

Applying Peer Support to the **Top 10** Concerns About Person-Centered Planning in Mental Health Systems

National Center on Advancing Person-Centered Practices and Systems



*In 2012, Janis Tondora and colleagues authored an article outlining The Top Ten Concerns about Person-Centered Care Planning in Mental Health Systems.¹ In this brief, **Martha Barbone**, a member of the NCAPPS Person-Centered Advisory and Leadership Group, describes the role peer support can play in addressing each concern.*



Concern 1

Allowing people to set their own goals and make their own decisions increases risk and exposes the practitioner to increased liability.

“Isn’t impaired judgment one of the core characteristics of serious mental illness? If given choices, and people make bad ones, will I be the one held responsible?”

Role of Peer Support



Dispelling the myth. Person-centered planning is rooted in the belief that people with disabilities are entitled to the same rights, opportunities, and choices as other members of the community. Disability does not justify poor treatment, low standards, injustice, or oppression. Person-centered planning starts from an assumption of common decency. Support to look at the pros and cons of each option – based on the person’s life goals, needs, values, and resources.

¹ Tondora, J., Miller, R., & Davidson, L. (2012). The Top Ten Concerns about Person-Centered Care Planning in Mental Health Systems. *International Journal of Person Centered Medicine*, 2(3), 410-420. doi: <https://doi.org/10.5750/ijpcm.v2i3.132>



Concern 2

Person-centered care is not consistent with the concept of “medical necessity” and therefore won’t be reimbursed.

“We can’t lose our accreditation and our income. Our funders and regulators don’t allow us to focus on recovery goals. We have to focus on treatment issues.”

Role of Peer Support



- Person-centered planning can reduce cost in the long term.
- The focus of professional effort in the lives of disabled people has traditionally been on the person’s impairment – peer support focus is on strengths and quality of life.
- Peer support can connect someone to what they identify they want and need – so often the system decided what someone can access based on how they present, but people don’t begin as high-utilizers, the system creates high-utilizers.



Concern 3

Person-centered care planning is time- and labor-intensive and practitioners have caseloads that are too high to allow them the time needed.

“I have to complete paperwork on a timeline and we don’t have the luxury of discussing everything first – especially when the client doesn’t show up half the time! How can I satisfy my supervisor and still do person-centered care planning?”

Role of Peer Support



- Support people to prepare for clinical appointments and follow-up afterward to get their questions answered.
- Support includes connecting the community of choice and finding supports outside of traditional healthcare settings.



Concern 4

Person-centered care makes sense once the person is in recovery, once active treatment has been administered and been effective. But most patients seen in public sector settings have severe illnesses and are too disabled to pursue recovery goals. The first step is getting their clinical issues under control.

“Person-centered care sounds great for people who are well on their way to recovery, but the people I serve are so ill, they are not ready for that. First, they need to be stabilized, then we can revisit the job, the classes and the new apartment.”

Role of Peer Support



- Recovery is possible and probable for all.
- Break the cycle of “learned helplessness.”
- All means all - “Real independence is nothing to do with cooking, cleaning and dressing oneself. If you ask me what is my experience of being independent, I would not automatically think about self-help skills but of being able to use my imagination to create fantasy, of enjoying music and drama, of relishing sensual pleasures and absorbing the natural life around me.” John Corbett.



Concern 5

Does not the emphasis on using evidence-based practices contradict the principles of person-centered care?

“Am I supposed to follow evidence-based guidelines and provide evidence-based practices or am I supposed to do what the patient wants? I can’t do both.”

Role of Peer Support



We are the evidence.

- Encourages collaboration of provider/person.
- Support development of a roadmap toward achieving life goals – includes clinical and non-clinical support; identifying roadblocks and making adjustments to overcome them.
- Support in the moment – what’s on top today.



Concern 6

Person-centered care planning is based on people's own goals, but people with serious mental illnesses sometimes give up on life goals.

"What if my patients don't have goals? When I ask them what their goals are, they give me a blank stare. What if they are just comfortable with where they are at?"

Role of Peer Support



Creating the life one wants.

- Explore hopes and dreams.
- Focus on strengths and existing skills.
- What new skills interest you and would you like to learn?
- What supports are present? How to get support?
- What are the barriers and how can they be overcome?



Concern 7

The care plan is not that important and does not really drive care. It is more for accreditation and reimbursement purposes.

"Why are you focusing on a piece of paper that has little to do with the quality of care I provide? It is for the chart... not the person. Does it really matter?"

Role of Peer Support



- Is this plan for the treatment team or is it of use to the person? Is the plan a living document subject to change at any time? Support to look at the pros and cons of each option – based on the person's life goals, needs, values, and resources.
- Who are we here for? Advising the TEAM to get the team to see that THEY TOO are responsible for supporting life goals and they do not need "separate clinical treatment goals" even if they are clinical practitioners.



Concern 8

We do it already; our care is already person-centered.

“Are you suggesting that we don’t take the person into consideration?”

Role of Peer Support



Nothing about us without us

- Support the person’s voice and choice to be heard in all treatment planning.
- Support discussion of implicit bias and external/internal stigma.
- Reminder to be curious: Is the person present in the meeting? Can the person run the meeting? Do we know what interest the person has and wants to pursue? What are the barriers?



Concern 9

Person-centered care planning is important, but it is the responsibility of non-clinical practitioners.

“Personal goals are best served at the clubhouse, with the rehab staff or at the peer-run program. My role is to provide treatment to reduce symptoms. That is what I was trained to do. Other practitioners have responsibility for helping people to find housing or jobs or hobbies.”

Role of Peer Support



- Available in all settings as part of an integrated team.
- Focus is on quality of life, not simply symptom control.
- Bridge between clinical treatment goals and life goals.



Concern 10

Emphasizing patient choice inevitably devalues clinical knowledge and expertise.

“Why did I go to school for all these years if I’m just going to do whatever the patient wants? When a person is mentally ill, his judgment is impaired. How could he know what he needs?”

Role of Peer Support



Support shared decision making

- Use language the person they support understands – non-clinical, everyday language.
- Support to look at the pros and cons of each option – based on the person’s life goals, needs, values, and resources.
- Support the person to ask questions that may come up and get them answered.

About NCAPPS

The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) is an initiative from the Administration for Community Living and the Centers for Medicare & Medicaid Services to help States, Tribes, and Territories to implement person-centered practices. It is administered by the Human Services Research Institute (HSRI) and overseen by a group of national experts with lived experience (people with personal, first-hand experience of using long-term services and supports).

NCAPPS partners with a host of national associations to deliver knowledgeable and targeted technical assistance.

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