

Peer Support



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Introduction

The following report is an exploration of a narrow field within the broad context of health and human services work. It is not an exhaustive treatment of all effective programs or approaches within the field, but rather a narrow investigation of a topic of interest.

The subject matter of this paper does not necessarily represent an area of financial investment, grant funding, or other programmatic pursuit for United Way of Olmsted County. Rather, this report reflects on a specific type of intervention that allows individuals to reach their full potential, and presents related research.

There may be a wide variety of programs or services that address individual and community needs, and this report is not designed to enumerate all possibilities. United Way of Olmsted County hopes that readers will think creatively about the ways in which the ideas and experiences contained within the report might inform programs, services, and community changes in Olmsted County.

Peer Support

Learning from someone who has ‘been there, done that’ can help us make informed decisions in our own lives. As young children we learn from our parents, leaning on them for advice and guidance. As adults, we often adopt formal or informal mentors in our profession to help establish our careers. Peer support is a model that is based on this concept: a patient that has demonstrated success – either in recovering from an acute condition or in living with a chronic one – undergoes training to assist others facing a similar condition. Care providers may act as mentors, listeners, navigators, or mediators, while patients learn through conversation, observation, or more formal educational series (“Peer Services,” 2013).

How does peer support impact health outcomes?

Because the care provider is viewed as a peer, patients are often more comfortable discussing sensitive topics in this setting than in a more formal or medical setting, particularly in cases involving culturally taboo subjects such as psychiatric illness, suicide, or domestic violence. By interacting with someone who has been in a similar situation but is experiencing improved outcomes, many patients experience activation – the increased engagement in self-help activities (Ashenden, 2016).

Peer support can be particularly impactful and cost effective when the care provider and patient are from similar underrepresented ethnic, racial, or socioeconomic backgrounds – especially for culturally-taboo subjects. This value-add is seen to be true of case management, in which a peer care provider (rather than a nurse), helps patients navigate the health care system and access needed services (Findley & Maros).

For senior populations, the peer support model has been demonstrated to impact both physical and mental health outcomes. In addition to addressing chronic health

conditions such as diabetes, chronic pain, arthritis, and cancer, peer support groups can help seniors cope with aging-specific health issues such as fall prevention, dementia, and end-of-life planning. Peers are also valuable in providing emotional support for caregivers, those recently bereaved, and those at risk of social isolation. Across the senior peer support models, similar improvements to health outcomes are seen as with traditional models, along with large gains in self-perceptions of health, sense of self, and quality of life.

Often, the care provider acts as a credible role model for others, particularly when they have lived through a unique experience such as substance abuse, domestic violence, or imprisonment. In these cases, patients will often learn from the experience of their care provider in order to make informed decisions in their own lives (Schubert & Borkman, 1994). This process can be considered a form of social comparison, in which someone learns more about themselves by learning about others (Festinger, 1954).

Not insignificantly, the care provider benefits from what is called the helper-therapy principle: by helping others, they feel more competent and feel that they have 'given back' or 'paid it forward' in their community (Riessman, 1965; Skovholt, 1974). Care providers often report a greater sense of self-understanding, greater sense of purpose, and tend to consider the personal relationships to be highly significant (Salzer & Shear, 2002).

From a systems perspective, peer supports can be a cost efficient way to reduce costs on the healthcare system as a whole. As many peer supports are focused on wellcare, the improved physical and mental health outcomes help prevent emergency room visits, thus reducing costs. In many cases, a peer will take the place of a nurse and reduces costs on the healthcare system by providing their work at little or no cost.

People who use peer support benefit from:

1. Improved Health
2. New Personal Friendships
3. Stronger Sense of Community
4. Reduced Spending on Health Care
5. Longer and Stronger Recoveries

Successful Models

Alcoholics Anonymous is one of the oldest and most well-known peer support programs active in the United States and is the prototype for 12-step programs across the country. It is built on the helper-therapy principle, meaning each member is both a care provider and patient. The primary purpose is for alcoholics to stay sober and to help other alcoholics achieve sobriety. While research does not indicate that the program is more effective than others at helping alcoholics achieve initial sobriety, it has been demonstrated that members who attend consistently are far more successful in maintaining sobriety over the long term (Kaskutas, 2009).

The National Diabetes Prevention Program is run by a lifestyle coach and meets biweekly over the course of a year, and the purpose is to equip and encourage individuals at high risk of diabetes to make sustainable lifestyle changes. Across the nation, this program reduces the progression of pre-diabetes to diabetes by 58%, outperforming multiple types of medication. This program is especially effective for Latino, African American, and senior populations when the lifestyle coach comes from a similar background (“National Diabetes Prevention Program Clinician Evidence Summary and Discussion Aid”).

The Senior Companion Program is a program run through Olmsted Medical Center by Lutheran Social Services. This program matches a senior at high risk of emergency room utilization with a companion to help them stay physically and emotionally well. This has been demonstrated to reduce emergency room visits and to increase perceived health status, supporting patients in maintaining a positive attitude, finding purpose and meaning in daily life, and becoming aware of resources to address health and isolation issues (Schilling, 2016).

Ways to Join the Movement

- 1) **Join a wellcare group.** If you or someone you know is suffering from a chronic condition, is experiencing caregiver fatigue, or are struggling with mental illness, joining a peer support group is a great way to help build resiliency and build great connections with others in the community.
- 2) **Be aware of and address social isolation in your daily life.** Seek opportunities in your community to create social connection for those who may be isolated or suffering from a bout of mental illness. Introduce people to one another, visit your elderly neighbor, or even just set aside some time to have coffee with your new coworker.
- 3) **Become a peer support!** If you have lived experience such as trauma, addiction, mental health challenges, or chronic illness, become trained to act as a mentor, companion, or lifestyle coach. Sharing your life story with others can bring a greater sense of meaning and understanding to your experiences, we well as help pay it forward to someone struggling with similar challenges in their life.

10 CONDITIONS THAT RESPOND WELL TO PEER SUPPORT

1. Psychiatric Disorders
2. Anxiety and Depression
3. Social Isolation
4. Caregiver and First Responder Fatigue
5. Grief and Life Transitions
6. Trauma and Victimization
7. Addiction
8. Aging
9. Chronic Illness
10. Terminal Illness

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