

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

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## 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.



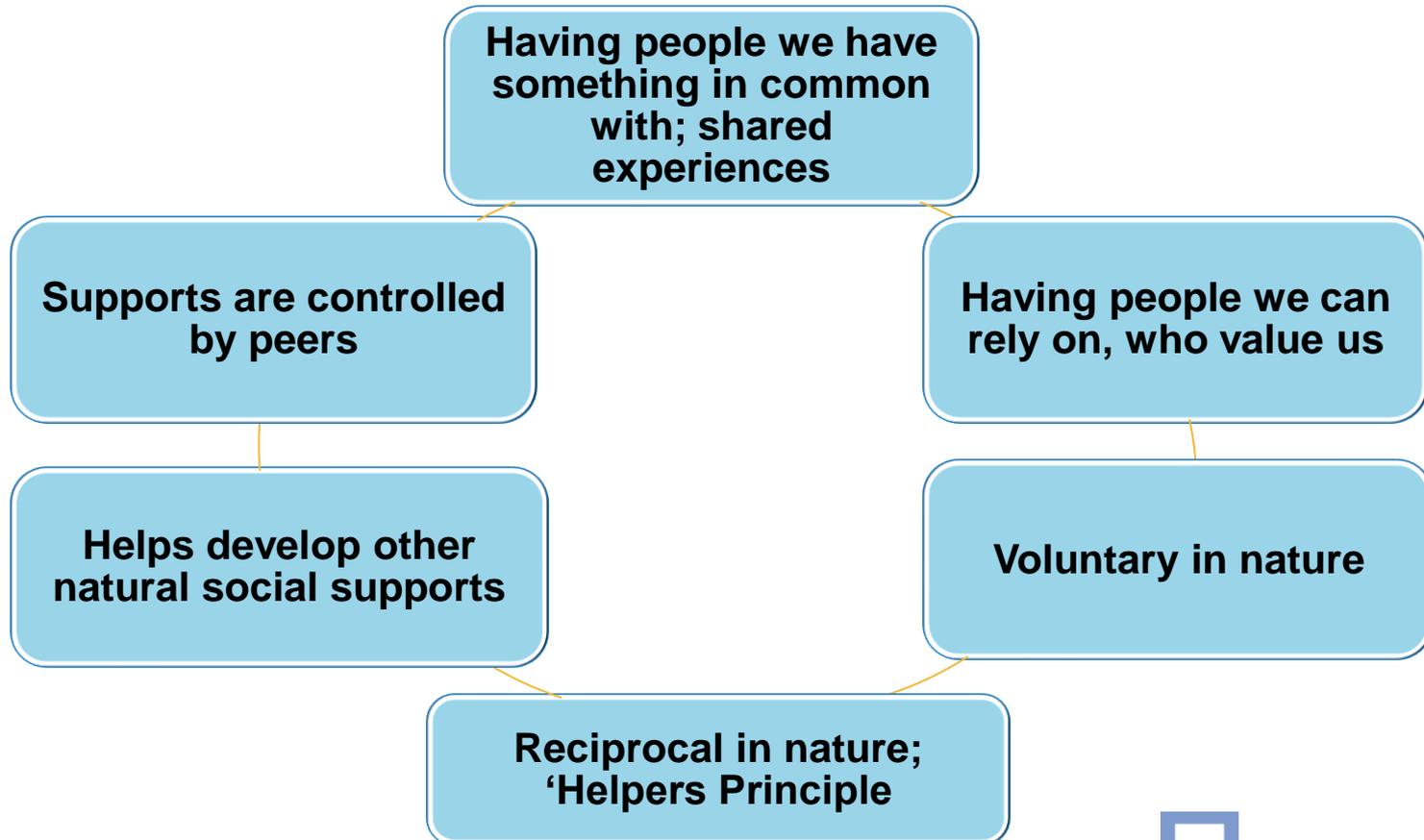
***When you change the things  
you look at...***



***...the things you look at change!***



# Peer Support: What Is It?



# 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.

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**POP Project Summary**

- [POP Protocol: Background and Purpose](#)
- [POP Protocol, Administration Manual, and Supporting Materials](#)
- [POP Project Products](#)
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**Project Funding:**

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## 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*

[http://www.tecathsri.org/pub\\_pickup/pn/pn-43.pdf](http://www.tecathsri.org/pub_pickup/pn/pn-43.pdf)

*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

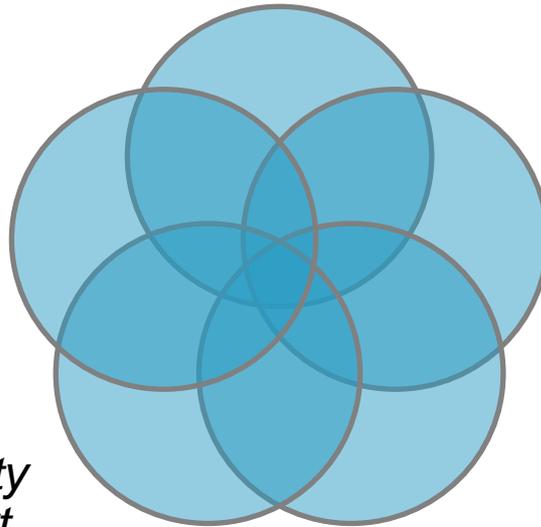
The PSWH training is also built on a Person Centered Planning (PCP) process that focuses on six health lifestyle domains

- 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

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

# 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
- Greenfield, T. K., Stoneking, B. C., Humphreys, K., Sundby, E., & Bond, J. (2008). A Randomized Trial of a Mental Health Consumer-Managed Alternative to Civil Commitment for Acute Psychiatric Crisis. *American Journal of Community Psychology* 42 (1/2):135-144.
- Markowitz, F. E., DeMasi, M. E., Carpinello, S. E., Knight, E. L., & Videka-Sherman, L. (1996). The role of self-help in the recovery process. Alexandria, VA: *Proceedings: 6th Annual National Conference on State Mental Health Agency Services Research and Program Evaluation*. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD) Research Institute.
- Powell, T.J., Warner, L., Hill, E.M., & Yeaton, W. (2000). Encouraging people with mood disorders to attend a self-help group. *Journal of Applied Social Psychology*, 30(11), 2270-2288.
- Resnick, S., & Rosenheck, R. (2008). Integrating peer provided services: A quasi-experimental study of recovery orientation, confidence and empowerment. *Psychiatric Services*, 59, 1307-1314.
- Salzer, M., & Shear, S. L. (2002). Identifying consumer-provider benefits in evaluations of consumer-delivered services. *Psychiatric Rehabilitation Journal*, 25, 281–288.
- Sells, D., Davidson, L., Jewell, C., Falzer, P., & Rowe, M. (2006). The treatment relationship in peer-based and regular case management for clients with severe mental illness. *Psychiatric Services*, 57, 1179-1184.
- Solomon PL: (2004) Peer support/peer provided services: underlying processes, benefits, and critical ingredients. *Psychiatric Rehabilitation Journal* 27:392–401.

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