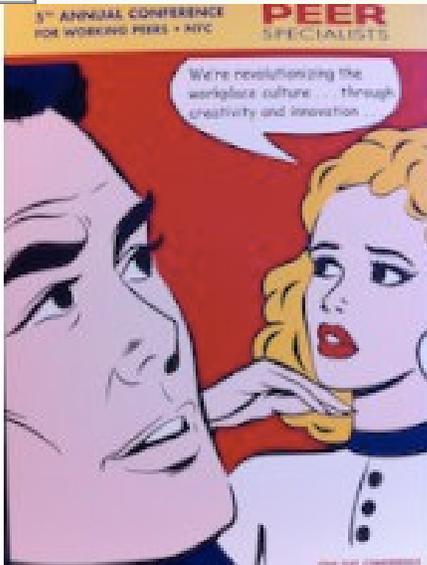


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Peer Staff as Disruptive Innovators

by patricia.deegan on Monday, July 4, 2011 - 1:14pm

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I recently gave the keynote address at the 5th Annual Conference for Working Peers in New York City. In my talk I explored the role of peer staff as disruptive innovators. Here are some snapshots of the ideas I discussed:

I opened my talk by saying there is a tension at the heart of our work as peer staff. It is the tension between Love and Outrage. Our love and compassion for our peers is freely given and comes from understanding and respect. Outrage occurs when we witness our peers being devalued or disrespected in mental health settings. Because our work is at the intersection of Love and Outrage, we concern ourselves with helping peers and changing the system. The tension between Love and Outrage defines our work and

sets us apart from traditional workers who do not have the lived experience of recovery. It can be difficult to balance Love and Outrage when on the job. I believe it is wise to stay active in the disability rights movement and the consumer/survivor/ex-patient movement in order to give full voice to our outrage in ways that might not be tolerated in mental health work settings.

Then I outlined 3 ways that peer staff, *by our very presence in mental health settings*, disrupt business-as-usual.

Disruption #1: We are the evidence for recovery - This may seem obvious but we should not underestimate the magnitude of this disruption. By simply showing up at work, we disrupt the paradigm of hopelessness and chronicity that has surrounded mental illness for centuries. We are the evidence that recovery is real and our very presence scrambles decades of academic theories about the course of mental disorders. We are the evidence that it is possible to live our lives, not just our diagnoses. Just by showing up at work we raise the bar on service outcomes. Mere maintenance in the community or a life in handicaptivity is not a good outcomes and represents systemic failure, not success. Recovery is the goal.

Disruption #2: We blur the boundaries between sickness and health -

Traditionally, strict lines were drawn between people who were well and those who were sick. The line between those who were well and those who were sick were further reinforced in mental health settings by strict dress codes i.e., nursing uniforms and attendants in white coats versus state issued clothing for patients. Historically, it was very easy to tell the difference between the staff (the well) and the patients (the sick). However, when peer staff show up in mental health settings, the distinction between the staff and the patients begins to blur. The black and white world of sickness or health is blending into shades of gray and traditional staff sometimes wonder: "Am I in recovery too?"

Disruption #3: We can help each other - The third disruption is that peers can help peers. This disrupts the traditional assumption that help requires professional help. It shifts the deeply embedded notion that real help must come from MSWs, PhDs, MDs, OTs, RNs, etc.

I closed my talk with a discussion of [mentalism and micro-aggression](#) as one of the ways that disrupted systems push back against the changes that peer staff represent.

<https://www.patdeegan.com/blog/posts/peer-staff-disruptive-innovators>