

Training Mental Health Communities in Mediation

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Who We Are



Mental Health Conflict Resolution Training Project



MH Mediate

- ◆ MH Mediate does work at the intersection of mental health and mediation including:
 - ◆ Mental Health Cultural Sensitivity Training for Mediators
 - ◆ Developing Mediation in Mental Health Contexts
 - ◆ Conducting Research on Mediation Behaviors
 - ◆ Training Peers in Mediation
- ◆ Sign up for our mailing list at:
<http://eepurl.com/AL6a5>

The Social Innovation Lab

- ◆ Early stage incubator located in Baltimore, Maryland
- ◆ Supports promising companies and organizations developing innovative solutions to local and global problems.
- ◆ Provides funding, mentorship, and resources to transform nascent concepts into mission-driven organizations with sustainable business models.
- ◆ Read more at thesocialinnovationlab.org

Our Elevator Pitch



Mental Health Conflict Resolution Trainings

- ◆ 60 million adults with diagnosable mental disorders
 - ◆ 14 million with serious mental illness
- ◆ No answers → Lots of conflicts
 - ◆ Living Arrangements
 - ◆ Communication Plans
 - ◆ Treatment Decisions

Mental Health Conflict Resolution Trainings

- ◆ Conflict Resolution Trainings
 - ◆ Listening Skills
 - ◆ Mediation Process
 - ◆ Neutrality Across Mental Health Perspectives
- ◆ Pilot in Baltimore (March or April)
 - ◆ 20-30 Participants
- ◆ Help us by connecting us to organizations
 - ◆ Mental Health Stakeholders (Peers, Families, Professionals)
 - ◆ Conflict Resolution Organizations (Mediators)

A Longer Pitch



The Problem

- ◆ People with psychiatric histories have difficulty communicating through conflict and accessing effective conflict resolution services.
- ◆ This is important because many conflicts arise related to mental health issues and they directly affect the quality of life of everyone involved in the conflict.
- ◆ This affects a variety of stakeholders

Why Baltimore?

- ◆ Priority 6 of the Baltimore City Health Department's Healthy Baltimore 2015 Plan is to recognize and treat mental health care needs.
- ◆ Based on the 2009 Baltimore City Community Health Survey, 23% of residents have unmet needs.
- ◆ According to the survey, 7% of respondents reported feeling socially isolated, with those of the lowest income level were 12.5 times more likely than those of highest income level to report so .
- ◆ Nationally, the CDC says only 25% of adults with mental health symptoms believed that people are sympathetic to persons with mental illness and experts recognize the toll mental health conflicts have on families.

The Solution

- ◆ Provide conflict resolution workshops and trainings to individuals with psychiatric histories and, down the road, their families.

How this is New

- ◆ The only other time we have been able to find when people have blended mediation with mental illness was the Collaborative for Conflict Management in Mental Health project which was funded by the Hewlett Foundation in the early 2000's.
- ◆ Most existing communication resources focus on treating individuals and teaching basic communication skills, rather than teach them to be mediators.

Tailoring Trainings to Mental Health Communities



Mental Health Communities

- ◆ Family Members
- ◆ Peers
- ◆ Mental Health Professionals

Mental Health Perspectives

- ◆ A **mental health perspective** is a point of view.
- ◆ Perspectives can be different based on:
 - ◆ Roles in the system (mental health professional, family member, person with lived experience)
 - ◆ Ideas about the nature of mental health problems (causes, diagnosis)
 - ◆ Views about rights (forced treatment)
 - ◆ Views about treatment (medical model, alternatives)

Mediation

- ◆ **Mediation** is a voluntary dispute resolution process in which a neutral third party helps disputants to identify issues, clarify perceptions and explore options for a mutually acceptable outcome.
- ◆ Values include self-determination, confidentiality, neutrality, safety, and quality

The Trainings

- ◆ Communication skills
- ◆ Being neutral in assisting others through conflict
- ◆ Different perspectives in mental health
- ◆ Promote connections between the mental health communities in Baltimore and the mediation communities – people in Baltimore will learn of the free and low-cost resources already available.

How Mediation Can Help Peers

- ◆ Peer = person with lived experience of mental health issues
- ◆ Mediation training can:
 - ◆ Improve trainees' listening skills
 - ◆ Provide mechanisms to address conflicts
 - ◆ Raise awareness of community mediation referral sources
 - ◆ Empower trainees to model conflict resolution skills in their communities

Peer Specialists

- ◆ A Peer Specialist is an individual with lived recovery experience who has been trained and certified to help their peers gain hope and move forward in their own recovery.
- ◆ **The Peer Specialist:**
 - ◆ Cultivates their peers' ability to make informed, independent choices
 - ◆ Helps their peers identify and build on their strengths
 - ◆ Assists their peers in gaining information and support from the community to make their goals a reality
- ◆ **Source:**
http://www.dbsalliance.org/site/PageServer?pagename=education_training_learn_about_peer_specialists

Our Five Stages



Stage 1: Develop Training

- ◆ Survey the literature of successful training components by asking existing mediation organizations
- ◆ Identify training components that come up most often
- ◆ Ask stakeholders which components they would value in trainings
- ◆ Base training program off of existing manuals
- ◆ Explore collaborations with CMM or UM School of Law since they are local
- ◆ Prepare a PowerPoint, manual, exercises, and handouts

Stage 2: Outreach

- ◆ Compile a list of mental health services, organizations, and other stakeholders
- ◆ Develop a written outreach strategy with pitches
- ◆ Call or visit peer-focused organizations and ask what's necessary to get the peers to come to our training
- ◆ Develop ongoing relationships with these organizations using a document of agreement to collaborate in this training

Stage 3: Deliver Training

- ◆ Choose a day, time, venue
- ◆ Cap it at 30 trainees
- ◆ Document the training with pictures, videos, anything we can
- ◆ Prepare post-training report

Stage 4: Outcomes Measurement

- ◆ Prepare a summary of what's already out there, outcome metrics in mediation and/or mental health
- ◆ Distribute an evaluation during the training and prepare plans for long-term follow-up evaluations as well
- ◆ Employ creative ways to measure outcomes (ex. ask participants to take pictures of times they feel the training helped them)

Stage 5: Sustainability / Future

- ◆ Goals:
 - ◆ Replicate this in other locations to increase diversity of mediator pool
 - ◆ Demonstrate the benefits of providing these trainings
 - ◆ Infuse mental health decision-making settings with more neutrality and mediation

