The Role of Peer Mentors in Patients' Sense of Hope and Recovery

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Background

Peer mentor: an individual who has experienced mental illness and recovered, who now works with patients who currently are struggling with mental illness

- Peer mentors serve as a connection and beacon of hope because they have gone through similar, if not the same, obstacles
- Peer mentors might work one-on-one with patients or might work with many patients at once in a group setting
- Peer mentors have only recently been introduced into the mental health field and as a result, there is limited research on the topic
- Patients who work with a peer mentor have a decreased need for therapy, case management, on-site services and group intervention tools compared to those that don't work with a peer mentor (Castellanos et al., 2013)
- Patients who worked with peer mentors have improved rates of social engagement, interpersonal communication, functionality, recreation and prosocial behaviors (Ahmed, Birgenheir, Buckley & Mabe, 2013)
- Patients who worked with a peer mentor have lower rates of alienation, stereotype endorsement, discrimination and social withdrawal. They also have overall lower rates of direct stigma about themselves as a result of being able to connect with the peer mentor on their personal struggles with mental illness (Ahmed, Birgenheir, Buckley & Mabe, 2013)
- Empowerment and hope were also important strengths of peer mentor support. Empowerment gained from peer mentors allowed for patients to regain self-esteem and drive that was lost through the stigma of being labeled with a mental disorder (Segal, Silverman & Tempkin, 2011)
- Prior research has focused heavily on the role of empowerment but not much research has delved deeper into the concept of hope and if this sense of hope has a direct impact on outcome.

Hypotheses

1. Implementing peer mentors into mental health inpatient care will result in high levels of hope.
2. Implementing peer mentors into mental health inpatient care will increase patients' overall sense of recovery at the end of treatment.
3. The sense of hope created by the implementation of peer mentors will directly relate to increased ratings of recovery reported by patients.

Methodology

- 273 participants discharged from inpatient care completed surveys about their sense of recovery and hope as a result of peer mentor interactions (see Figure 1.)
- Data was gathered from one group of individuals before peer mentors were implemented (non-mentor group) and data was gathered from the second group of individuals after peer mentors were implemented (mentor group)
- Individuals were from two units: one unit including bipolar/psychotic disorder diagnoses and the second unit including depression/anxiety disorder diagnoses

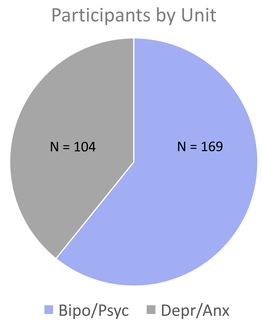
Measures:

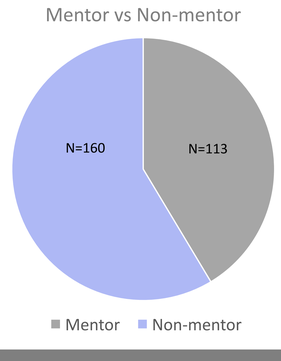
Recovery Assessment Scale (RAS) : 41 item, self report, Likert scale questionnaire measuring general mental health recovery

Peer mentor hope scale: 5 item, self report, Likert scale questionnaire measuring the impact of peer mentors on levels of patients' sense of hope

Figure 1.

Total Sample = 273





Results

Finding 1: See Table 1. The mean score on the peer mentor hope scale was high across units/diagnoses (average item score: 4.55 out of maximum score of 5) . There was no significant difference between scores in the two units.

Finding 2: See Table 2. Patients who worked with a peer mentor had higher RAS scores than individuals that did not work with a peer mentor (p<.001.)

Finding 3: Scores on the peer mentor hope scale for all subjects were positively correlated with RAS scores (p<.001.) Patients who rated their peer mentor experience higher experienced overall better levels of recovery. For the bipolar/psychosis unit there was a significant correlation between peer mentor hope scores and RAS scores (p=.001). A non-significant correlation was found in the depression/anxiety unit (p=.063).

Finding 4: See Table 3, Figure 2. There was a significant main effect for unit/diagnosis with bipolar/psychosis patients scoring significantly higher on the RAS than depression/anxiety patients (p= .006). A non-significant interaction effect found between treatment and unit/diagnosis (p=.08).

Table 1. Mean Hope Scores for Treatment in which Peer Mentors were Present (by Unit type)

	Unit	Mean	Deviation	N
Hope Score	Bipo/Psyc	22.97	1.774	62
	Depr/Anx	22.53	2.103	49

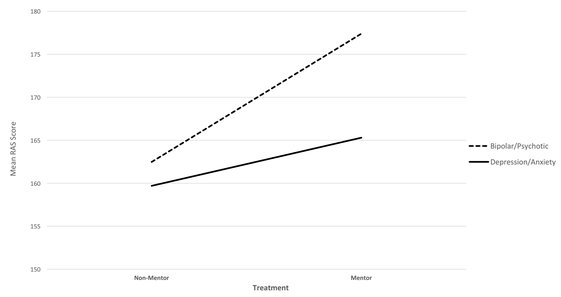
Table 2. Overall Mean Recovery Scores for Unit Type and Treatment Type

Treatment	Unit	Mean	Deviation	N
Mentor	Bipo/Psyc	177.40	13.839	47
	Depr/Anx	165.30	13.794	40
Non-mentor	Bipo/Psyc	162.48	21.122	73
	Depr/Anx	159.70	20.016	37

Table 3. Two –Factor ANOVA for Overall Recovery Scores by Treatment and Diagnosis

Source	Mean Square	F	Sig.
Treatment	4840.755	14.883	<.001
Diagnosis	2545.271	7.825	0.006
Treatment*Diagnosis	1000.001	3.074	0.081

Figure 2. Mean Recovery Score (RAS) by Treatment and Unit Type



Discussion

- Overall, patients rated having a positive experience with peer mentors and feeling strong levels of hope from working with peer mentors
- Implementing peer mentors into the mental health field is associated with an increase in patients' overall sense of recovery
- Improved perceptions of recovery in patients on the RAS was associated with the higher rates of personal hope instilled by the peers mentors.
- The association between improved RAS scores and higher rates of hope appears to be mainly driven by bipolar/psychosis patients
- Patients with bipolar and psychotic disorders reported significantly higher recovery scores overall than patients with anxiety and depression.
- No significant difference was found in the relative improvement in recovery brought about by the addition of peer mentors between the two units of patients.
- By peer mentors being able to share their obstacles and triumphs, patients likely gained higher levels of hope which resulted in overall better recovery.

Limitations

- Data was collected through self-report questionnaires. As a result, there was no objective measure of recovery.
- Outside confounding factors may have played a role in patients' increased RAS scores aside from the implementation of peer mentors. Such factors might include changes in outside therapy or a change in medication.

Future Research

- Conduct a longitudinal study which would allow for researchers to determine if longer time periods of exposure to peer mentors has a larger effect on the recovery outcome.
- Examine peer mentor interactions more closely to determine if there are specific aspects of peer mentor interactions that create greater hope and better recovery outcomes.
- Employ clinician ratings of recovery as opposed to self-report by patients only.
- Assess demographic factors such as gender or age of peer mentors/patients as well as a detailed look at various diagnoses or inpatient versus outpatient treatment settings to identify relevant moderating variables.
- Continue to conduct research that will allow for a better understanding of how to best integrate peer mentor services into the mental health field.

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* References available upon request *