



& YOUTH YOUNG ADULT PEER SUPPORT

**What research tells us about its
effectiveness in mental health services**

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Introduction

Increasing the availability of peer support for youth and young adults with serious mental health conditions has been advocated by service users, researchers, and government commissions. Efforts to provide peer support for young people are becoming more and more common. This FAQ describes the research evidence for peer support, as well as some of the challenges that can be expected when peer support is implemented.

What is peer support in the context of mental health programs?

Peer support can be defined as “offering and receiving help, based on shared understanding, respect, and mutual empowerment between people in similar situations.”¹ It is assumed that people who have experienced and overcome a particular type of adversity can serve as source of support, encouragement and hope to others experiencing similar situations, and may also be uniquely positioned to promote service engagement.²⁻⁴ Peer support is a quickly growing segment of the

mental health workforce,^{2,3} and increasing the availability of peer support has been advocated by service users, researchers, and government commissions.⁴⁻⁸ Peer support may be particularly useful in the context of providing services to young adults with significant mental health challenges because existing services and systems do not adequately attract, engage, or serve young people.⁹⁻¹¹



What is the role of a youth/young adult peer support provider?

Peer support providers that work with youth or young adults can take on a variety of tasks. Exactly what they do depends on the type of program they are working in, the funding source for their work, the skills they possess, and the individual needs of the young people they are working with.¹² Peer support can be delivered individually, to young people in pairs or in groups, and peer support can happen in person or over the phone or the internet.¹³ Some of the common

duties that are part of the peer support role include providing one-on-one coaching and advocacy, facilitating groups, promoting young people's active participation in treatment and in meetings with professionals, helping young people navigate services or undertake activities in the community, coordinating community events for young people, publically sharing personal stories of hope and recovery, engaging in discussions around public policy and legislative activities, and encouraging young people to participate in systems activism.¹²



What does research have to say about the impact of peer support in mental health services for youth and young adults?

There is almost no research that directly addresses the impact of peer support for youth or young adults with serious mental health conditions (SMHC's).¹⁴ A single study has examined this issue and found that young people who had access to peer support were more satisfied with their services than young people who did not have access to peer support.¹⁵ The young people who had access to peer support were also more satisfied

with their participation in services and the appropriateness of the services received, and they reported better outcomes in some areas of functioning. While these findings are promising, much more research will be needed before there is conclusive evidence that peer support for youth and young adults has a positive impact.



Is there evidence showing the benefits of peer support in other types of mental health services?

Peer support within adult mental health services has been studied more frequently than peer support for youth and young adults, but the number of studies in this area is still small. A research review published in 2014 concluded that the most rigorous studies provided “little evidence” for the effectiveness of peer support for adults.³ However, less rigorous studies have found that peer support services for adults can have positive impacts in a variety of areas including hope and belief in the possibility

of recovery; empowerment, self-esteem and self-efficacy; self-management of difficulties; and social inclusion, engagement, and social networks.¹⁶ At least one randomized study has shown that peer support can reduce psychiatric hospitalizations.¹⁷ Additionally, there appear to be benefits from *providing* peer support services. Employment as a peer support provider increases the chances of further employment and continued recovery. Peer support providers also have

greater confidence and self-esteem, and feel less stigmatized.^{1,16} Finally, there is also some evidence that peer support provided to the parents and caregivers of children with serious mental health challenges can help improve coping skills; increase hopefulness; reduce stress; improve mental health and wellness; increase treatment engagement; increase social connectedness; and build allies.^{14,15} However, as of now, this evidence is not particularly strong.

**Is there evidence
from fields
outside of mental
health services
that peer support
“works” for
youth and young
adults?**

There is evidence showing that peer support programs from fields outside of mental health services can be effective for youth and young adults.^{18,19} For example, peer support programs for college students have helped minority students, veterans, first generation college students and students with disabilities stay in school. Programs for younger students have shown positive academic and social outcomes when peers mentor younger students, and when peers provide support to students with disabilities. Program evaluations have shown that peer-

to-peer approaches can impact health outcomes in areas such as smoking cessation, reproductive health and wellness promotion.



Given the limited evidence on the effectiveness of peer support, why is it becoming so popular?

Despite limited evidence showing the effectiveness of peers support, its popularity is growing. Research shows that youth and young adults who experience mental health conditions are more likely to turn to their peers for help before they turn to professionals. So it makes sense that, when asked, young people express a strong desire for peer support services to be available to them.^{7,19} In 1999, the Surgeon General's Office released its first ever report on mental health.¹⁹ This report recognized the effectiveness of peer support, and stated

that peer support has been one of the greatest contributions in the mental health field. Peer support was also identified as one of the ten fundamental components of recovery by the Substance Abuse and Mental Health Services Administration (SAMHSA) consensus statement on mental health recovery.¹⁹

There is no evidence that shows peer support in mental health is harmful;¹ most research that examines peer support in the mental health field

expresses a favorable attitude toward the implementation of peer support and its ability to encourage a more recovery-focused approach in mental health provider organizations.¹ There is a demand for more implementation of peer support in mental health services,^{20,21} and a desire for empirical evidence that can help to improve and refine peer support services.^{3,13,14,17}

What are the challenges with implementing peer support in mental health services?

Peer support is a new way of delivering mental health services, and as a result it may represent change for professionals in the mental health field.¹⁹ Organizations often do not clearly understand and/or articulate the role and value of peer support services to other staff. This can result in a variety of misunderstandings that can lead to staff members to stigmatize, ostracize, or disrespect peer support services and providers.²²⁻²⁴ Some mental health providers may perceive peer support providers as under-qualified to provide mental health services. Furthermore, it could also be perceived that peer support providers are too fragile to handle the stress of the job. These are common misconceptions; however, there is some evidence to suggest that offering

specific support and training for staff can improve the work environment and promote the successful integration of peer support services.²⁴ Some other challenges arise around the lack of organizational understanding about how to supervise and support the peer support specialist role, particularly around issues related to strategic self-disclosure, vicarious trauma, and the impact that a mental health condition may have on job performance as traditionally conceived.^{8,25,26}

In addition, many young adult peer support providers have limited or no prior work experience and could benefit from additional support around

developing professional skills such as time management and professional communication skills.^{8,27} Often, these young adults are asked to share personal information and intimate stories as a way of offering support and mutual understanding. However, being completely open about personal experiences can be difficult for peer support specialists. It is important for employing organizations or agencies to provide guidance about how to share personal knowledge. The employing organization also needs to provide guidance so peer support providers understand how their roles are different from both friendship and traditional mental health provider roles.¹⁶

How can these challenges be addressed and what are the next steps of peer support in young adult mental health services?

Peer support programs can be successful when peer support staff are provided with appropriate supervision; when mental health professionals are educated about the benefits of peer support and recovery;²⁸ and when measures are taken to reduce peer support staff members' isolation by ensuring that they are seen by their colleagues as a critical part of the team.²⁹ It is suggested that young people who become peer support specialists need consistent support from an appropriately trained supervisor.³⁰ Information gathered from people experienced in implementing peer support programs for young people

suggests that training should be provided in a manner that is developmentally appropriate, and designed specifically to teach peer support providers to work with young people who are experiencing mental health challenges.^{8,31} Optimally, training should include a strong focus on helping peer support providers master specific skills that will positively impact their work with peer clients. To ensure that these skills are being mastered requires not just teaching peer support providers the skills, but also providing ongoing coaching that incorporates reliable feedback based on

live or taped “observation” of the peer supporter working with young people.³²

Peer support is an emerging workforce in mental health services²⁴ and has the potential to be beneficial and effective when implemented properly.²⁸ There is an overwhelming request from consumers for the implementation of peer support services who see peer support services as essential in the whole health recovery process.²¹

References

1. Trachtenberg, M., Parsonage, M., Shepherd, G., & Boardman, J. (2013). *Peer Support in Mental Health Care: Is It Good Value for Money?* Centre for Mental Health, London.
2. Davidson, L., Chinman, M., Sells, D., & Rowe, M. (2006). Peer support among adults with serious mental illness: A report from the field. *Schizophrenia Bulletin*, *32*, 443-450.
3. Lloyd-Evans, B., Mayo-Wilson, E., Harrison, B., Istead, H., Brown, E., Pilling, S. & Kendall, T. (2014). A systematic review and meta-analysis of randomised controlled trials of peer support for people with severe mental illness. *BMC Psychiatry*, *14*(1), 39.
4. U.S. Department of Health and Human Services. (2004). *National consensus statement on mental health recovery*. US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
5. Faulkner, A., & Basset, T. (2012). A helping hand: Taking peer support into the 21st century. *Mental Health & Social Inclusion*, *16*(1), 41-47.
6. Halvorson, A., & Whitter, M. (2009). *Approaches to recovery-oriented systems of care at the state and local levels: Three case studies*. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

7. Strachan, R., Gowen, L. K., & Walker, J. (2009). *The 2009 National Youth Summit Report*. Portland, OR: Research & Training Center on Family Support and Children's Mental Health, Portland State University.
8. Walker, J., Gowen, K., Jivanjee, P., Moser, C., Sellmaier, C., Koroloff, N., & Brennan, E. M. (2013). *Pathways to Positive Futures: State-of-the-science conference proceedings*. Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University.
9. Biddle, L., Donovan, J., Sharp, D., & Gunnell, D. (2007). Explaining non-help-seeking amongst young adults with mental distress: A dynamic interpretive model of illness behavior. *Sociology of Health & Illness*, 29(7), 983-1002.
10. Jivanjee, P., Kruzich, J., & Gordon, L. (2007). Community integration of transition-age individuals: Views of young adults with mental health disorders. *Journal of Behavioral Health Services & Research*, 35(4), 402-418.
11. Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology*, 53(3), 325-337.
12. Building Bridges Initiative (n.d.) Peer youth advocates in residential programs. Retrieved from <http://www.buildingbridges4youth.org/sites/default/files/BBI%20Peer%20Youth%20Advocate%20Handbook%20FINAL.pdf>
13. Pfeiffer, N. P., Heisler, M., Piette, D. J., Rogers, A. M., & Valenstein, M. (2011). Efficacy of peer support interventions for depression: A meta-analysis. *General Hospital Psychiatry*, 33(1), 29-36.
14. Davis, T., Gavazzi, S., Scheer, S., & Uppal, R. (2011). Measuring individualized parent advocate services in children's mental health: A contextualized theoretical application. *Journal of Child and Family Studies*, 20(5), 669-684.
15. Radigan, M., Wang, R., Chen, Y., & Xiang, J. (2014). Youth and caregiver access to peer advocates and

- satisfaction with mental health services. *Community Mental Health Journal*, 50(2).
16. Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of Mental Health*, 20(4), 392–411.
 17. Sledge, H. W., Lawless, M., Sells, D., Wieland, M., O’Connell, J. M., & Davidson, L. (2011). Effectiveness of peer support in reducing readmissions of persons with multiple psychiatric hospitalizations. *Psychiatric Services*, 62(5), 541-544.
 18. Kirsch, J. D., Pinder-Amaker, L. S., Morse, C., Ellison, L. M., Doerfler, A. L., & Riba, B. M. (2014). Population-based initiatives in college mental health: Students helping students to overcome obstacles. *Current Psychiatry Reports*, 16(12), 525.
 19. Ansell, D. I., & Insley, S. E. (2013). *Youth peer-to-peer support: A review of the literature*. Elizabeth City, NC: Ansell and Associates.
 20. Chinman, M., Oberman, S. R., Hanusa, H. B., Cohen, A. N., Salyers, M. P., Twamley, E. W., & Young, A. S. (2015). A cluster randomized trial of adding peer specialists to intensive case management teams in the Veterans Health Administration. *Journal of Behavior Health Services & Research*, 42(1), 109-121.
 21. Ellis, C., (2013). Peer support services: Essential to whole health recovery. *Mental Health Weekly* 23(6), 5-5.
 22. Daniels, A., Grant, E., Filson, B., Powell, I., Fricks, L., & Goodale, L. (2010). Pillars of peer support: Transforming mental health systems of care through peer support services. Retrieved from <http://pillarsofpeersupport.org>.
 23. Dixon, L., Krauss, N., & Lehman, A. (1994). Consumers as service providers: The promise and challenge. *Community Mental Health Journal*, 30(6), 615–625.
 24. Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: A review of evidence and experience. *World Psychiatry*, 11(2), 123-128.

25. Research and Training Center for Pathways to Positive Futures. (2013b). Implementing the peer support specialist role: Youth peer support in Wrap-around. Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University.
26. Research and Training Center for Pathways to Positive Futures. (2013). Implementing the Peer Support Specialist Role: Providing Direct, Individualized Support in a Local Program. Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University.
27. Hamilton, B. A., Chinman, M., Cohen, N. A., Oberman, S. R., & Young, S. A. (2015). Implementation of consumer providers into mental health intensive case management teams. *Journal of Behavioral Health Services & Research, 42*(1), 100-108.
28. Hutchinson, D. S., Anthony, W.A., Ashcraft, L., Johnson, E., Dunn, E. C., & Lyass, A. (2006). The personal and vocational impact of training and employing people with psychiatric disabilities as providers. *Psychiatric Rehabilitation Journal, 29*(3), 205–213.
29. Kemp, V., & Henderson, A. R. (2014). Challenges faced by mental health peer support workers: Peer support from the peer supporter’s point of view. *Psychiatric Rehabilitation Journal, 35*(4), 337–340.
30. Turner, G. (1999). Peer support and young people’s health. *Journal of Adolescence, 22*, 567-572.
31. Research and Training Center for Pathways to Positive Futures (2013a). Defining, Supporting, and Sustaining the Peer Support Specialist Role: FAQ. Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University.
32. Herschell, A. D., Kolko, D. J., Baumann, B. L., & Davis, A. C. (2010). The role of therapist training in the implementation of psychosocial treatments: A review and critique with recommendations. *Clinical Psychology Review, 30*, 448–466

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