

Peer Specialists Use Life Experience to Help Others with Mental Illness, Addiction



Ken Meyran, who works in peer care management at Zucker Hillside Hospital in Queens, uses his experience with depression to help others with the condition. Credit: Danielle Silverman

By Tiffany Cusaac-Smith

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Soon after patient advocate Ken Meyran sets foot in the Zucker Hillside Hospital psychiatric unit, patients usually approach him in the hallway. Sometimes, patients want to show their artwork. At other times, Meyran listened to their concerns about their hospitalization, he said.

Not long ago the New Hyde Park resident was a patient in the hospital in the throes of depression and other conditions after selling his Farmingdale health center. In working with these patients, Meyran, who isn't a physician or nurse, hopes his recovery journey can break their barriers to recovery.

"I tell them what I did," he said. "And if they get something out of that, great. And if they're not ready to hear it, then I'm just a friend. I'm just someone who cares about them. And maybe we play cards, and maybe we play chess, or maybe play a video game, or maybe I put some music on my phone for them. Whatever I can do to make their stay here better."

Meyran is among a growing mental health workforce of peer specialists — people with life experience in areas such as mental health illness and substance abuse — who are trained to assist others dealing with similar challenges.

WHAT TO KNOW

- **Peer specialists are people with life experience** in areas such as mental health illness and substance abuse who are trained to assist others dealing with similar challenges.
- **They can work in places as varied as** hospitals, homeless shelters and treatment facilities, according to the Substance Abuse and Mental Health Services Administration.
- **Their work, which is paid, doesn't seek to** replace psychiatrists and other mental health staff, but to provide guidance and show that recovery is possible.

The specialists, also known as peer recovery coaches, can work in places as varied as hospitals, homeless shelters and treatment facilities, according to the [Substance Abuse and Mental Health Services Administration](#), a U.S. Department of Health and Human Services agency.

Their work, which is paid, doesn't seek to replace psychiatrists and other mental health staff, but to provide guidance and support. They also can be a means of discussing concerns that someone might not want to discuss with physicians.

Perhaps most of all, researchers and mental health advocates say, they show recovery is possible.

“What peers bring to the table is a pretty unique skill set because they have an ability to connect and provide a degree of empathy with people who are struggling,” said Michael Dwyer, associate executive director for ambulatory services at Zucker Hillside Hospital, a part of Northwell Health.

Research into peer specialists has shown benefits, including better mental health and social functioning, while other analysis saw a small impact, [according to scholarship](#).

Service has caught on

Still, the service has caught on. In New York, the state Office of Mental Health helps support several peer credentials, adult peer support services, family peer support services and youth peer support services. Each of the credentials requires applicants to take training that can include documented work experience and online courses.

The state's roughly 450 family peer advocates focus on families with children experiencing social, emotional and developmental challenges.

In 2019, the youth peer advocate credential was created for people between 18 and 30 with life experience navigating systems such as those for foster care or juvenile justice. Through community living skills, coaching and other services, they can train and support young people.

Meyran is a certified recovery peer advocate. His road to recovery has been a long one, lined with more than 10 hospitalizations. Meyran said his addiction issues began after he sold his eponymous health center, Ken's Fitness Center. Meyran, 56, started the facility in the '90s, but he sold the business about a decade later when a competitor moved nearby.

And with its sale, he said, “I lost my purpose.” Meyran soon developed anxiety and crippling depression. He used alcohol to shield his anxiety. To offset depression, he used cocaine.

He ended up at the hospital and entered an outpatient facility at Project Outreach in West Hempstead. He was asked to volunteer and eventually got his certification.

Today, Meyran, who has a close commute to work, and a new kitten, hopes his transformation helps others: “We want you to go out and have a great life and manage your illness and live life in recovery.”

While peer services date back to over a century ago, its more modern iterations has some roots in the patient movement of the late 1960s and '70s as people who had been institutionalized sought greater rights, [said researchers](#) and Harvey Rosenthal, CEO of the New York Association of Psychiatric Rehabilitation Services, a state coalition of people who use or provide recovery centered services.

“First came that transformative rights movement that raised the bar and said that people could recover, that people's rights matter, that they should have choice and that people could live a full life,” he said.

In the '80s and '90s, peer support programs grew in New York to include services like peer respite houses where a person can go instead of an emergency room. And today, he said, people with certification are often quickly placed in roles.

Helping kids in need

Heather Tafuro, a Long Island regional parent adviser who works closely with the Office of Mental Health, helps families navigate treatment for youth dealing with issues such as depression, anxiety or bipolar. In her role, that typically means providing technical support and direction to family support programs on Long Island.

Word of mouth is frequently how people hear about the organization's services, sometimes after the child already has been hospitalized. She works to remove stigma around a child's behavior, advocate on their behalf and help them navigate a web of social services.

The experience hits close to home for the Farmingdale resident. In the '90s, she and her son, Frankie, now 30, went through a yearslong whirlwind of specialists and others to get him an autism diagnosis in the aughts.

Tafuro, also mother to an adult daughter, said she wishes she could've had a family peer advocate, pointing her in the right direction and calming her guilt.



Heather Tafuro, whose 30-year-old son has special needs, works at the state Office of Mental Health where she helps other parents navigate the mental health system. She is shown at her office in West Brentwood. Credit: Howard Schnapp

"I wouldn't have had to ... struggle to find things and dig for them and wonder and question, 'Am I doing this right? Do I know what I'm doing? Is this my fault? What did I do wrong? Why isn't this working?' " said Tafuro, 63.

Now her son works at Home Depot and got an associate degree from Nassau Community College. That experience helps guide her team's work as they work with parents who sometimes feel like an afterthought in their child's care or are fearful of disclosing issues.

"You don't necessarily want to tell the school psychologist what all of your problems are because you're afraid," she said, noting that it might be easier to talk to "another parent who's sitting down having coffee with you."