Evidence In-Sight:
Peer navigators in a youth mental health context

Date: January, 2012
This report was researched and written to address the question:

- **Are there existing best practices, or examples, related to youth (peer) navigators in the mental health context?**

We prepared the report given the contextual information provided in our first communications (see Overview of inquiry). We are available at any time to discuss potential next steps.

We appreciate your responding to a brief satisfaction survey that the Centre will e-mail to you within two weeks. We would also like to schedule a brief phone call to assess your satisfaction with the information provided in the report. Please let us know when you would be available to schedule a 15-minute phone conversation.

Thank you for contacting Evidence In-Sight. Please do not hesitate to follow up or contact us at evidenceinsight@cheo.on.ca or by phone at 613-737-2297.
1. Overview of inquiry

As a result of focus groups with youth, the Ottawa Community Suicide Prevention Network is exploring the possibility of "youth navigators" to help other youth navigate the mental health system in the Ottawa. At this stage it appears that the Network will move ahead with this plan. They are interested to know if others have done similar work, and if there are any guiding models or other resources to tap into for planning purposes. The question Evidence In-Sight will research is: Are there existing best practices, or examples, related to youth (peer) navigators in the mental health context?

2. Summary of findings

The findings were limited for established best practices or evaluated models. However:

- Peer involvement could be considered an extension of youth engagement, a core good practice in child and youth mental health (and other social services).
- Peer involvement has been used extensively in cancer care, in adult mental health care, and to a lesser extent in youth HIV care, substance abuse treatment, and mental health care.
- Similar to the focus groups held in Ottawa, qualitative research with youth in related fields (homelessness, substance abuse) indicates a desire by youth to have peer navigators available to help overcome personal barriers to accessing services.
- The Youth M.O.V.E. program, part of the System of Care approach in the United States, is a youth driven resource for adolescents receiving mental health services. Multiple sites have used some form of peer-to-peer involvement. Several contacts are provided in the Other Resources section of this report.
- A single, recent systematic review of empirical research on patient navigators does provide some best practice guidance. None of the included studies are specific to children or youth, nor to youth peer navigators. However, lessons might be extrapolated. See the review by Parker and Lemak, 2011.
- Key elements of recommended approaches include:
  - Appropriate training for peer navigators
  - Ongoing, close supervision of peer navigators (or any peer mentor)
  - Peer navigators must fit the population of interest

3. Answer search strategy

- We searched the following database: MEDLINE, PsycINFO, CINAHL, Health Business Elite, Nursing & Allied Health Collection
- Search terms: peer navigator; mental health; peer to peer; youth navigator; health system navigator; health guide; peer guide
- A Google search was used to broadly seek any existing peer health navigation programs in the health field, or for links to existing research
- Through a lead from the Youth Involvement Content Specialist at the National Federation of Families (in the U.S.) we were put in contact with several youth who are involved in engagement and peer-to-peer activities at community mental health sites. We also spoke with a researcher in Toronto who was part of a pilot initiative to have youth peer navigators help newly arrived immigrant youth understand and access health services in Toronto.

4. Findings

Our findings are a summary of what literature was available, but not every example is immediately analogous to what the Community Suicide Prevention Network is proposing. In some cases, peer navigators play a role alongside case
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managers, in others they take more of a mentor role. There is far more information available on peer-to-peer and adult mentorship programs (e.g. Big Brothers/Big Sisters) than on peer navigation.

4.1 Cancer
The highest quality research on system navigators has been conducted in cancer care, possibly because of the size and complexity of the field and the high demand for services relative to the time required to treat patients. Care navigators in cancer date back two decades, and the literature is extensive enough that several reviews have been published. In the United States there is dedicated funding for care navigators, and the model has also spread in Canada.

Although there are many research and evaluation studies of peer navigators in cancer care, Paskett et al. (2011) caution that small sample sizes and lack of control groups are methodological limitations on measuring outcomes. Articles published between 2007 and 2010 show that the strongest evidence is for navigation programs to increase cancer screening rates. The evidence is not as strong for an effect on diagnostic follow-up, and there is inadequate data linking navigation with survivor rates but there is a potential that patient navigation can improve clinical outcomes.

Suggestions from the Paskett et al. review include:
1. Tailor a patient navigator program to the needs and desires of the interested population
2. Navigation should be provided for both underserved and mainstream populations
3. Navigation is a goal-oriented intervention to reduce barriers to a particular treatment goal, such as increased screening rates or treatment adherence or client satisfaction

For a synopsis of what care navigators do in various systems, see the Paskett et al. review.

4.2 Homeless youth
Research with homeless youth has identified personal factors as a major barrier to their accessing substance abuse services (Christiani et al, 2008). Personal factors include cultural and spiritual barriers, lack of transportation, language barriers, concerns about confidentiality, not knowing where to go, feeling embarrassed to ask for help, and distrust of service providers.

While we did not identify any existing peer-to-peer navigation models for youth homelessness, the Christiani et al study, which used focus groups with homeless youths, found that these youth believed that peer navigators would help overcome access issues that are due to personal factors.

4.3 Substance abuse – early intervention for youth
A best practices publication for youth with substance use problems includes a recommendation to include peer helpers in outreach activities (Health Canada, 2008). Outreach services involve former clients alongside outreach staff or other workers, and act as peer educators or helpers. As a best practice, it is suggested that using peers has several potential advantages:

- Peers may address barriers associated with mistrust of adults or professional service providers
- Peers may have knowledge of existing youth networks, and of social norms
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- Peers with lived experience and street knowledge may be more easily accepted by youth who are homeless or otherwise out of the mainstream
- Peers might have innovative insights into the design and implementation of outreach activities, operations, and evaluation elements

As cautionary notes, Health Canada warns of the risk that former clients reinitiate problem substance use, and if they are engaged as peer helpers it could delay their transition into mainstream community life. It is essential that outreach initiatives that incorporate peer workers or volunteers ensure that ongoing support and supervision are available as part of regular program operations.

4.4 HIV/AIDS – Youth peer involvement

Peer involvement as part of a broader supportive program was listed as a core component for effective and comprehensive HIV care for youth who have tested positive (Johnson et al, 2003). In the context of HIV care, medical care alone is not sufficient and not effective without supportive program components such as a multi-disciplinary team approach with assertive case management. Addressing needs such as housing and transportation and using flexible working hours helped isolated youth to connect with a personal support system, which in turn helped facilitate and reinforce treatment adherence and retention. Peer involvement may be part of this overall supportive approach.

Peer involvement in the form of engaged youth was critical in informing the structure of the clinic system and in reviewing intervention designs and evaluation instruments. At one site, a Peer Case Aide and Peer Advocates were also central to the effectiveness of case management, the establishment of a youth friendly clinic milieu, and the development of successful support groups. It is important to note that peer involvement was carefully mentored and supervised. In the absence of close monitoring, risky behaviors rather than risk reduction behaviors could be modeled and reinforced.

4.5 Adult mental health

Peer involvement in adult mental health has typically been used via peer-to-peer support by people with lived experience with mental health difficulties. A 1999 review identified peer support as a promising approach for helping adults with severe mental illness (Davidson et al, 1999). Effectiveness studies found that having consumers on case management teams yielded better patient outcomes compared to teams with no consumer involvement.

A clinical trial of peer-based culturally responsive person-centered care for psychosis explored the impact of a peer-supported intervention on community engagement, satisfaction with treatment, symptom distress, ethnic identity, personal empowerment, and quality of life (Tondora et al, 2010). At this time, outcome results are not available. However, among the lessons learned:

- Some participants felt that the 6-month trial was not sufficient time to develop the depth of trust with their primary peer supporter
- Peer staff required focused training, for instance on ‘the art of diplomacy’ when acting as an advocate during treatment planning meetings
- There was a risk of role confusion on the part of peer supporters
- Cultural competence support was required
Peer involvement in services was reviewed by Solomon in a 2004 paper and the benefits to individuals, peer providers, and the mental health delivery system summarized. Note that the available research literature for review was limited.

- **Benefits for individuals:**
  - Improved symptoms, increased participants social networks, and improved quality of life
  - Hospitalization rates potentially reduced, or length of hospitalization reduced
  - Improved coping, greater acceptance of illness, improved medication adherence, lower levels of worry, higher satisfaction with health
  - Improved daily functioning and improved illness management
  - Longer-term participants have better overall outcomes

- **Benefits for peer providers:**
  - Personal growth
  - Enhanced ability to cope with own illness
  - Reduced hospitalization rate
  - Improved quality of life

- **Benefits for the mental health system:**
  - Decreased hospitalizations or reduced stay
  - Potential reduction in use of general mental health services
  - Potential to improve mental health provider attitudes regarding clients
  - Mechanism to better reach/serve marginalized populations

In adult mental health in the United States there is work underway to formalize the role of peer providers, including dedicated Medicaid funding, formal training programs, and professional organizations. See the *Pillars of Peer Support* series of reports at [http://www.pillarsofpeersupport.org/about.php](http://www.pillarsofpeersupport.org/about.php) for greater information on formal structures embedded within systems of mental health care.

4.6 **System of Care**

System of Care is a concept and philosophy of care in which a comprehensive and coordinated network of community-based services and supports meets the challenges of children and youth with serious mental health needs and their families (Stroul & Blau, 2008). Families and youth work in partnership with organizations to design mental health services and supports that build on individual strengths and that address each person’s unique cultural and linguistic needs. The System of Care model was developed in the United States and as a philosophy has made some inroads in Canada, but it has not been widely implemented in Canada. Nonetheless, some core lessons are transferable.

Youth have various roles to play in Systems of Care with the common goal to support youth voice and involvement in the system. One role is peer-to-peer support and mentoring, and in the U.S. youth with emotional and mental health disorders have organized nationally to create Youth M.O.V.E. (Motivating Others Through Voices of Experience). Youth M.O.V.E. does not explicitly involve a peer navigation element. The System of Care handbook does not expand on the role of peer-to-peer services in recovery, but does state that the increasing body of research in the adult realm has relevance for child and youth mental health as well.
5. Next steps and other resources

The National Federation of Families in the United States provided contact information for three Youth M.O.V.E. offices with experience in youth engagement and peer involvement in youth mental health. Although none of the organizations have a formal navigator component, they are experienced in involving youth as mentors and advocates. Contact information is:

- Brian Satterfield, Youth Coordinator, Pennsylvania System of Care Partnership
  
satterfieldb@upmc.edu
  484-680-0068

- Natalie Gregory, Peer Mentor, California,
  Peermentor4@glenncountyhealth.net
  530-513-3910

- Ryun Anderson, Youth Coordinator, Maine
  randerso@tcmhs.org
  (207) 782-5783

In Toronto, the Youth4Health project was a pilot research project that actually did use youth in a navigator role. Youth from recent immigrant families served as bridges between their families, communities, and the wider community. They were trained and provided with resources to help them serve as navigators in the health care and health promotion systems, including links to mental health services. Unfortunately the funding for this project was not renewed, but project staff may be available as contacts. There was no process evaluation.

http://www.youth4health.ca/
http://www.youthvoices.ca/past-projects/youth4health/

The Canadian Partnership Against Cancer produced a Guide to Implementing Navigation in 2010. It contains a synopsis of the research literature on professional and peer (lay) navigators, comments on evaluation of navigation programs, and a framework for navigation program implementation. The guide can be downloaded at http://www.partnershipagainstcancer.ca/wp-content/uploads/2.4.0.1.4.7-Guide_Implementation_Navigation.pdf and it may be useful in developing planning for youth navigator roles, responsibilities, competencies, required training, associated supervision, and for implementation.

For a non-peer reviewed guide to best practices in designing consumer-delivered mental health services, see Consumer Delivered Services as a Best Practice in Mental Health Care Delivery and the Development of Practice Guidelines by Mark Salzer at http://www.cdsdirectory.org/SalzeretalBPPS2002.pdf

Knowing what works and receiving training on an evidence-informed practice or program is not sufficient to actually achieve the outcomes that previous evaluations indicate are possible. A program that has been shown to improve mental health outcomes for children and youth but that is poorly implemented will not achieve successful outcomes (Fixsen et al, 2005). In order for a program to be evidence-informed, it needs to be applied with fidelity to the design
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and it needs to be implemented using supportive “drivers” related to staff competency, organizational leadership and organizational capacity. These drivers include assessing and monitoring the outcomes of your practice using evaluation or performance measurement frameworks, which are particularly important when there is insufficient evidence in the literature to guide clinical decisions. Choosing a practice is an initial step toward implementation, but the implementation drivers are essential to ensure that the program reaches appropriate clients, that outcomes are successful and that clinical staff members are successful in their work.

The Ontario Centre of Excellence for Child and Youth Mental Health has a number of resources and services available to support agencies with implementation, evaluation, knowledge mobilization, youth engagement and family engagement. For more information, visit:

http://www.excellenceforchildandyouth.ca/what-we-do or check out the Centre’s resource hub at http://www.excellenceforchildandyouth.ca/resource-hub.

For general mental health information, including links to resources for families:

http://www.ementalhealth.ca
References


