Peer Support: Georgia and National Supporting Evidence, 2017 to 2019

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Peer Supports as recently recognized by federal/national health entities:

U.S. Government Accountability Office (https://www.gao.gov/products/GAO-19-41):

According to officials from the Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services (HHS), shortages in the behavioral health workforce are a key reason that individuals with mental illnesses do not receive needed treatment. In recent years, there has been an increased focus on using peer support specialists—individuals who use their own experience recovering from mental illness to support others—to help address these shortages. Program officials GAO interviewed in selected states (including Georgia) generally cited six leading practices for certifying that peer support specialists have a basic set of competencies and have demonstrated the ability to support others.(2018)

Peer Supports: Sampling of National Data

Barker, S.L. & Maguire, N. (2017). Experts by experience: Peer Support and its use with the homeless. Community Mental Health Journal, 53(5): 598-612. ABSTRACT: Peer support has significant impacts on quality of life, drug/alcohol use, and social support. Common elements of peer support are identified, suggesting possible processes that underlie effective peer support. Shared experiences, role modelling, and social support are suggested to be vital aspects of peer support and moderate changes in homeless clients.

Bouchery, E.E. et al. (2018). The effectiveness of a peer-staffed crisis respite program as an alternative to hospitalization. Psychiatric Services, 69 (10): 1069-1074. ABSTRACT: Objective: This study assessed whether peer-staffed crisis respite centers implemented in New York City in 2013 as an alternative to hospitalization reduced emergency department (ED) visits, hospitalizations, and Medicaid expenditures for individuals enrolled in Medicaid. **Results:** In the month of crisis respite use and the 11 subsequent months, Medicaid expenditures were on average $2,138 lower per Medicaid-enrolled month and there were 2.9 fewer hospitalizations for crisis respite clients than would have been expected in the absence of the intervention ($p<.01$). **Conclusions:** Peer-staffed crisis respite services resulted in lowered rates of Medicaid-funded hospitalizations and health expenditures for participants compared with a comparison group. The findings suggest that peer-staffed crisis respites can achieve system-level impacts.

Conner, K.O. et al. (2018). The impact of peer support on the risk of future hospital readmissions among older adults with a medical illness and co-occurring depression. Social Sciences, 7(9). ABSTRACT: Older adults account for 60% of all preventable hospital readmissions. Although not all readmissions are preventable, evidence indicates that up to 75% of hospital readmissions can be

prevented with enhanced patient education, pre-discharge assessment, and effective care upon discharge. Social support, specifically peer support, after discharge from hospital may be a crucial factor in minimizing the risk of preventable hospital readmission. The pilot study reported here evaluated the relationship between peer support and hospital readmissions in a sample of depressed older adults (N = 41) who were recently discharged from hospital due to a medical condition and who simultaneously had an untreated mental health diagnosis of depression. **Results:** As hypothesized, participants who received the 3-month long peer support intervention were significantly less likely to be readmitted compared to those who did not receive the intervention. **Conclusions:** Findings from this preliminary information suggest that peer support is a protective factor that can positively affect patient outcomes, reduce the risk of hospital readmission, and reduce depressive symptoms among older adults with health and behavioral health comorbidities.

Corrigan, P. W., et al. (2017). Peer navigators to promote engagement of homeless African Americans with serious mental illness in primary care. Psychiatry Research, 255, 101–103. Results indicated no change during the first three months of the study, a significantly greater improvement in scheduled and achieved appointments for Peer Navigator Program compared to Treatment as Usual during the middle six months, and maintenance of appointment change improvements over the final three months of the study. This research suggests peer navigators may offer a promising solution to barriers in utilizing the healthcare system for people with severe mental illness, especially those who may be homeless or from minority racial groups.

Corrigan, P., et al. (2017). The Impact of a Peer Navigator Program in Addressing the Health Needs of Latinos With Serious Mental Illness. Psychiatric Services. Findings found main and interaction effects for scheduled and achieved appointments, showing better engagement for the PNP group compared with the control group over the course of the study. Significant interactions were found for recovery, empowerment, and quality of life, showing greater improvement for the PNP group compared with the control group over year 1 of the study.

Druss et al. (2018). Peer-led self-management of general medical conditions for patients with serious mental illnesses: A randomized trial. Psychiatric Services, 69(5): 529-535. ABSTRACT: Objective: Individuals with serious mental illnesses have high rates of general medical comorbidity and challenges in managing these conditions. A growing workforce of certified peer specialists is available to help these individuals more effectively manage their health and health care. However, few studies have examined the effectiveness of peer-led programs for self-management of general medical conditions for this population. **Results:** At six months, participants in the intervention group demonstrated a significant differential improvement in the primary study outcome, health-related quality of life. Specifically, compared with the usual care group, intervention participants had greater improvement in the Short-Form Health Survey physical component summary (an increase of 2.7 versus 1.4 points, p=.046) and mental component summary (4.6 versus 2.5 points, p=.039). Significantly greater six-month improvements in mental health recovery were seen for the intervention group (p=.02), but no other between-group differences in secondary outcome measures were significant. **Conclusions:** The HARP program was associated with improved physical health– and mental health–related quality of life among individuals with serious mental illness and comorbid general medical conditions, suggesting the potential benefits of more widespread dissemination of peer-led disease self-management in this population.

Hernandez-Tejada, M. A. et al. (2017). Incorporating peer support during in vivo exposure to reverse dropout from prolonged exposure therapy for posttraumatic stress disorder: Clinical outcomes. The International Journal of Psychiatry in Medicine, 52(4–6), 366–380. Of 82 dropouts from prolonged exposure, 29 reentered treatment when offered peer support during exposure. Treatment reentry was effective insofar as indices of both posttraumatic stress disorder and depression were significantly reduced, indicating that using peers in this way may be an effective means by which to return Veterans to care, and ultimately reduce symptomatology.

Johnson, S. et al. (2018). Peer supported self-management for people discharged from a mental health crisis team: A randomized controlled trial. Lancet, 392: 409-418. ABSTRACT: Participants in the crisis resolution team group were offered up to ten sessions with a peer support worker who supported them in completing a personal recovery workbook, including formulation of personal recovery goals and crisis plans. The control group received the personal recovery workbook by post. **Findings/Interpretation:** Our findings suggest that peer-delivered self-management reduces readmission to acute care, although admission rates were lower than anticipated and confidence intervals were relatively wide. The complexity of the study intervention limits interpretability, but assessment is warranted of whether implementing this intervention in routine settings reduces acute care readmission.

Kelly, E. et al. (2017). Integrating behavioral healthcare for individuals with serious mental illness: A randomized controlled trial of a peer health navigator intervention. Schizophrenia Research, 182, 135–141. Treated group showed significantly greater improvement in access and use of primary care health services, higher quality of the consumer-physician relationship, decreased preference for emergency, urgent care, or avoiding health services and increased preference for primary care clinics, improved detection of chronic health conditions, reductions in pain, and increased confidence in consumer self-management of healthcare.

Mahlke, C.I. (2017). Effectiveness of one-to-one peer support for patients with severe mental illness – a randomized controlled trial - European Psychiatry, 42: 103-10. Patients in the intervention group had significantly higher scores of self-efficacy at the six-month follow-up. There were no statistically significant differences on secondary outcomes in the intention to treat analyses. The findings suggest that one-to-one peer support delivered by trained peer supporters can improve self-efficacy of patients with severe mental disorders over a one-year period. One-to-one peer support may be regarded as an effective intervention.

Mulfinger, N. et al. (2017). Honest, Open, Proud for adolescents with mental illness: Pilot randomized controlled trial. Journal of Child Psychology and Psychiatry, 59(6): 684-691. ABSTRACT: Background: Due to public stigma or self-stigma and shame, many adolescents with mental illness (MI) struggle with the decision whether to disclose their MI to others. Both disclosure and nondisclosure are associated with risks and benefits. Honest, Open, Proud (HOP) is a peer-led group program that supports participants with disclosure decisions in order to reduce stigma's impact. **Results:** Compared to Treatent As Usual, adolescents in the HOP program showed significantly reduced stigma stress and increased quality of life. HOP further showed significant positive effects on self-stigma, disclosure-related distress, secrecy, help-seeking intentions, attitudes to disclosure, recovery, and depressive symptoms. Effects

remained stable or improved further at follow-up. In a limited economic evaluation HOP was cost-efficient in relation to gains in quality of life.

O'Connell, M.J. et al. (2018). Outcomes of a peer mentor intervention for persons with recurrent psychiatric hospitalization. Psychiatric Services, 69(7): 760-767. ABSTRACT: Objective: This article presents findings from a randomized controlled trial of a peer support mentorship intervention designed for individuals with serious mental illness and frequent, recurrent psychiatric hospitalizations. **Results:** Participants assigned to the peer mentor condition reported significantly greater reductions in substance use and psychiatric symptoms and greater improvements in functioning compared with participants assigned to standard care. Moreover, participants in the peer mentor program remained out of the hospital for significantly longer periods of time compared with those assigned to standard care.

O'Connell, M. J., et al. (2017). Enhancing outcomes for persons with co-occurring disorders through skills training and peer recovery support. Journal of Mental Health, 0 (0), 1–6. At three months, skills training was effective in reducing alcohol use and symptoms, with the addition of peer-led support resulting in higher levels of relatedness, self-criticism, and outpatient service use. At nine months, skills training was effective in decreasing symptoms and inpatient readmissions and increasing functioning, with the addition of peer support resulting in reduced alcohol use. Adding peer-led support may increase engagement in care over the short term and reduce substance use over the longer-term for adults with co-occurring disorders.

Rosenberg, D. (2017). The effects of peer support workers on psychiatric environments: Recovery orientation as outcome. Conference Paper: Refocus on Recovery ABSTRACT: While an increasing number of studies point to the positive effects of peer support workers in mental health services, there is a continuing call for research that targets individual outcomes which can be measured and provide evidence for the effectiveness of this method. Individually oriented outcomes tied to specific interventions may not however capture the broader effects of hiring individuals with lived experience in traditional psychiatric services. Method: An interview study of users (sic. service users) who had contact with peer support workers in five Swedish psychiatric outpatient services was completed as part of a broader study that also targeted staff and program managers. **Results:** While interviewed users confirmed many of the outcomes that had been reviewed in the international literature regarding hopefulness, strategies for recovery, trust and mutuality, they also described their perception of the environmental implications of employing these workers. They describe the peer support workers as mediating the distance between patient and staff, as creating a more equal standing on the units, and as confirming that the professionals believe in recovery and can therefore be trusted. These findings suggest that the outcomes of peer support are not solely individual, and significantly contribute to the development of recovery-oriented services with wide-ranging benefits.

Weir, B. et al. (2017). Military veteran engagement with mental health and well-being services: a qualitative study of the role of the peer support worker. Journal of Mental Health, 0 (0), 1–7. The Peer Support role enhanced veteran engagement in the majority of instances. Study findings mirrored existing peer support literature, provided new evidence in relation to engaging UK veterans, and made recommendations for future veteran research and service provision.

Young, A. S., et al. (2017). Improving Weight in People with Serious Mental Illness: The Effectiveness of Computerized Services with Peer Coaches. Journal of General Internal Medicine, 32(1), 48–55. 276 overweight patients with serious mental illness receiving care at a Veterans Administration medical center. Patients were randomized to 1) computerized weight management with peer coaching (WebMOVE), 2) in-person clinician-led weight services, or 3) usual care. Both active interventions offered the same educational content. At 6 months, in obese patients (n = 200), there was a significant effect in the WebMOVE group (average estimated BMI change from baseline to 6 months of 6.2 lbs weight loss. No significant change in BMI was seen with either in-person clinician based services or usual care. The average percentage of modules completed in the WebMOVE group was 49% and in the in-person group was 41%. WebMOVE was well received, while the acceptability of in-person clinician-led services was mixed. Computerized weight management with peer support results in lower weight, and can have greater effectiveness than clinician-led in-person services. This intervention is well received, and could be feasible to disseminate.