



## Peer Mentoring: Real Recovery for Young Adults

Young adults struggling with mental health issues can often feel different, isolated, and powerless. Unfortunately, this isolation can lead to negative outcomes such as withdrawal from the community, dropping out of school, and severing ties with friends and family.<sup>2</sup> Additionally, a mental health diagnosis can leave young adults with the fear that the future is no longer bright and that hopes and dreams are no longer possible. Fortunately, the truth is that recovery is a real possibility and something that every young adult can achieve despite the challenges that come with a mental health condition.

TRACS (Transition Resources and Community Supports) is a program of South Shore Mental Health in Massachusetts that serves young adults ages 16-25 with mental health or co-occurring mental health and substance use disorders. Founded on principles of psychiatric rehabilitation, stages of change theory, and the transition to independence process, TRACS strives to facilitate the reconstruction of hope, purpose and meaning in the lives of the young adults served.<sup>2,1,5</sup> One strategy used to meet this goal is hiring young adult peer mentors onto our staff and incorporating them into the team at TRACS.

Young adult peer mentors are individuals that offer their firsthand experiences of living with and overcoming mental health issues to support and assist young adults who come to the program. The peer mentors demonstrate by their simple presence that recovery is real and possible.

To promote recovery, TRACS offers an array of services from which young adults may choose, allowing them to select what will be most helpful and skip what might not be as good a fit. Current services include peer support groups, monthly social/recreational events (laser tag, trivia nights, casino nights, sports games, etc.) with young adults from other programs, Photovoice projects (using photography for social action), and open studio nights for artistic expression. TRACS also offers resource workshops, book discussions, and support groups for parents and caregivers. Lastly, TRACS offers 1:1 peer mentoring where mentors provide more intensive, community-based outreach and support to a young adult.

### The 1:1 Mentoring Relationship

TRACS serves about 50 young adults in any given 6-month period.

However, only about 10 participate in 1:1 mentoring in a given 6-month period. In 1:1 mentoring, a peer mentor is paired with another young adult to work together in the community for approximately six months, for 1-2 hours a week. Young adults coming for mentoring are provided a hand-out at the beginning to clarify the mentoring relationship. (See box.) At the start of the mentoring relationship, the young adult sets goals that will be addressed in weekly meetings. TRACS has found it very important to maintain a focus on goals rather than general, open-ended support. The risk with just offering support is that when the young adult moves on from the program, he/she is back to the same place he/she started. So TRACS prefers to focus on bridging that young adult with other, more natural and sustainable resources that will help him/her long-term. Mentors are encouraged to approach each mentoring relationship as an opportunity to effectively work themselves out of their jobs; that is, to facilitate the young adult moving forward in such a way that at the end of mentoring, the young adult no longer needs a mentor. Mentors are encouraged to be open about their illness and recovery experiences, to the point that they are

## WHAT IS A PEER MENTOR?

### A Peer Mentor is ...

- *Someone you can go to for advice on things like how to get housing, get a job, enroll in college, etc.*
- *Someone you can go to for support around things like making friends, dealing with problems at school, navigating job interviews, etc.*
- *Someone who can support you and understand you from the perspective of having had similar experiences.*
- *Someone who can tell you about his/her experiences with matters such as medication and help you with things like how to remember to take your medication, how to talk to your doctor about what you are experiencing, etc.*

### A Peer Mentor is Not...

- *A therapist.*
- *A case manager.*
- *A bank! Please do not ask your mentor to loan you money.*
- *A crisis line... if you need emergency or 24-hr support, please contact your local crisis team, whose number is on the welcome sheet.*
- *A doctor, which means that your mentor can not give you advice about what medication to take or whether or not to take it.*

comfortable. Disclosure about their personal stories, however, is generally limited to when the young adult is interested in the information and when it will benefit the young adult, rather than for the mentors to get their own support.

### Goal-Setting

During the goal-setting process, young adults are encouraged to keep in mind areas of their lives that are often overlooked in more traditional services, such as spirituality, health, recreation and relationships. TRACS generally sorts goals into five categories: employment, education, independent living, wellness, and social network/community connections. Young adults can set as few or as many goals as they want, but each goal should be something feasible to work on together with a mentor. To track progress on goals, a goal sheet is developed after the initial meeting with the young adult and this is referenced often during mentoring outings. After about three months, a review meeting is held with the young adult, the peer

mentor, the program coordinator and anyone else the young adult would like (family, case manager, friend, therapist, etc.). At this review meeting, the young adult rates each goal and objective as “achieved,” “partially

achieved,” “not achieved at this time,” or “no longer applicable.” Discussion centers on what happened concerning each goal. Regarding goals not met, the young adult can choose whether to continue working on them or not. New goals may also be added during the meetings. A written summary accompanies the goal review sheet to explain each rating. A similar review process is used at the wrap-up meeting at the end of mentoring to assess further progress on goals. By doing this, both the young adult and the program are able to track where there has been success and where there is still room for more work.

Here are some examples of the goals that have been reached through 1:1 mentoring:

- Obtained learner’s permit and/or driver’s license
- Enrolled in classes for and/or obtained G.E.D.
- Started attending part-time college classes
- Obtained part-time employment
- Learned to use public transportation
- Increased connectedness with others in the community
- Learned relaxation techniques to use when anxious

**TABLE 1. GOALS ACHIEVED BY YOUTH INVOLVED IN PEER MENTOR PROGRAM**

GOAL DOMAIN	PERCENTAGE OF GOALS ACHIEVED OR PARTIALLY ACHIEVED AT 3 MONTHS	PERCENTAGE OF GOALS ACHIEVED OR PARTIALLY ACHIEVED AT 6 MONTHS
EDUCATION	100%	80%
EMPLOYMENT	67%	100%
INDEPENDENT LIVING	73%	75%
SOCIAL NETWORK/ COMMUNITY CONNECTIONS	50%	100%
WELLNESS	100%	50%
<b>TOTAL</b>	69%	82%

## MY VIEWS ON THE PEER MODEL

**I** believe that the peer model in treatment is important because of the support that it provides. The peer model helps young adults connect with their peer mentor on a more personal level. This level is a deep understanding of what young adults are going through. Since I have already gone through a similar situation, as a peer mentor I can show other young adults that mental illness does not have to control their lives. More importantly I show that an individual can recover from a mental illness and be a productive part of society. The other helpful part is that, as a peer mentor, I have had the chance to interact with these young adults in their community. This way the young adults have a chance to start their recovery within their community and not outside of it. I believe this helps promote a higher chance of recovery and stability for them. Overall, I believe the peer model helps show young adults that recovery is possible; however, it takes time and a helping hand.

*Being a peer mentor has benefited me in many ways. I feel the most important change I have seen in myself since starting this position is that I am more outgoing and open. Before starting this job, I was a shy and introverted person. This job challenged me to be more extroverted. This change, however, has not only been seen in my work as a peer mentor but also in my school, personal, and family settings. This job has also challenged me to travel out of my comfort zone. For example, some of our young adults do not know how to use public transportation. This job has challenged me to learn different forms of public transportation and to not only use it but also to show and teach other young adults how to use it as well. Overall, this job has changed how I look at my own treatment going forward and how I can benefit both myself and other young adults.*

– Justin Drakos

TRACS Peer Mentor at South Shore Mental Health

- Increased comfort being around other people
- Increased confidence in ability to form social relationships
- Increased comfort opening up to other people
- Used a planner effectively to manage time and keep track of appointments and schoolwork independently

### Program Evaluation

TRACS receives positive feedback from young adults, their family members and other members of their treatment team about the impact of mentoring in their lives. Staff are also able to see the progress, but more attempts have been made recently to quantify

the impact and learn where there is room for improvement.

To directly assess progress on goals, TRACS monitors the goal review process described above. Table 1 shows the percentage of goals by domain that were obtained over a nine-month period by eight young adults who were involved in our peer mentoring program over a six-month period. Please note that some goals are only worked on between the three- and six-month reviews, while others are worked on for the entire six-month mentoring period.

To assess the more global impact that mentoring is having on a young adult's recovery, young adults are now asked to fill out the Recovery Assessment Scale (RAS) at the start and end of mentoring.<sup>4</sup> This scale,

developed with input from mental health consumers, is designed to look at recovery in a broad context rather than just evaluating presence and absence of symptoms. Young adults rate their agreement with statements on a 5-point scale (strongly disagree – strongly agree). The RAS includes subscales<sup>3</sup> measuring the domains of:

- Personal confidence and hope (e.g., I am hopeful about my future)
- Willingness to ask for help (e.g., I know when to ask for help)
- Goal and success orientation (e.g., I believe that I can meet my current personal goals)
- Reliance on others (e.g., Even when I don't care about myself, other people do)
- No domination by symptoms (e.g., Coping with my mental illness is no longer the main focus of my life)

While the RAS is a helpful indicator of overall recovery, it still does not capture all the nuances that are part of the mentoring relationship, so TRACS developed an additional short survey that is given at the end of mentoring to further evaluate impact. Survey questions are rated on a 7-point scale from "got much worse" to "got much better," and young adults are provided space to comment on each question. Questions on the survey were developed based on feedback staff received about ways mentoring was helping young adults that were often not captured on a goal sheet. They include how mentoring influenced participants' comfort around other people, levels of independence, sense of hope, and interest in achieving goals.

Evaluation using the RAS and the internal survey is still in process, but preliminary data has been very positive. An effort has been made to administer as few surveys and ask as few questions as possible to maintain the integrity of responses and not frustrate young adults who come for services, not forms. Nonetheless, the feedback is extremely helpful and is incorporated into ongoing quality im-

provement efforts. It is hoped that incorporating input from young adults who participate in mentoring as well as input from the peer mentors will help TRACS maintain its integrity as a young-adult-driven program with a focus on what is truly most important to the individuals served.

### Final Remarks

Young adults challenged by mental health issues face an array of potentially overwhelming experiences. By partnering with them to infuse a sense of hope, build resiliency and promote recovery, TRACS hopes to steer young adults away from potentially detrimental outcomes and onto the path of positive, purposeful futures. The use of young adult peer mentors facilitates this process by ensuring that recovery is real, visible and tangible for young adults still in the throes of illness. Peer mentors not only provide a model of what is possible but also coach young adults on how to make that possibility a reality. By supporting young adults in the process of reaching even small goals, TRACS hopes to teach young adults skills that they will be able to use on an ongoing basis after mentoring is over. As with any program, ongoing evaluation and improvement is crucial to ensure that the program is actually accomplishing what it intends. As such, we look forward to continuous developments and improvements in the program.

### References

1. Anthony, W., Cohen, M., Farkas, M. & Gagne, C. (2004). *Psychiatric Rehabilitation* (2<sup>nd</sup> ed.). Boston, MA: Center for Psychiatric Rehabilitation.
2. Clark, H. B. & Davis, M. (2000). *Transition to adulthood: A resource for assisting young people with emotional or behavioral difficulties*. Baltimore: Paul H. Brookes Publishing Co.
3. Corrigan, P. W., Salzer, M., Ralph, R.O., Sangster, Y. & Keck, L. (2004). Examining the factor structure of the Recovery Assessment Scale. *Schizophrenia Bulletin*, 30, 1035-1041.

4. Giffort, D., Schmook, A., Woody, C., Vollendorf, C., & Gervain, M. (1995). *Construction of a scale to measure consumer recovery*. Springfield, IL: Illinois Office of Mental Health.
5. Prochaska, J. O., Norcross, J. C., & DiClemente, C. C. (1994). *Changing for good: The revolutionary*

*program that explains the six stages of change and teaches you how to free yourself from bad habits*. New York: W. Morrow.

### Author

**Michelle Butman** is Coordinator of TRACS at South Shore Mental Health.

## THE TWO-WAY BENEFIT OF PEER MENTORING

**I** have been diagnosed with bipolar, anxiety, and PTSD. I have been in recovery from these mental health conditions for about four years. I attribute much of my recovery to being a young adult peer mentor since early 2006. I find this position to be very rewarding and empowering. It is great to have a job that has meaning and allows me to help others using my past experience. I went through something that may have been negative but I was able to get through it and come out a stronger person in the end. My experience can help other young adults going through similar situations now who want support from people who have experienced it themselves.

For most of my life I felt that I was unheard and had to struggle with my illnesses alone, making it much more difficult to recover. Since working with young adults through mentoring, I now see that many feel the same way that I did while going through this period in my life. I feel that because I share similar experiences with my peers we are able to connect on a much deeper, more personal level than, say, a psychiatrist or therapist who has not had the lived experience of a mental illness.

I remember feeling like people did not understand what I was going through. I felt judged—people made assumptions about me because of what I was dealing with. The young adults that I have worked with tell me they feel this way too and that they feel more comfortable talking to someone who is on the same level as them, rather than an adult who is much older because this can be intimidating. They know that when they go out with me one-on-one that I am not judging them, trying to prescribe them medication, or evaluating their behavior.

I have worked with a couple of young adults who, after a few weeks of meeting with me, seem much happier than when we were first introduced. This position allows me to take young adults out into the community and accomplish a set of goals that they created during the intake process. In some cases the young adults do not have someone they feel comfortable talking to or they just do not get out much, but the mentoring program gets them out and allows them to talk with someone around their age about common experiences. Mentoring connects them with another young adult who is in recovery from a mental health condition and this is proof to them that recovery is possible. They have the opportunity to learn that they do not have to go through this alone and that they can be a stronger, happier person.

— Liz Pepin  
TRACS Peer Mentor at South Shore Mental Health