



*THE ROLE OF VA PEER
SPECIALISTS
IN SUPPORTING PHYSICAL
HEALTH AND WELLNESS*

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Disclosures

- Nothing to disclose
- This presentation represents my personal views and not the views of the Department of Veterans Affairs or the U.S. government.

What is peer support?

- Has its roots as a non-hierarchical practice of giving and receiving help
- Individuals with mental health conditions support each other
- Build support systems in the community outside of formal health care - an act of resistance
- Our current paradigm of peer support grew out of psychiatric survivor/ex-patient movements



<https://understandingvoices.com/working-with-voices/peer-support/the-roots-of-peer-support/>

What does peer mean?

- In this presentation - focusing on peers providing services and supports in the context of a formal community or health care organizations - not mutual self-help
- "Peer providers"
- Peer Specialist
 - Certified, with specialized training to use their recovery story to support the recovery of others
 - Usually paid employees
- VA Peer Specialist- Veteran, works in a VA setting

Peer providers in mental health

- Traditionally support others around mental health recovery
- Are increasingly being asked to support physical health and wellness among individuals with mental illness
 - For good reason!
- What's the essential "peerness" when a mental health peer is focused on a physical health outcome?
- Is this an appropriate role for mental health peers? Or is it role diffusion?

Outline of Presentation

- What do mental health peer providers typically do?
- How are peer providers supporting physical health and wellness
- What do we know about “peerness” in these contexts?
- What is the peer role - examples from qualitative research

What do mental health peer providers typically do?

- Social support

- Emotional- "I know this is hard"
- Instrumental- "I can help you get to your appointment"
- Information- "The best number to call for that is..."

- Social learning and social comparison theories

- Self-disclosure
- Peers are credible role models who enhance self-efficacy and hope
- "Upward social comparison" - something to strive towards
- Conditional regard- empathy paired with accountability - "I know you can do better"

Davidson et al., 2012; Solomon, 2004

Peer specialist services

- 1 Peer specialists promote hope
- 2 Peer specialists serve as role model
- 3 Peer specialists share recovery story
- 4 Peer specialists help reduce isolation
- 5 Peer specialists do recovery planning
- 6 Peer specialists have flexible time and meeting places
- 7 Peer specialists engage clients in treatment
- 8 Peer specialists increase client's participation in own illness management
- 9 Peer specialists help link clients to community resources
- 10 Peer specialists serve as a liaison between staff and clients

Chinman et al., 2016

Peer Specialist Services, con'd

- 11 Peer specialists increase access to services
- 12 Peer specialists run recovery groups
- 13 Peer specialists focus on strengths
- 14 Peer specialists provide empathy
- 15 Peer specialists promote empowerment
- 16 Peer specialists develop a trusting relationship
- 17 Peer specialists are a friend
- 18 Peer specialists teach coping skills
- 19 Peer specialists teach problem solving
- 20 Peer specialists help their team focus on recovery

Chinman et al., 2016

Outline of Presentation

- What do mental health peer providers typically do?
- How are peer providers supporting physical health and wellness
- What do we know about “peerness” in these contexts?
- Peer vs. non-peer - what is the peer role?
- How do peers support health behavior change?

How are peer providers supporting physical health and wellness?

- Most studies of peer providers delivering health and wellness interventions for individuals with mental health conditions are small, single group pre-post studies
- Few large randomized controlled trials
- Intervention targets have included
 - Medical illness self-management
 - Connecting to health care
 - Healthy lifestyle interventions (diet, physical activity and exercise, weight management)
 - Smoking cessation

How are peer providers supporting physical health and wellness?

- Many interventions incorporate a technology component
- A growing literature supports the *feasibility and acceptability* of peer providers helping service users engage with technology
- Examples:
 - Through phone coaching, peer providers promote engagement with asynchronous educational modules delivered online (webMOVE; Young et al., 2017)
 - An app-based illness self-management intervention is delivered via tablet - peer providers and service users review the material together. The app allows for secure text messaging between the peer and service user outside of in-person sessions (Peer TECH; Fortuna et al., 2018)
- General lack of large trials to establish clear efficacy

(See Fortuna et al., 2020 for systematic review of digital peer support interventions)

Medical Illness Self-Management

- Promote proactive health behaviors among individuals with chronic illness
- Common tasks across chronic health conditions, including medication management, making good use of health care, engaging in healthy physical activity, eating a healthy diet, and stress management
- Teach key self-management skills, including goal-setting, problem solving and action planning

Medical Illness Self-management

- Chronic Disease Self-Management Program (CDSMP) is most well-studied self-management intervention – group-based intervention delivered by individuals with chronic health conditions (Brady et al., 2013)
- CDSMP has been adapted for individuals with mental illness
 - Health and Recovery Peer Program: co-facilitated by peers with comorbid mental health and chronic medical conditions (Druss et al., 2010; Druss et al., 2018)
 - Living Well: option to be facilitated by two peers with comorbid mental health and chronic medical conditions OR by a peer and non-peer provider (Goldberg et al., 2013; Muralidharan et al., 2018)
- Positive outcomes for **self-management behaviors, self-efficacy, and quality of life** (Druss et al., 2018; Muralidharan et al., 2018)

Connecting to health care

- Connection to primary care from psychiatric emergency room (ER)
 - Service users (n=175) in the psychiatric ER were randomized to receive a primary care navigator or usual care for one year
 - All participants were offered the opportunity to connect with mental health peers who worked at a peer-run organization and had formal training as peers
 - Participants with mental health peers were statistically **more likely to follow through with primary care**
 - Participants who had both a navigator and a peer connected to primary care at even higher rates

Griswold et al., 2010

Connecting to health care

- Peer navigators – “Bridge” intervention
 - Service users with serious mental illness (n=151) randomized to peer navigator intervention or waitlist control.
 - Intervention associated with **improvement in access/use of primary care and other health outcomes** at six months
 - Peers either had lived experience of mental illness or a loved one with this experience, attended two-day training on intervention and then received ongoing supervision and feedback

Kelly et al., 2017

Connecting to health care

- Peer Navigator Program

- Tested in two RCTs: one with homeless African Americans with serious mental illness (n=66), one with Latinx individuals with serious mental illness (n=110)
- Peers were African Americans with lived experience of serious mental illness and past homelessness or bilingual Latinx individuals with serious mental illness, respectively
- Peers received training on the intervention and ongoing monitoring
- **Increased scheduling and attendance of healthcare appointments** in the navigator condition compared to treatment as usual in both studies, over one year

Corrigan et al., 2017; 2018

Healthy Lifestyle

- webMOVE
 - Manualized version of the VA MOVE! weight management intervention adapted and delivered as computerized modules
 - Supplemented with weekly peer phone calls to promote engagement
 - Peers were Veterans with mental health conditions
 - Compared to a (1) manualized version of the VA MOVE! weight management program delivered in person by non-peer staff and (2) usual care
 - Overweight Veterans with serious mental illness (n=276) randomized to one of three conditions
- webMOVE associated with
 - **greater decreases in weight** among obese participants compared to both other conditions
 - **greater increases in weight-related self-esteem** compared to usual care
 - **greater increases in physical activity** at six months compared to usual care, due to increases in walking

Young et al., 2017; Muralidharan et al., 2018; Muralidharan et al., 2019

Healthy Lifestyle

- Peer-led Group Lifestyle Balance (PGLB)
 - Peer delivered healthy lifestyle program in supportive housing
 - Peers will have a serious mental illness and completion of a peer specialist training program
 - Delivered by trained peer specialists in supportive housing over 1 year
 - Compared to usual care
 - Results not yet published

Cabassa et al., 2015

Smoking Cessation

- Uncontrolled studies
 - Peer to peer tobacco education and advocacy
 - Peers were non-smoking individuals with mental health conditions
 - 20-minute peer-to-peer session
 - N=102
 - **Decreased number of cigarettes smoked** at one month follow-up
 - Participants reported it was easier to talk to peers about smoking than their doctors
- Williams et al., 2011
- Smoking cessation program implemented at community mental health centers across Australia
 - Multifaceted program, included a 10-week peer and non-peer co-facilitated smoking cessation group
 - Peers had mental health conditions and quit experience - were "comfortable non-smokers"
 - N=844
 - **Decrease in number of cigarettes smoked** at the end of the program

Ashton et al., 2015

Smoking Cessation

- Peer mentors for smoking cessation
 - Peers were individuals with mental health conditions and quit experience
 - Trained to facilitate a smoking cessation group and provide individual coaching
 - N=30
 - Significant **decrease in number of cigarettes smoked**
- Qualitative study of the experiences of peer mentors
 - Self-disclosed around smoking and less around psychiatric illness

◦ Dickerson et al., 2016a and 2016b

What is “peerness” in these contexts?

- Specific health behavior (e.g., ability to quit smoking?)
- Veteran identity?
- Person in recovery from mental illness?
- May depend on the context of the intervention

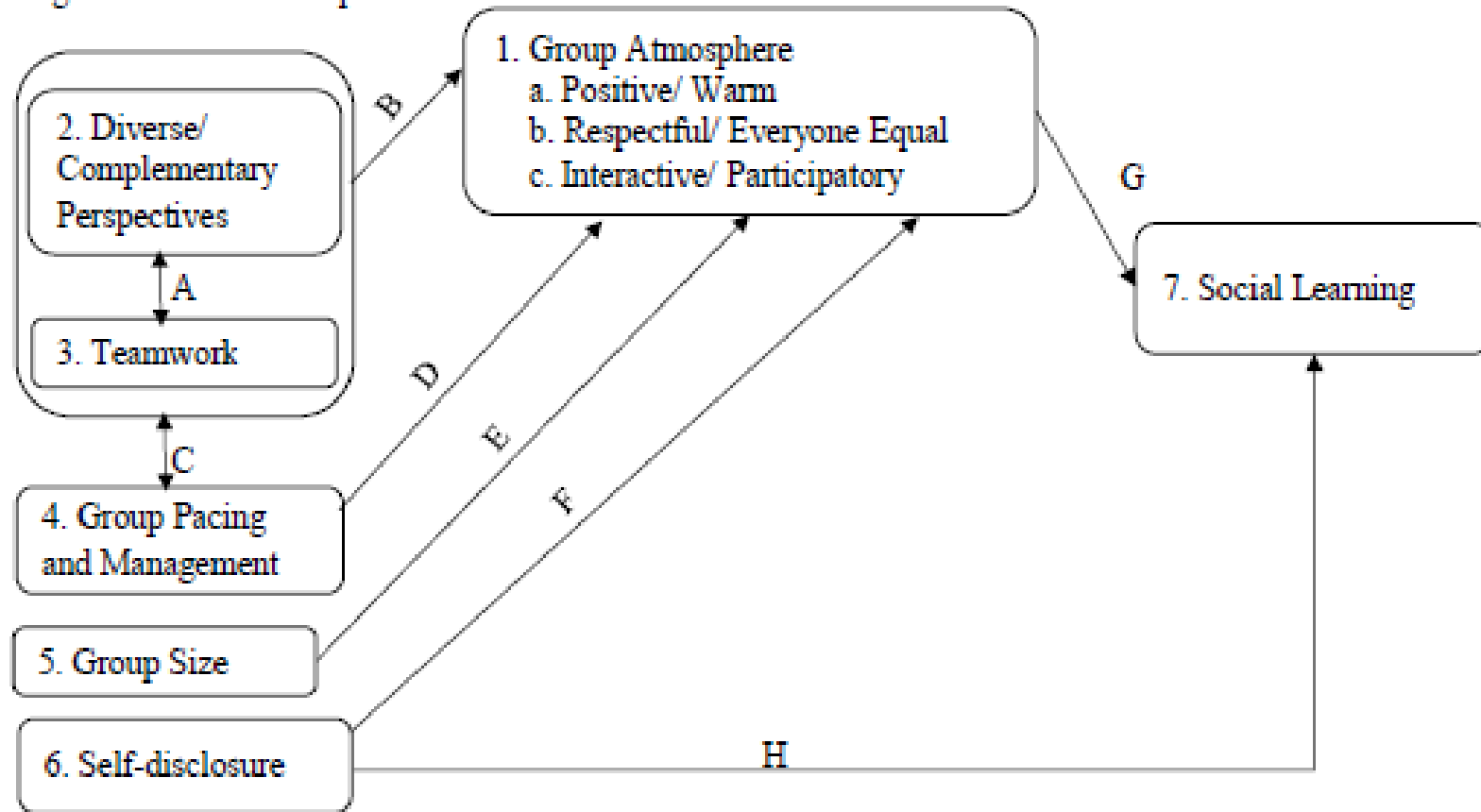
Muralidharan et al., 2017

What is the peer role?- An example from Living Well

- Qualitative interviews from participants in Living Well (n=15, ages 47-75)
- Living Well: medical illness self-management for Veterans with serious mental illness
- Groups co-facilitated by peer and non-peer
- Inductive coding and thematic analysis
 - Peer co-facilitation
 - Processes of change

Peer and non-peer co-facilitation

Figure 1. Thematic Map.



"You had [Peer] on one side. And you had [non-Peer] on the other side. So those were two different perspectives on what they're going to throw out there to you. Whereas [non-Peer] might not understand, [Peer] would... You know, especially with the mental health issue. I mean, unless you've been there and done that, you don't have a clue."

"...you got to... have a peer facilitator to help egg the group along. You know, and get some participation out of the group members and all."

"I've learned over the years that a lot of times the people who are supposed to be teaching you about stuff, don't have a clue, or insight, about what you should be doing, or how your life got to this point or whatever.... [Peer] brought some very, very, very personal anecdotes to the class that she didn't have to. And that really made the group a more cohesive group, because she ripped a veil, for lack of a better word, she ripped a veil and allowed us to kind of open ourselves up because she put her stuff on the table too."

Muralidharan et al., 2020

"[Peer] helped...by the things he would say about himself and his problem. He had back problems and he had some mental problems. He had stuff. Would instantly group us altogether as a group..."

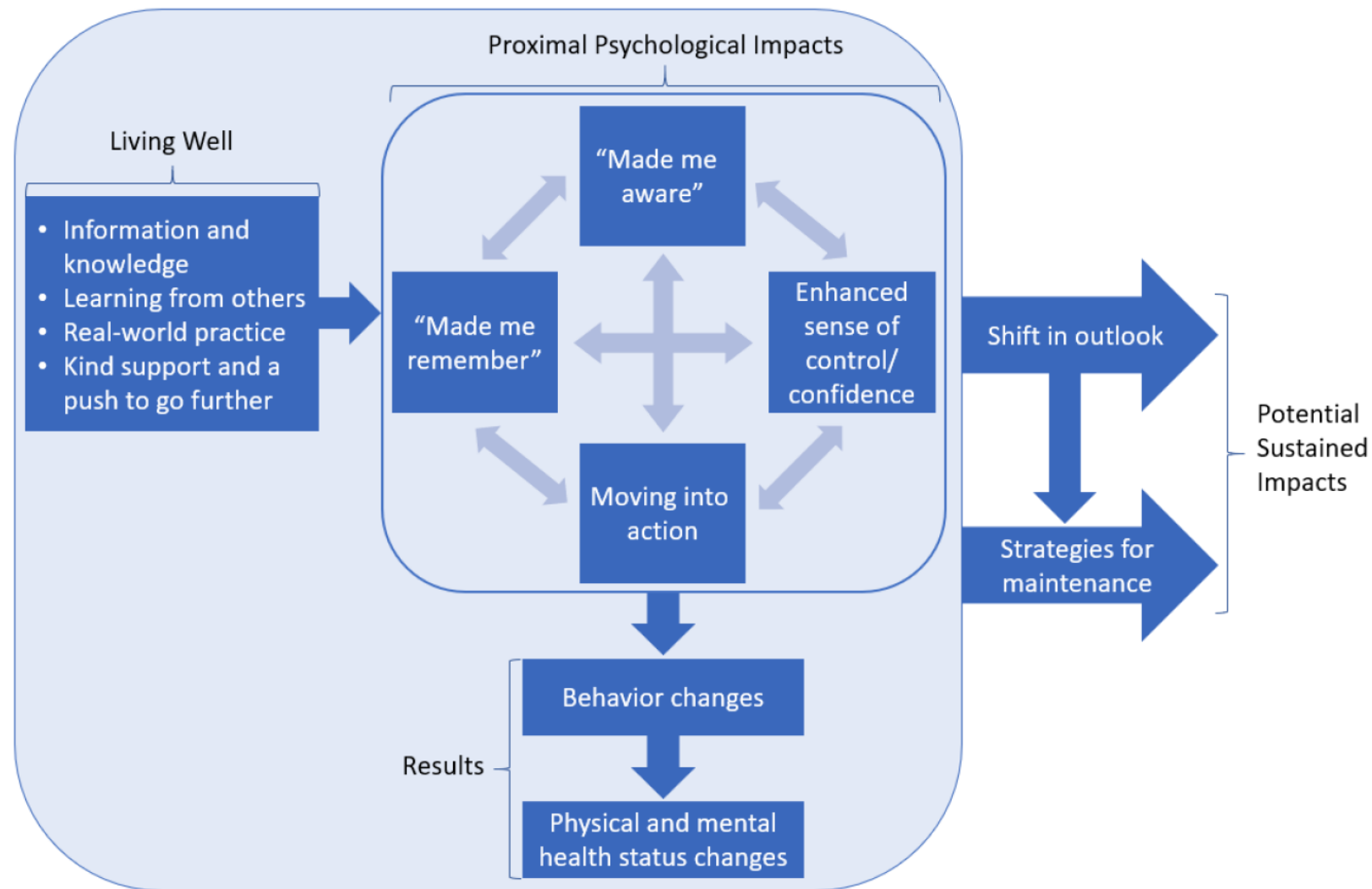
"But you know some people go in there [group] with a little lack of confidence and self-esteem and you know they're a little bit reserved. So when...you have a peer like that, they're discussing things, it kind of opens them up a little bit more.... [Peer] would, every, every, every discussion that was started, the first example was always [Peer]. Okay? So he gave us his example to relate it to what we were talking about, whether it was getting more physical or eating better or whatever. And then they started around the table. So I think that helped out a lot."

Table 2. Recommendations for Peer and Non-Peer Co-Facilitated Groups.

- (1) Promote perceived ownership of the space by group members
- (2) Encourage an atmosphere where group facilitators and members are equals
- (3) Foster a respectful, collegial relationship between the peer and non-peer facilitator
- (4) Set aside time for the peer and non-peer facilitator to explicitly discuss their respective roles in facilitating the group
- (5) Assign the non-peer facilitator the role of keeping the group on task and covering all the necessary material and the peer facilitator the role of eliciting participation, if this is in keeping with their respective strengths
- (6) Explicitly create space for peer self-disclosure, both structured and spontaneous, during group sessions.

Processes of change

Figure 1. A model of health behavior change process among adults with serious mental illness participating in Living Well



What is the peer role?- An example from PGLB

- Qualitative interviews with 28 participants in PGLB
- PGLB: Peer led group lifestyle intervention delivered in supportive housing
- Participant perspectives of peers who led the group:
 - Process oriented
 - Emphasizing possibility for change, building hope
 - Relating through shared experience
- Participant perspectives of non-peer providers:
 - Task oriented
 - Emphasizing consequences
 - Relating through shared treatment goals
- Participants appreciated the contributions of each

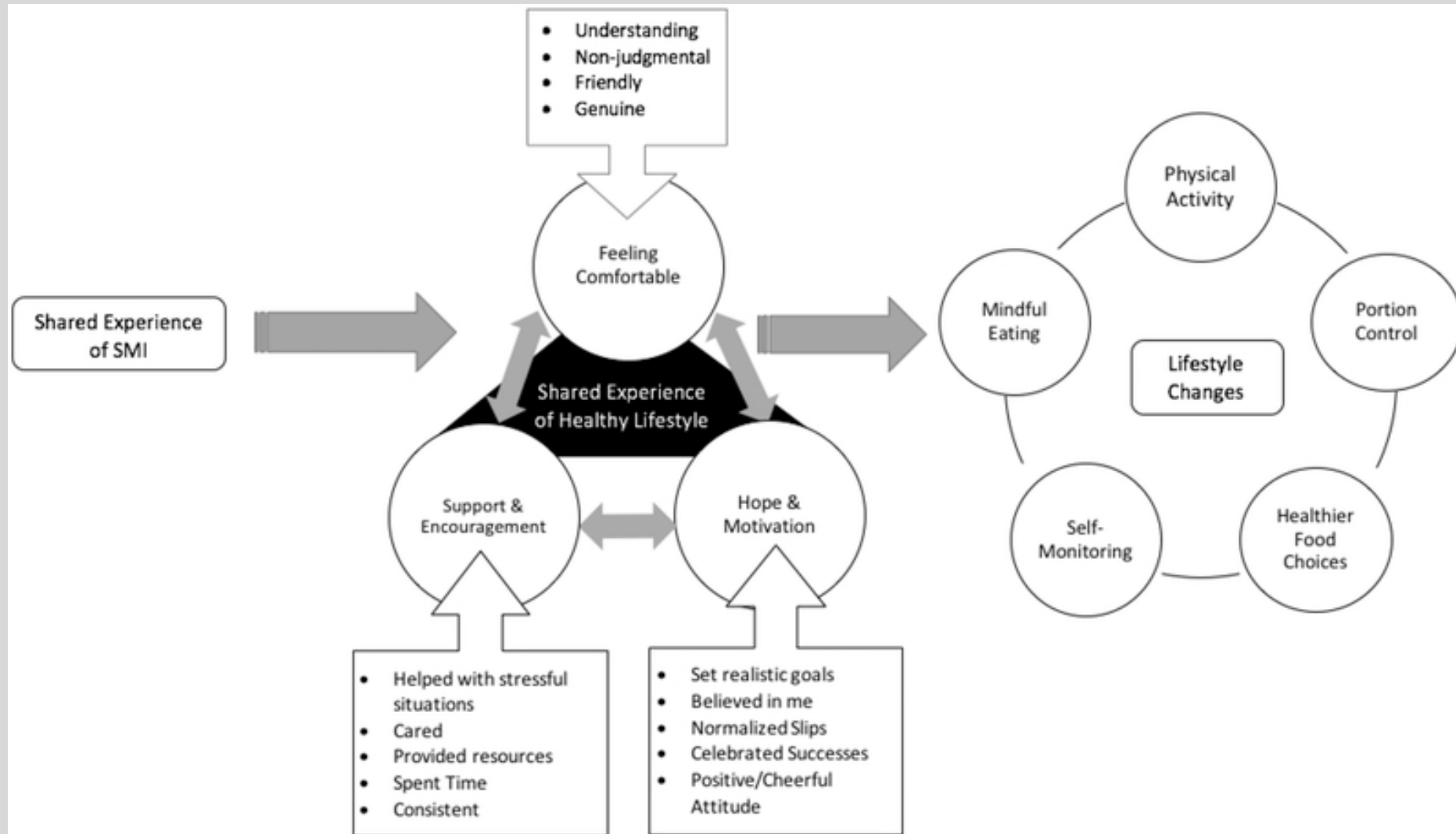
Bochicchio et al., 2021

What is the peer role?- An example from PGLB

- Qualitative interviews with 28 participants, 4 peer specialists, 5 supervisors
- Card sort exercise
 - First choices
 - "The peer specialist was someone I felt comfortable with" - most selected
 - "The peer specialist provided me with encouragement and support" - second most selected
 - "The peer specialist helped me feel hopeful about making positive changes"- third most selected
 - Second choices
 - "The Peer Specialist knew what s/he was talking about in terms of a healthy lifestyle"
 - "The Peer Specialist really understood what I was going through"
 - "The Peer Specialist shared their personal history and experiences with me"
 - "The Peer Specialist put things in words I was able to understand"

Bochicchio et al., 2019

"We're all in this together": Peer-specialist Contributions to a Healthy Lifestyle Intervention for People with Serious Mental Illness (nih.gov)



Conclusions

- The peer role in health and wellness overlaps with the peer role in mental health
 - Social support- emotional, informational, instrumental
 - Hope, motivation, self-efficacy
 - Respectful, friendly, non-hierarchical
 - *Skillful self-disclosure across a variety of experiences*
- What about “peerness”?
 - A shared experience of mental illness may be foundational to promote engagement and rapport building at the beginning
 - Specific experience around health behaviors may come into play later
 - This may depend on context and more work is needed

Conclusions

- What can we do as non-peers?
 - Include peer providers as collaborators in our research
 - When designing interventions to be delivered by peers, or thinking about having a peer deliver a particular intervention, think carefully about how to make space for the valuable lived experience they bring to the table
 - Ask yourself - does this engage the deep wisdom peers have regarding mental health recovery?
 - e.g., Whole Health groups
 - Brainstorm with peers about when and how self-disclosure can be used
 - Future research direction → understanding skillful self-disclosure that promotes engagement and recovery
 - Work toward creating collegial, respectful, non-hierarchical relationships with peer providers

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