

My Experiences With Stigma, Self-Worth and Roles

Peer Support was buried. Before I was introduced to the idea of peer support, I believed my diagnosis was something to get over and then toss away. I believed my diagnosis (currently paranoid schizophrenia) was something to manage and then mention two years into a committed relationship as a skeleton of my (anticipated) ancient experience, something nowhere near me, something gotten past (if even worth mentioning at all). Prior to peer support, all my beliefs about my diagnosis hinged on the fundamental assumption that I could not live as a person with paranoid schizophrenia, personally or socially, for a single extra second longer than was necessary. Before peer support, I was paying tithes to the church of shame, attending every sermon, and waiting for that pure moment when I would be “saved” and would no longer have to admit to society that I was someone with paranoid schizophrenia; instead, I’d be blending myself into the crowd, lost to any distinction. I planned for such a day because of my shame. I needed such a day because of stigma. I felt that my diagnosable experiences, and therefore the majority of my life had no value, and therefore I needed to be born again. Before peer support, I was not in touch with any community consisting of mental health consumers, and because I never experienced one, I did not believe they existed—anywhere. I believed that I had to recover from the various diagnoses I had experienced over the years. My ideas about mental health and recovery were completely wrong.

When I first heard about peer support, I was faring very well, having moved out of the Transition Age Youth (TAY) residential group-home I had been in for a little over two years into a subsidized apartment. I was



working the closing shift at a fast food restaurant, and my girlfriend and I, who shared the subsidized apartment, acquired most of our income from SSDI (we each got a separate monthly check). Right around this time I was truly lamenting the lackluster life of which I had been forced to be the central character and its relationship to my fast-food job and the unfathomable amount of credits necessary to finish my college education due to the equivalent of twenty months of hospitalizations in a three-year period (before the residential). Then my social worker called me and said that a TAY peer mentoring position was opening up with a local provider and that I had to apply.

“Peer mentor?”

She explained to me that a peer mentor’s job was to utilize his or her experience with transition and recovery to help bring hope to other TAY, not so accustomed to recovery, by sharing each other’s experiences with mental health diagnoses. The peer mentor would also help the TAY mentee navigate the local and state mental health system.

After two interviews I was called and offered the position.

Originally the position consisted of networking with young adults throughout our area, attending conferences, and doing some suggested

reading. I was also immediately placed in a group of peers (The Peer Leadership Meeting) who were also providers and who met monthly to discuss peer issues and how to assist the peer movement. I was very amazed to find a group of consumers blended into the provider world, keeping their consumer status, and talking about how to assist the peer movement.

Even at that point in time, now a consumer-provider, I felt my peer status had its place: nowhere near anybody I knew who did not have a diagnosis (including my family and everyone I met everywhere unfamiliar to me). But, I guessed, my mental health status was helpful in my role as a peer support worker.

As the networking with young adults continued I became more and more comfortable saying, “I work for such-and-such an agency, and I’m a consumer.” When they asked what I did I replied, “I’m a peer mentor.” And as I began saying this sentence more frequently I began noticing, specifically from older adult consumers, that I would often receive some casual approval exclaiming my equality with a PhD-carrying doctor—me, a consumer who was hired and not just treated. And on certain providers’ parts, there was an air of expectations met, like this move (accepting peer support) was not something amazingly unexpected but it’s good we came along (thumbs up).

I continued working as a TAY peer mentor for about a year and a half until my SSDI was pulled and my Medicare and Masshealth (state-funded health insurance) began to charge a fee. Not able to survive financially, I decided to look for another job. By this point in time I was back in school to become a social worker. I

figured as a social worker I would still be employed in a similar role; I would just have to toss the peer label aside (which I would have had no trouble doing at that time).

I enjoyed working as a peer. The aspect of my mentoring position that I cherished most was the one-to-one work I did with other male consumers. I felt valued, and in the majority of the cases the individuals I worked with helped me just as much as I helped them. Within the peer community and within my work as a peer in the mental health field I saw my di-

at the Metro-Sub RLC that I learned what it really meant to be a peer. Regardless of any assistance I may have provided to anyone I worked with in my paid peer role it was the compassion and openness I experienced with my fellow peers, employees and supervisors that truly offered me a scenario appropriate for my character to walk out of the closet and claim myself as a consumer without shame. Now I'm not saying that I introduce myself to every random Joe I meet on the street as "Matthew McWade, Mental Health Consumer," but by meeting

where I now work as the DMH State-wide Youth Coordinator, is funded by DMH to provide the Certified Peer Specialist training to Massachusetts. The goal of this training is to provide a technical, systematic approach to peer support. Those who complete this training will be able to be hired by traditional providers and become a part of a community of peers. Ideally, if peer support becomes widespread enough, all consumers will have access to peer support. It took me years of being a consumer before it was ever even mentioned to me that there was a thing called peer support, and that was by accident and for monetary reasons. Even being a peer support worker myself, originally, I did not know that consumers were organized and helping each other, calling me out to join them.

"All the work of Patrick Corrigan supports the idea that the best stigma-buster is

contact with people with psychiatric diagnoses," says Lyn Legere, Director of Education at the Transformation Center. "Anything we do in the community breaks stigma because we are out there assuming new and different roles. For example, when peers work in traditional agencies both the providers and the people receiving services get a new image of the possibilities of recovery." Consumers as peers (mental health workers) validates a diagnosed individual without forsaking the diagnosis. Peers and mental health workers must know that recovery is not about casting aside symptoms, but discovering their appropriate place in one's being.

The stone that the builders cast aside was the most important stone of all.

- Jesus Christ

Everything in its right place.

- Thom York

Author

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agnosis doing great things, but looking out to society and the larger world I still did not feel there was a place there for me to be a "peer" without having the word surrounding my diagnosis spread the cotangent of stigma. I felt quick judgments and faulty hearsay would plague me everywhere I went. I felt I would never be able to face even my extended family in complete honesty.

The new job I found was a Coordinator position at a newly opening peer organization, The Metro Suburban Recovery Learning Community. The Department of Mental Health planned to establish six Recovery Learning Communities (RLCs) strategically placed across Massachusetts, and this would be one of the first active RLCs. The mission of the RLCs is to provide peer support and advocacy as well as establish communities of consumers who could know one another as peers. In addition to providing advocacy, support, and outreach as peers, the RLCs also function as a structure for peers, living within the community, to come together and find other peers in a setting that promotes their worth. Consumers from all walks of life came together to assist the RLCs in their work.

It was only when I began working

other individuals who were so open, pure, personal, and unique about their own mental health experiences I finally had a good example to help stimulate the inkling I had always had that my diagnosis did not make me a bad person, nor was it something necessary to hide as a personal policy.

As I continued to work in a strictly peer setting I became more and more comfortable with myself and my diagnosable experiences. I began to see the value of my experiences not simply limited to assisting other consumers, but also the entire mental health system as it stands, and hopefully the general public. This process of dignity through mutual experience was the catalyst and essential fuel for my current recovery.

Peer support's message is "hope" unbridled. That hope translates into consumers, who seek or find peer support, discovering through the experience of another peer that they may not only take control of their relationship with traditional providers, but also they may take control of their diagnosis. They can also seek life in the community at a level they are most comfortable with, and be this hope for other peers as well as themselves.

The Transformations Center,