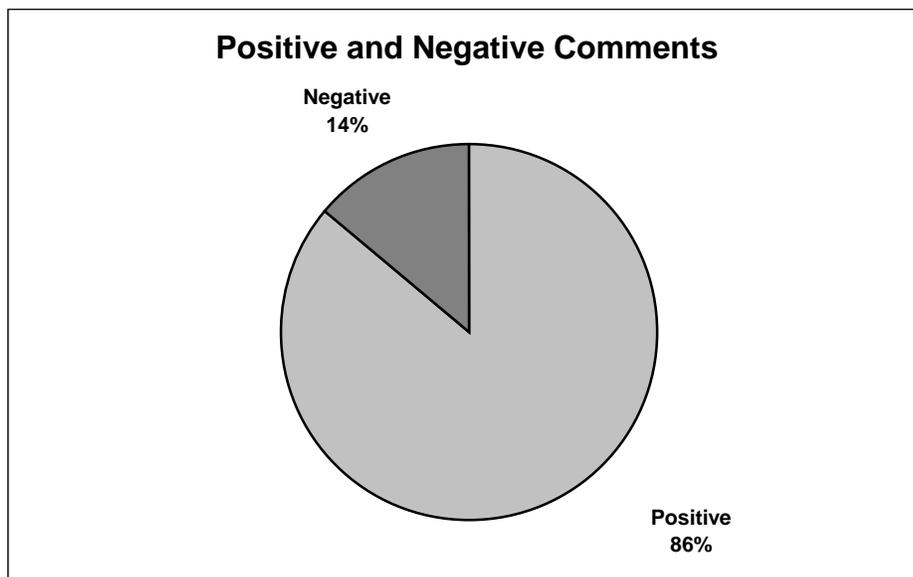
The survey design encouraged optional "write-in" comments for eleven of the elements. The comment box for Element #7, about having taken the 2009 survey, was omitted by error. A total of 201 comments were made, averaging 18 per element. Over two-thirds could be described as clearly positive or negative in nature and directly applicable to a specific element in the survey.

Comments that were neutral, ambiguous, or not specific to any element were not included when looking at the ratio of positive comments to negative comments.

The overall positive-to-negative ratio of the 77 comments that could be identified as either positive or negative is 85% positive and 15% negative. The ratio for 2009 was 89% positive to 11% negative. Positive is defined as clearly complementary to the agency or clearly affirmative about an aspect of the peer support experience and negative is defined as clearly critical of the agency or otherwise clearly less than satisfied with an aspect of the peer support experience.

Of all positive comments, 79% were related to the role of peer support in using Emergency Services and other mental health services less, along with the perception that staff believe the individual can grow and change in their recovery. Of all negative comments, 46% were related to computer use and access to the Internet., including utilization of online peer support recovery and mental health resources. Lack of access (equipment offline, or not in a good physical location), including prohibitive policies restricting the use of online sites (including health and employment-related resources), were the primary barriers cited.

The data in each individual agency report will provide a basis from which informed discussions within the members' meetings and the consumer-run Boards may take place.



# Peer Support Agencies

(Rev. 9-20-10) WA = Wheelchair Accessible\*\*

## **REGION 1**

### **The Alternative Life Center**

486 White Mountain Highway  
PO Box 241  
Conway NH 03818-0241 WA

Director: Pat Tal  
Tel: 447-1765  
Fax: 447-1765 (same as tel.)  
E-Mail: [alccenters@gmail.com](mailto:alccenters@gmail.com)  
Warmline: 1-800-447-1765 (5pm to 9pm, 7 days per week)  
Website: [www.alccenters.org](http://www.alccenters.org)

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## **REGION 2**

### **The Stepping Stone Drop-In Center Association**

108 Pleasant Street  
Claremont NH 03743 WA

Director: Judith M. Dolan  
Tel: 448-6941  
Fax: 543-0131  
E-Mail: [stepping\\_stone@myfairpoint.net](mailto:stepping_stone@myfairpoint.net) (use \_ between name)  
Warmline: 1-888-582-0920 (5pm to 10pm, 7 days per week)  
Warmline Claremont Area: 543-1388 (same times as above)  
Crisis Respite: 1-888-582-0920 or 543-0920 (12noon to 10pm)  
Website: [www.steppingstonenextstep.org](http://www.steppingstonenextstep.org)

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## **REGION 3 & 4**

### **Lakes Region Consumer Advisory Board (Region 3) DBA Corner Bridge WA**

328 Union Avenue  
PO Box 304  
Laconia NH 03247-0304

Director: David LaCroix  
Tel: 524-0801  
Fax: 524-0801 (same as tel.)  
E-Mail: [lrcab1@metrocast.net](mailto:lrcab1@metrocast.net)  
Warmline: 1-800-306-4334 (5pm to 10pm, 7 days per week)  
Website: [www.nhcornerbridge.org](http://www.nhcornerbridge.org)

### **Concord Peer Support Site (Region 4)**

55 School Street  
Concord NH 03301 WA

Program Director: Kimberly Drysdale  
Office: 224-0083  
Fax: 224-0083 (same as tel.)  
Tel: 224-0894 (1<sup>st</sup> floor)  
E-Mail: [lrcab1@metrocast.net](mailto:lrcab1@metrocast.net)  
Warmline: 1-800-306-4334 (5pm to 10pm, 7 days per week)

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## **REGION 5**

### **Granite State Monarchs**

64 Beaver Street  
PO Box 258  
Keene NH 03431 WA

Director: Damien Licata (Begins 8-20-07)  
Toll free: 1-866-352-5093  
Office: 355-8211  
Tel: 352-5093  
Fax: 352-5093 (same as tel.)  
E-Mail: [dlicata@gsmonarchs.org](mailto:dlicata@gsmonarchs.org)  
Warmline: 1-866-352-5093 (5pm to 10pm, 7 day per week)  
Website: [www.gsmonarchs.org](http://www.gsmonarchs.org)

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**REGION 6**

**HEARTS Peer Support Center of Greater Nashua Region 6**

5 Pine Street Extension, Unit B  
PO Box 1564  
Nashua NH 03060 WA

Program Director: Ken Lewis  
Tel: 882-8400  
Fax: 882-8700  
E-Mail: [kenl-hearts@myfairpoint.net](mailto:kenl-hearts@myfairpoint.net)  
Website: [www.heartspsa.org](http://www.heartspsa.org)

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**REGION 7**

**On The Road To Recovery, Inc.**

13 Orange Street  
PO Box 1721  
Manchester NH 03105-1721 WA

Director: Warren Bouchard  
Tel: 623-4523  
Fax: 623-2873  
E-Mail: [warren.b@otrtr.org](mailto:warren.b@otrtr.org)  
Warmline: 564-5549 (8pm to 11pm, 7 days per week)  
Transitional Housing: 623-4523  
Website: [www.otrtr.org](http://www.otrtr.org)

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**REGION 8**

**Seacoast Consumer Alliance Peer Support Center, Inc.**

544 Islington Street  
Portsmouth NH 03801 WA

Director: Charlotte Duquette  
Tel: 427-6966  
Fax: 373-6519  
E-Mail: [SCAllian@aol.com](mailto:SCAllian@aol.com)  
Warmline: 1-800-809-6262 (5pm to 10pm, 7 days per week)

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**REGION 9**

**Tri-City Consumers' Action Co-operative**

36 Wakefield Street  
Rochester NH 03867-1929 (*Not WA*)

Director: Hilary Clarke  
Office: 948-1043  
Tel: 948-1036  
Fax: 948-1047  
E-Mail: [tricitycoop@metrocast.net](mailto:tricitycoop@metrocast.net)  
Warmline: 1-800-809-6262 (5pm to 10pm, 7 days per week)

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\*\*Re: Wheelchair Accessible-please call first; some sites have directions to a different entrance, and want to greet their guests; also double-check about rest room access-most have chair access but not sure about every one.