Measuring Outcomes of Peer Support: What Have We Measured and What Have We Learned?

Tom Lane, CRPS
National Director
Consumer and Recovery Services
About the Presenter:

**Tom Lane, CRPS** is the national Director, Consumer and Recovery Services for Magellan’s Public Sector Division, providing leadership and guidance in promoting the concepts of recovery and resilience throughout Magellan Behavioral Health Services systems of care. In addition to providing technical assistance and training to Magellan staff. Currently, he is leading Magellan’s effort to integrate Peer Support Whole Health in our behavioral health programs. Prior to joining Magellan, he worked as Vice President of Recovery Supports and Forensic Services for New Horizons of the Treasure Coast, a community mental health center in Florida. He has 12 years experience developing and implementing peer-operated programs, services, and supports in the community and within publicly funded provider settings, including inpatient and state hospital settings. Tom has provided technical assistance and training around recovery, reducing seclusion and restraint, and social inclusion at the state and national levels.
When you change the things you look at...

...the things you look at change!
Peer Support: What Is It?

- Having people we have something in common with; shared experiences
- Supports are controlled by peers
- Helps develop other natural social supports
- Having people we can rely on, who value us
- Voluntary in nature
- Reciprocal in nature; ‘Helpers Principle’
Why Measure Peer Support?

- Move from anecdotal stories of success to evidence-based information
- Gain better understanding of aspects of peer support
- Look at impact of peer support relevant to other measures used in behavioral health
- Provide information to researchers, providers, policy makers, advocates, and others
- Promote, support, and sustain peer support in traditional and non-traditional settings
What Have We Been Measuring?

- quality of life measures
- recovery attitudes
- perceptions of empowerment
- self confidence
- self esteem
- hospitalization
- relapse
- psychiatric symptoms
- criminal justice involvement
- employment
What the Literature Says

- Clients served by case management teams with peer specialists demonstrated greater gains in several areas of quality of life and overall reduction in the number of major life problems experienced. (Felton & Associates, 1995)

- Enhanced self-esteem and social functioning (Markowitz, DeMasi, Knight, & Solka, 1996)

- Self-help, peer support, and self-advocacy are being recognized as components of wellness, recovery, and even treatment. (Curtis & Hodge, 1995)
More Findings…

- Self-Help participation results in improved daily functioning and improved illness management.  
  (Powell & Associates, 2001)

- Experiential knowledge- a more active approach to coping with illness, promoting choice and self-determination that enhance empowerment vs. passivity engendered by participation in services with a hierarchical structure.  
  (Salzer & Associates, 2002)
Still More Findings…

- There is strong support that everyone benefits from the provision of peer support/peer provided services.
  
  (Solomon, 2004)

- Peer providers serve a valued role in quickly forging therapeutic connections with persons typically considered to be among the most alienated from the health care service systems.
  
  (Sells & Associates, 2006)
Peer Support Outcomes

- Comparison (peer support consumers vs. traditional day treatment consumers) improvement over time
- Three measures [current symptoms, daily living skills, and access to resources],
- Improvement in the peer support group was significantly greater than in those receiving traditional services.

Georgia Department of Mental Health, Developmental Disabilities and Addictive Diseases (2003):
Peer Support and Inpatient Services

- Baseline – 4 admits or more, median ‘longest stay’ greater than 1 month

- Decreased lengths of hospital stays, lower services costs overall

- At 12 months, the experimental group had **better healing outcomes, greater levels of empowerment, shorter hospital stays and less hospital admission**

- Experimental group had lower crisis and total mental health service costs

(Dumont & Jones, 2002)
**Consumer-managed Crisis Residential Program**

- Compared to locked inpatient psychiatric facility (LIPF)
  - Average length of stay and cost
    - CRP – 7.08 days @ $211/day = $1,497
    - LIPF – 5.83 days @ $665/day = $3,876
  - Self-reported symptoms (Depression, Psychoticism, Anxiety)
    - CRP - Greater improvement in all areas
    - LIPF – Psychoticism and Depression – no significant gain
  - Service satisfaction
    - Average 30-day initial satisfaction higher in CRP
    - Remained higher throughout project period (1 year)

(Greenfield 2008)
Peer Support Among Veterans

- Study of impact of Vet-to-Vet support group
- Initial data collected before V2V implemented (2002)
- Data collected after V2V implemented showed those who participated regularly
  - Significant increase in confidence
  - Superior outcomes related to general empowerment and functioning
- Participation in peer support can be associated with enhanced personal well-being, as measured by both recovery-oriented and more traditional clinical measures.
  
  (Resnick and Rosenheck, 2008)
Tools Used in Studies: Brief Overview

- Mental Health Confidence Scale – Sample Item: *HOW CONFIDENT ARE YOU RIGHT NOW THAT YOU CAN SET GOALS FOR YOURSELF.*
- Making Decisions Scale – Sample Item: *I CAN PRETTY MUCH DETERMINE WHAT WILL HAPPEN IN MY LIFE.*
- Personal Empowerment Scale – Sample Item: *HOW MUCH CHOICE DO YOU ABOUT WHERE TO GO TO GET HELP WHEN YOU HAVE PROBLEMS?*
- Community Living Skills Scale - SAMPLE ITEM: *I AM CAPABLE OF FINDING WAYS TO SOLVE MY OWN PROBLEMS*
- Snyder Hope Scale - SAMPLE ITEM: *I CAN THINK OF MANY WAYS TO GET OUT OF A JAM.*
- Crisis Hostel Healing Scale – SAMPLE ITEM: *I HAVE INSIGHT INTO WHAT LEADS TO MY CRISES AND SO I CAN THINK OF WAYS TO CHANGE.*
- Peer Outcomes Protocol – developed by consumers for consumers
  - POP Well-Being Module Sample Item
    - I take an active role in decisions about my mental health services.
Peer Outcomes Protocol Project

Summary

The Peer Support Outcomes Protocol (POP) was designed to measure service and programmatic outcomes of self-help, peer support, and consumer operated programs in mental health. Specific outcome modules that are available in the POP include: demographics, service use, employment, community life, quality of life, well-being, and program satisfaction. The protocol was designed by Dr. Jean Campbell of the University of Missouri, in collaboration with staff from the UIC National Research and Training Center on Psychiatric Disability. Read more about the POP and download the protocol and other useful materials by clicking on the links below.

POP Protocol: Background and Purpose
POP Protocol, Administration Manual, and Supporting Materials
POP Project Products
Personnel, Consultants, and Reviewers
For More Information About Tools…

*Can We Measure Recovery? A Compendium of Recovery and Recovery-Related Instruments*

*Measuring the Promise: A Compendium of Recovery Measures*
http://www.power2u.org/downloads/pn-55.pdf
A Public Health Crisis!

People with serious mental illness served by the public mental health system die, on average, 25 years earlier than the general population.

NASMHPD
Morbidity and Mortality in People with Serious Mental Illness
October 2006
Average Life Expectancy: 53 Years

- Number one cause:
  - Cardiovascular Disease

- Other causes:
  - Metabolic Syndrome
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Diabetes
Peers Helping Peers Live Longer

- Peer Support Whole Health – A health self-management approach
  - Values are consistent with peer support for mental health recovery
  - Looks comprehensively at a person’s health life-style
  - Is a strength-based and focuses on a person’s strengths, interests and natural supports;
  - Stresses creating new health life-style habits and disciplines through self-determined strategies and choices
  - Provides peer support delivered by peer specialists trained to promote self-directed whole health.
PSWH Training

The PSWH training is also built on a Person Centered Planning (PCP) process that focuses on six health lifestyle domains:

- Healthy Eating
- Physical Activity
- Restful Sleep
- Stress Management
- Service to Others
- Support Network
PSWH – 5 Keys to Success

A Person-Centered Goal that uses the SMART process to be written into a treatment plan

Weekly Peer Support Whole Health Group

A Weekly Action Plan that uses a confidence scale

Peer Accountability and Support

A Daily/Weekly Personal Log
## Pennsylvania Study Outcomes

<table>
<thead>
<tr>
<th>Health Domain</th>
<th>Pre-study baseline</th>
<th>Post-study results</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restful Sleep</strong></td>
<td>22% scored 5 or higher 72% scored 3 or less</td>
<td>81% scored 5 or higher 12% scored 3 or less</td>
<td>Significant improvement in quality of sleep.</td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
<td>22% scored 5 or higher 77% scored 3 or less</td>
<td>44% scored 5 or higher 25% scored 3 or less</td>
<td>Significant improvement in physical activity.</td>
</tr>
<tr>
<td><strong>Health Eating</strong></td>
<td>22% scored 5 or higher 51% of participants scored 3 or less</td>
<td>62% scored 5 or higher ~19% scored 3 or less</td>
<td>Significant improvement in healthy eating.</td>
</tr>
<tr>
<td><strong>Stress Management/Relaxation Response</strong></td>
<td>11% scored 5. 61% of participants scored 3 or less</td>
<td>62% scored 5 or higher ~19% scored 3 or less</td>
<td>Significant improvement in stress management.</td>
</tr>
<tr>
<td><strong>Service to Others</strong></td>
<td>83% scored 5 or higher 11% scored 3.</td>
<td>94% scored 5 or higher 62% scored this domain 7 = Excellent</td>
<td>It is to be expected that peer specialists would have high initial and post-study scores, since these individuals are already in helping roles</td>
</tr>
<tr>
<td><strong>Support Network</strong></td>
<td>77% scored 5 or higher Approximately 39% scored 6 or higher</td>
<td>87% scored 5 or higher Approximately 63% scored 6 or higher</td>
<td>Improvements in this area may be attributable to the PSWH groups</td>
</tr>
</tbody>
</table>
PSWH Summary

- PSWH is an emerging best practice for peers to help peers improve their health
- PSWH is consistent with recovery values of choice, self-direction, and peer support
- PSWH helps people set, get, and keep goals that lead to healthier lifestyles and promote wellness
- PSWH training is effective in providing new tools and skills for certified peer specialists
- PSWH strategies are showing positive results
What Have We Learned?

- Researchers and others continue to be interested in peer support.
- Studies have looked at elements of peer support, aspects of quality of life, and some impact on more traditional measures (e.g., hospitalizations).
- There are lots of recovery-related and clinical tools available.
- Peer-run programs offering peer support can measure outcomes to show success, identify areas for improvement, and expand.
There is Still More to Learn…

- Researchers are beginning to design studies to measure aspects of peer support that haven’t been looked at completely (e.g. – whole health)
- What about warmlines? Peer support in rural communities?
- Peer support among youth and older adults?
- Peer support *in* inpatient settings?
- Are we measuring things that are important to peers?
- What’s the balance?
The Most Important Lesson!

- The **hope** instilled in people recovering from mental illnesses through the dynamic exchange of peer support has the potential to foster hope and change for the mental health system. *(Campbell & Leaver, 2003)*

- **Hope** is the thing with feathers that perches in the soul, and sings the tune without the words, and never stops…at all!

Emily Dickinson
Bibliography

- Dumont, J., & Jones, K. (2002). Findings from a consumer/survivor defined alternative to psychiatric hospitalization. *Outlook, Evaluation Center@HSRI and NASMHPD Research Institute, Spring 2002*: 4-6.


Contact Information

Tom Lane
National Director Consumer and Recovery Services
Magellan Health Services
217-384-4332
Tplane@magellanhealth.com