

NAMI Peer-to-Peer (P2P) is an 8-week course led by trained peer mentors, people who have experienced mental illness in their own lives and believe that mental health recovery and resiliency are possible. This class focuses on offering information, encouragement, hope, and guidance to adults who live with a mental illness and want to experience quality of life as contributing members of their communities.

Who can be a P2P Mentor? Prospective Mentors must be living in recovery with mental illness and be at least 18 years of age. Successful Mentors are good listeners with an empathetic ear.

What will I learn from the training? The mentor training includes preparation for teaching the P2P course, obtaining knowledge about the brain, research, and recovery, fostering respect and mutual support, and developing skills in sharing brief individual stories and partnering with other peers.

How long is the training? P2P Training is comprised of an on-line prerequisite course and one and a half days of in-person training, typically on a weekend, from 9am to 6pm on Saturday and 8am-1pm on Sunday. To become a certified NAMI P2P Mentor you must complete and attend the entire training.

What is required of me after I take the training? In addition to adhering to the NAMI P2P model, by taking this Mentor training you are committing to teach two 8-week courses over a two year period in coordination with your local NAMI affiliate. You will be required to provide your affiliate with specific attendance data for reporting to National and State NAMI Education Data tracking.

Logistical information: NAMI NC covers the cost of materials, manuals, and lunches during the training for all participants. For participants who are not local to the training area, double occupancy hotel rooms will also be provided. If you require single occupancy, arrangements will need to be made prior to the training by the attendee and there will be additional costs which will be the responsibility of the attendee. NAMI NC does not cover the cost of mileage to get to the training site/hotel, nor does it cover the cost of any hotel incidentals (i.e. room service, room upgrades, movies ordered, etc.) Training dates and locations are listed on the NAMI NC website at <https://naminc.org/programs/classes/programtrainingcalendar/>

For additional questions, please call 919.788.0801 or e-mail programs@naminc.org

P2P MENTOR TRAININGS ARE HELD ON SATURDAY 9am-6pm & SUNDAY 8am-1pm.

The next P2P Mentor training is scheduled for January 26-27 in Raleigh.



**Mentor
Application and
Agreement**

Date _____

Name _____

Street Address: _____

City _____ County _____ State _____ Zip _____

Phone: Home: _____ Mobile: _____ Work: _____

E-Mail _____

Military Status (please check): Active Vet Other _____

What language(s) do you speak fluently? _____

Your NAMI Local Affiliate _____ President Name _____

Do you have the support of your local affiliate President? _____

Are you a member of NAMI? Yes No

If not, are you willing to join? Yes No

Are you someone living with a mental illness? Yes No

Please tell us why you want to be a Peer to Peer Mentor :

Should you be selected to participate in training, do you have any special dietary or physical accommodations that we should be aware of? If so, please specify:

Program training begins Saturday morning. Those who are more than 30 miles away are provided lodging and will want to consider arriving Friday evening. Please complete the following information:

NAMI NC will try to accommodate roommate requests (check one):

I would like to Room with:

Please assign roommate – My gender is Male Female _____

I would like a single room and understand that I, the attendee, will be responsible for the additional amount associated with the single room and will be billed by NAMI NC for the cost.

Comments: _____

How do you describe or define Mental Health Recovery?

P2P MENTOR REQUIREMENTS:

- ✓ Must be a NAMI Member with a mental health diagnosis and be at least 18 years of age
- ✓ Willing to adhere to NAMI policies and to mentor as prescribed by NAMI and the approved curriculum--including having a co-mentor for each class.
- ✓ Committed to mentoring P2P within 6 months of training.
- ✓ Commitment to mentoring at least 2, 8-week classes in the first two years of being trained.
- ✓ Willing to communicate with NAMI NC state office as requested.
- ✓ Willing and able to provide group participant data/reporting to NAMI NC as required.
- ✓ Willingness to identify potential new mentors from the support groups.
- ✓ Maintain a membership with NAMI and willingness to encourage participants to become NAMI members.
- ✓ Coordinate classes with local affiliate leaders.
- ✓ Positive regard for, or personal experience with, mutual support.

AGREEMENTS:

It is important that you understand the requirements of the position and have a commitment to this role. Please review the following and indicate your agreement by initialing and signing where indicated.

1. I have read and understand the P2P mentor requirements above. _____(initial)
2. I understand that if there are more applicants than training slots, I may be placed on a waiting list for the Training. _____(initial)
3. I understand that my attendance at the P2P mentor training does not guarantee that I will be certified as a P2P Mentor. _____(initial)
4. If selected to attend the P2P Mentor training and received certification as a P2P Mentor, I acknowledge that I am making a commitment to mentor a course at least twice times in two years. _____(initial)

5. Unless notified otherwise, my application will remain on file for future trainings for a period of one year. After that timeframe the applicant must reapply to be considered.

_____ (initial)

I, _____, have read, understand and agree to abide by the terms and conditions outlined in the NAMI Signature Program code of conduct and the NAMI Signature Program Operating Policies 2016.

I fully understand that violating any of the conditions outlined in either the NAMI Signature Program Code of Conduct or the NAMI Signature Program Operating Policies may result in the termination of my role as a NAMI Signature Program Educator, Facilitator, Mentor, Presenter, Trainer, or any other role designated as a leadership role in any of NAMI's Signature Programs. I agree to follow proper protocol, policies, and procedures and will conduct myself in a professional manner, representing NAMI NC and my local affiliate in the most positive light at all times.

_____ Date: _____
Signature of Applicant

AFFILIATE APPROVAL: (From local affiliate president – REQUIRED!)

_____ (President Initial) I acknowledge that this individual will be paired with another Program Leader to conduct the program in adherence to the NAMI model.

By signing my approval I agree that this person meets the requirements to attend this training and has the qualities to be a successful NAMI Program Leader Additionally, our affiliate will work with this person to initiate or continue this program during the next year.

_____ Date: _____
Signature of Local Affiliate President

Completed form should be returned to:

NAMI North Carolina-Programs | 309 W. Millbrook Road | Suite 121 | Raleigh NC, 27609
or programs@naminc.org