

Chair Gelser and members of the Senate Committee on Human Services, Mental Health and Recovery, I am Bob Nikkel and here to testify in favor of SB 680. I served for 6 years as Oregon's director of mental health and addiction services. I had responsibility for everything from the state hospitals to gambling prevention.

For the past 6 years I have directed an international continuing education project in psychiatry and have served in various capacities with peer support initiatives.

I am in support of SB 680 to establish 3 peer respite programs to support Oregonians who are in a serious personal crisis. It will support our neighbors, friends and family members to keep their lives together and do this by timely access to inexpensive non-hospital services. It is based on a model that is decades old in Oregon also called consumer delivered services.

I have supported and worked with many peer projects over a period of 3 decades. In 1990 I began work with the state Mental Health Division and was assigned to coordinate a very innovative program that had been planned and implemented entirely by peers. They were charged with helping people who were long-term patients at Dammasch State Hospital get out into the community. They were all considered very difficult to discharge. The project was called a consumer-operated case management program. Most of the staff had been psychiatric patients themselves and the program was operated by a peer organization named The Mind Empowered, Inc.

And it worked. Of the 30 people who moved into the community, only 2 people had to return to the hospital in the first year. It worked well enough that I co-authored an article in Hospital and Community Psychiatry, a major journal of the American Psychiatric Association on the program and a few years later, the US Surgeon General's 1999 Report on Mental Health recognized it as one of the early examples of successful consumer-operated projects that went far beyond the idea of self-help groups.

You might ask, why do these kinds of peer services and supports work? There are at least 3 reasons.

First, there is an immediate sharing of experience and bonding that creates personal comfort for both staff and participants. Second, people with shared experiences have an expertise in coping skills that are most credibly taught by people who have "been there and done that." And third, people with shared experience can most easily understand the kind of meanings that can arise out of a challenging personal crisis.

All this is in stark contrast to the still prevailing belief that major mental health challenges are lifelong experiences and not ones that can lead to recovery if the right options are available.

SB 680 will follow in that tradition and will be supported by the strong and capable peers who have been around Oregon for a long time, some of whom were staff to the Dammasch project. They are still active. This speaks positively to one concern that has been raised about whether peers can withstand the stresses of working in crisis conditions. I think the answer is clearly yes.

Peer respite programs are now established in many states and Oregon's historic role in peer supports gives us a solid background for moving ahead and catching up ourselves. You are hearing from other advocates who are prepared to organize and deliver on the promise of these respite programs.

Thank you for allowing me to provide my perspective after working in the mental health and addictions field at every level from direct services to the leadership of Oregon's system of care for 5 decades.