Week 4

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Module: Mental Health in the Community

Week 4: Psychosocial approaches to care in the community

Topic 4: The recovery paradigm (Part 2 of 3)

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Part 1 Part 2 Part 3

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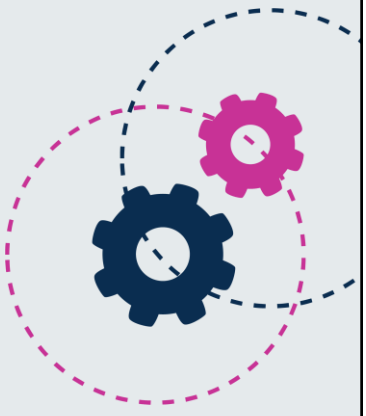
Recovery-promoting interventions

- Peer support
- Wellness recovery action planning
- Illness management and recovery
- Individual placement and support



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Peer support

This is an intervention that emerged from the **survivor movement in the 1970s**.

Peer support is the **support provided by a person with a mental illness to a person who also experiences mental illness**.

Formal peer **support can occur within peer-run services or within traditional mental health services**.

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Terminology

(Cronise et al., 2016; White et al., 2020)

People with a lived experience of a mental health condition supporting others with a lived experience are often called: **peer workers; peer providers; peer support providers; peer supporters; peer support specialists.**

Peers can:

- perform a role otherwise performed by a mental health professional (for example facilitating a particular therapy)
- offer support as a separate or adjunct intervention (peer support). They share their own lived experience and their recovery story to support others with a similar lived experience. This role cannot be performed by a professional without a lived experience

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Peer workforce

Cronise et al. (2016)

A large US survey of peer support providers (Cronise et al., 2016), **collected information about a variety of aspects of peer providers' work lives**: the roles and tasks they perform; the training that they need to do to obtain certification and also their satisfaction with their job.

Findings from around 600 peers:

- Most reported role was direct peer support, which can only be performed by a person with a lived experience
- The second most reported role was a rehabilitation role (for example, case manager, employment specialist, and job coach)

Satisfaction of peer workers and stigma in the workplace

Cronise et al. (2016)

A large US survey of peer support providers (Cronise et al., 2016), also **collected information about peers' satisfaction and experience of stigma** in the workplace.

Findings:

- Rewards reported included helping others and themselves
- 40% not satisfied with their compensation
- 23% not satisfied with the level of recognition of their role
- 64% reported feeling stigma or discrimination from non-peer co-workers
- 30% reported feeling stigma or discrimination from leadership
- 22% reported feeling stigma from the peers they supported
- The most frequent forms of stigma and discrimination were inequality in compensation, job advancement opportunities, and hiring practices

How is peer support different from other mental health support?

Peer support is:

- Often unspecified in empirical studies
- Characterised by experiential knowledge rather than knowledge that is acquired through formal education
- Based on reciprocity and bi-directionality

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What do peer support specialists do?

Appalachian Consulting Group (n.d.)

- They use their own recovery story to help a peer recover (healed people help others heal)
- They listen to others' lived experiences and provide trauma-informed emotional support
- They share what was helpful and what was unhelpful in their recovery journey
- They identify beliefs that hold peers back in their recovery journey
- They recognise and are able to decide when and how much of their recovery story to share
- They share their own tools and strategies for taking care of themselves
- They help peers identify recovery goals
- They encourage the peers they support to transform their disillusionment into motivation to set goals
- They explain the shared decision-making process to help a peer prepare for a visit with a mental health professional
- They teach peers to advocate for their rights

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Evidence

Pitt et al. (2013); White et al. (2020)

A Cochrane review (Pitt et al., 2013), **compared peers versus professionals in the same role** (for example facilitating group therapy)

Findings:

- No differences between people receiving care from peers and people receiving care from professionals in several outcomes such as quality of life, satisfaction and symptoms.
- People receiving care from peers used crisis emergency services slightly less than those receiving the same service from clinicians.

A meta-analysis (White et al., 2020) analysed the effectiveness of one-to-one peer support.

Findings:

- One-to-one peer support does not seem to impact clinical outcomes but seems to improve empowerment and recovery.
- The studies included in the analyses that showed improved empowerment and recovery outcomes were studies of peer support as an adjunct intervention.
- This suggests a possible beneficial role peer support as an autonomous intervention in itself may have within mental health services.

Wellness Recovery Action Plan (1)

The WRAP story (n.d.)

WRAP was developed in the late 90s by people who were disillusioned with the mental health system.

Dr Mary Ellen Copeland led an eight-day peer support retreat in Vermont, USA, where participants discussed what helped them to feel better.

"This is all well and good, but I have no idea how to organise these tools and strategies in my life".

Jess Parker (participant in an eight-day peer support retreat in Vermont, USA, led by Dr Mary Ellen Copeland)

This gave impetus to the organisation of these tools into the **WRAP intervention co-developed by Mary Ellen Copeland and Jane Winterling in 1997.**

Wellness Recovery Action Plan (2)

(Canacott et al., 2019; Slade et al., 2014)

WRAP is a group intervention facilitated by peers.

It aims to **promote the development of a recovery plan** and it typically **comprises eight to ten weekly sessions.**

A personalised recovery plan includes:
- Reflection about what was helpful in the past
- Consideration of strategies used by others

The goal is to create a wellness toolbox including:
- Tools that promote wellbeing
- Tools that help recognise and deal with triggers and stressors

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Wellness Recovery Action Plan (3)

(Canacott et al., 2019; Cook et al., 2012)

WRAP is an evidence-based intervention (recognised by the U.S. Substance Abuse and Mental Health Services Administration).

Evaluations of WRAP suggest **benefits** in several areas, such as **symptom reduction, increased quality of life and hopefulness** (Cook et al., 2012)

A meta-analysis (Canacott et al., 2019) showed that **in comparison to inactive control conditions, WRAP was:**
- **more effective in promoting recovery outcomes** (which were measured by standardised measures, such as the Mental Health Recovery Measure)
- **equally effective** (not superior) in **reducing psychiatric symptoms**

This outcome suggests the **possibility of personal recovery without substantial decrease of symptoms**.

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Illness Management and Recovery (IMR)

Meyer et al. (2010)

Illness management and recovery (IMR) is a standardised intervention that **aims to teach people with mental illness strategies to manage their illness and to help them achieve personal and meaningful recovery goals.**

IMR:

- Is a curriculum-based intervention
- Takes approximately six months to one year
- Can be delivered in a group or an individual format

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Illness Management and Recovery

(McGuire et al., 2014; Meyer et al., 2010)

Modules that compose the intervention include:

1 - Recovery
2 - Practical facts about mental illness
3 - The stress-vulnerability model
4 - Building social support
5 - Using medication effectively
6 - Drugs and alcohol
7 - Reducing relapses
8 - Coping with stress
9 - Coping with persistent symptoms
10 - Getting your needs met in the mental health system
11 - Living a healthy lifestyle

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Illness Management and Recovery (1)

(McGuire et al., 2014; Meyer et al., 2010)

1 - Recovery

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Illness Management and Recovery (2)

(McGuire et al., 2014; Meyer et al., 2010)

2 - Practical facts about mental illness

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Illness Management and Recovery (3)

(McGuire et al., 2014; Meyer et al., 2010)

3 - The stress-vulnerability model

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Illness Management and Recovery (4)

(McGuire et al., 2014; Meyer et al., 2010)

4 - Building social support

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Illness Management and Recovery (5)

(McGuire et al., 2014; Meyer et al., 2010)

5 - Using medication effectively

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Illness Management and Recovery (6)

(McGuire et al., 2014; Meyer et al., 2010)

6 - Drugs and alcohol

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Illness Management and Recovery (7)

(McGuire et al., 2014; Meyer et al., 2010)

7 - Reducing relapses

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Illness Management and Recovery (8/9)

(McGuire et al., 2014; Meyer et al., 2010)

8 - Coping with stress
9 - Coping with persistent symptoms

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Illness Management and Recovery (10)

(McGuire et al.,2014; Meyer et al., 2010)

10 - Getting your needs met in the mental health system

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Illness Management and Recovery (11)

(McGuire et al., 2014; Meyer et al., 2010)

11 - Living a healthy lifestyle

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Strategies used in IMR

Meyer et al. (2010)

Each module is taught throughout several sessions and makes use of **educational, motivational and cognitive-behavioural strategies** (Meyer et al. 2010).

The most commonly used cognitive-behavioural strategies are **reinforcement, modelling, behavioural rehearsal and shaping**.

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IMR efficacy

Roosenschoon et al. (2021)

Randomised controlled trials (RCTs) on the efficacy of IMR have mixed results. These may be related to model fidelity and IMR completion.

RCT by Roosenschoon et al. (2021) with 187 outpatients receiving either IMR plus treatment as usual or treatment as usual only.

Findings:

- IMR group showed statistically significant improvement in self-reported illness management and self-esteem
- Efficacy associated with fidelity and IMR completion

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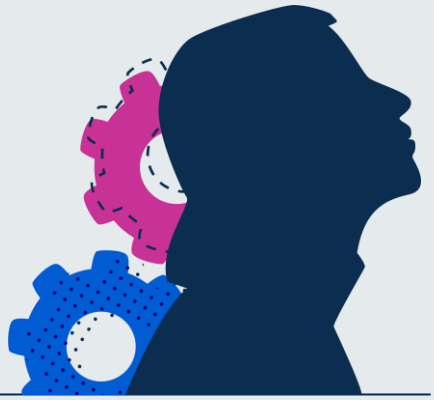
Individual Placement and Support (IPS)

Bond et al. (2020)

IPS is an evidence-based practice aimed at **helping people with mental illness to get and keep** a job in the mainstream competitive market**.**



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IPS Principles

Bond et al. (2020)

Principles:

1. Focus on the goal of competitive employment
2. Zero exclusion
3. Attention to clients' preferences
4. Rapid job search
5. Targeted job development
6. Integration of employment services with mental health treatment
7. Personalised benefits counselling
8. Individualised long-term support

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Evidence-based practice

Bond et al. (2020)

Bond et al., 2020, published an update of the evidence on IPS.

27 out of 28 randomised controlled trials **demonstrated better competitive employment outcomes for people who received IPS**.

In the 28 studies (N = 6,468), 55% of people receiving IPS versus 25% of people receiving other vocational rehabilitation interventions obtained competitive employment.

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Part 2 summary

In this part of the lecture, you were provided with:

- An overview of four recovery-promoting interventions and their evidence base.

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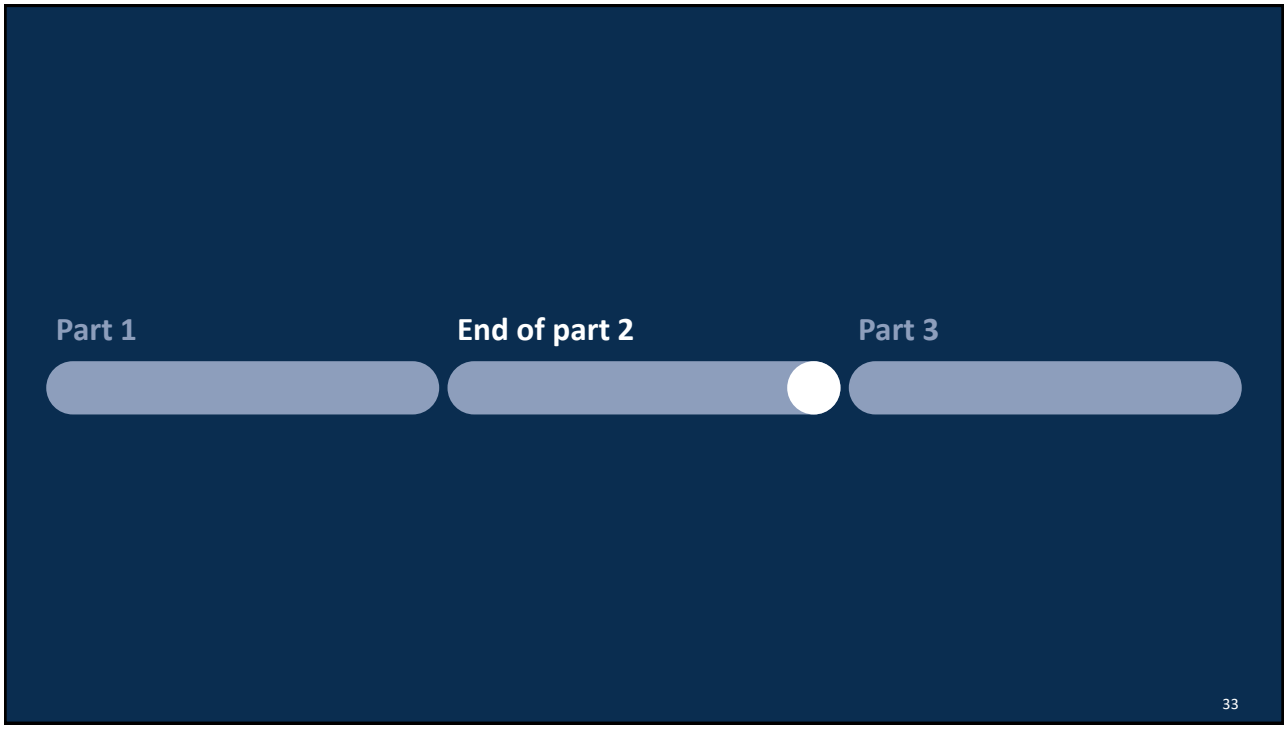

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