

# The Effect of Peer Mentoring on Certified Peer Specialists' Own Recovery: A Health Belief Model Approach

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## Background

Depression affects roughly one in six adults over the course of their lifetime<sup>1, 2</sup>. This results in over \$210 billion per year in medical expenditures, lost wages, and lost production. Frequently the social impact is much larger. One newer and novel approach to helping individuals is the use of peer mentors. For mental health, these individuals are Certified Peer Specialists (CPS). To date, little research has been done on the effect of being a CPS upon their own recovery from depression.

## Purpose

The purpose of this research was to determine what internal and external cues to action were present in Certified Peer Specialists as a result of the training, certification process, and employment as a mental health professional regarding their own recovery from depression. A secondary purpose was to determine how these internal and external cues might be different from the ones of the same individuals prior to starting that process.

## Methods

- Qualitative research design using semi-structured interviews
  - 30-45 minute interviews
- Recruitment**
  - Flyer was mailed out by the CPS PA accrediting body, The Institute for Recovery
  - Participants from Bucks, Montgomery, and Philadelphia counties

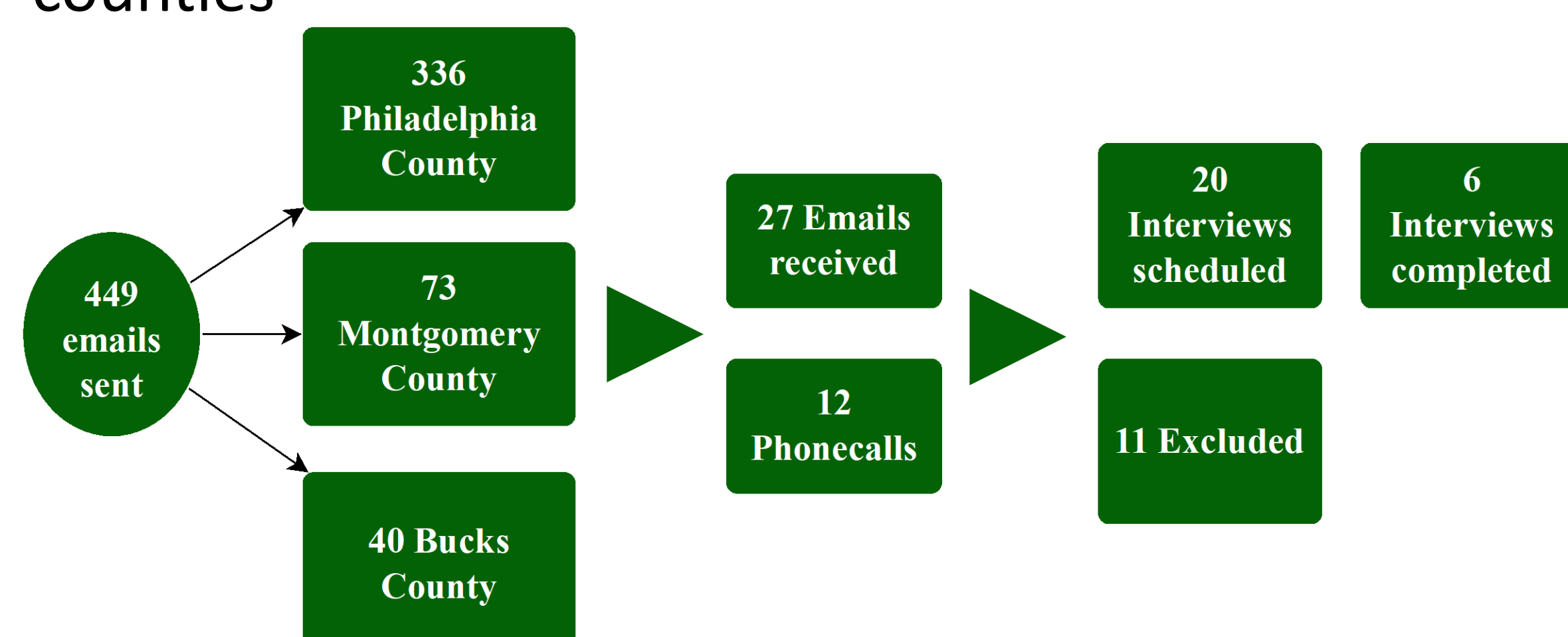


Figure 1. Recruitment process tree.

- Inclusion / Exclusion**
  - Must be 18+, currently holding credentials, employed in one of the three counties, and must have had a past medical history of depression
  - Must NOT have any mental health diagnoses rated above DSM-VI level 1
- Coding**
  - Coding was done a priori using the Health Belief Model
  - Coding was verified with faculty for interrater reliability

## Qualitative Themes

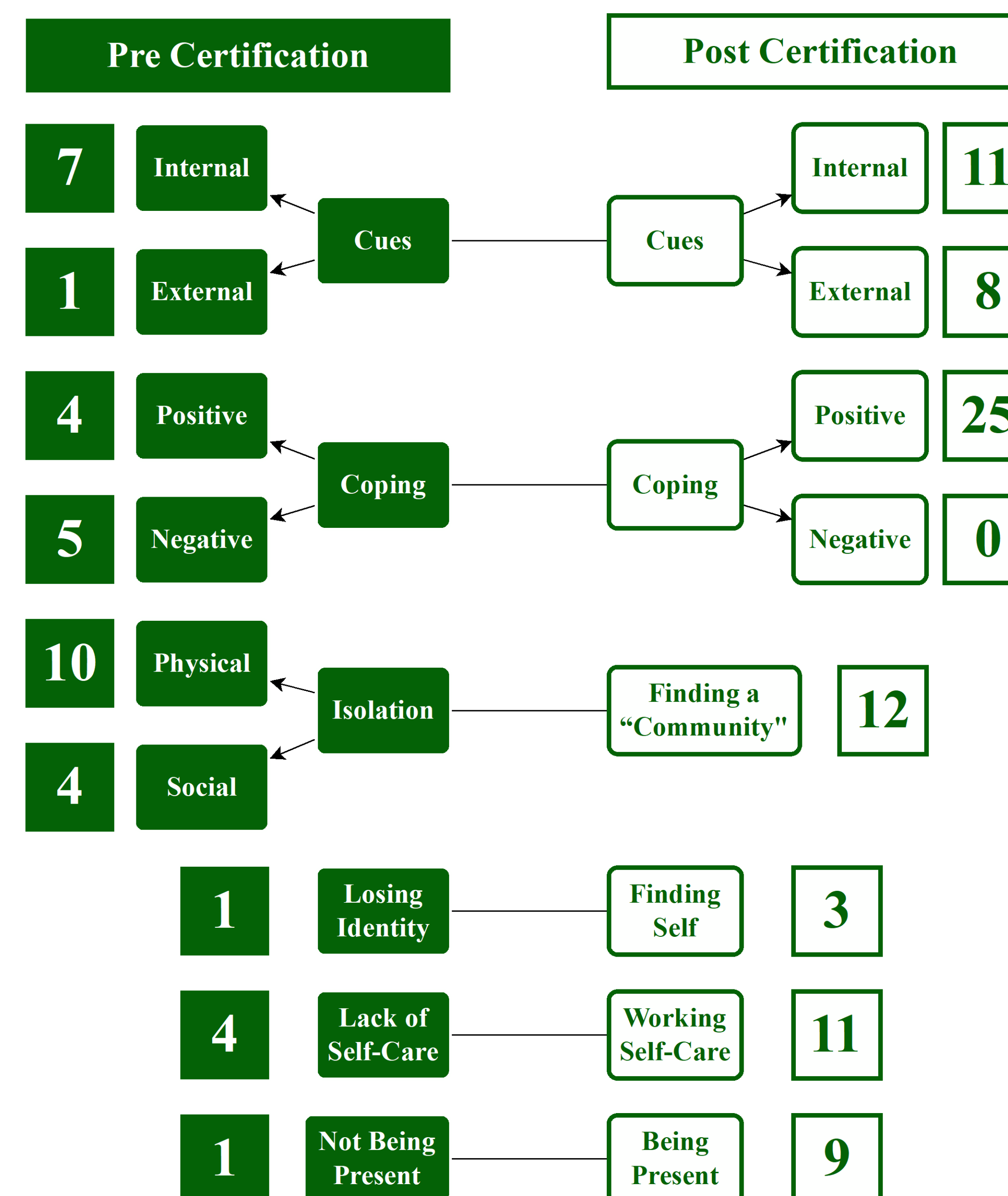


Figure 2. Qualitative themes discovered during coding. Numbers indicate the amount of references that were coded for each theme across all participants.

Table 1

Participant Information

Participant	Age	Gender	Time Certified	Time Since Diagnosis	Base County
A	50-60	Female	5 year	20+ years	Philadelphia
B	50-60	Male	2 years	10-15 years	Philadelphia
C	20-30	Female	6 months	2 years	Montgomery
D	40-50	Female	3 years	5 years	Philadelphia
E	50-60	Female	13 years	20+ years	Bucks
F	50-60	Female	2 years	20+ years	Montgomery

## Significant Quotes

"I don't know, just by having the support of the people that I work with, it is just, it's fantastic. It really, and it's definitely boosted my wellness exponentially."

"[Being a CPS] allows me to view things differently. I look at the big picture. I just don't look at what's going on. Like before I used to just look at what's going on and take it from the front. But now I don't, I look at the big picture. Right. You know, I look at all parts of it and just stay focused."

## References

- Nanthakumar, S., Bucks, R. S., & Skinner, T. C. (2016). Are we overestimating the prevalence of depression in chronic illness using questionnaires? Meta-analytic evidence in obstructive sleep apnoea. *Health Psychology, 35*(5), 423-432. doi:10.1037/hea0000280
- Pratt, L. A., & Brody, D. J. (2014). Depression in the U. S. household population, 2009-2012. Center for Disease Control and Prevention Retrieved from <https://www.cdc.gov/nchs/data/databriefs/db172.pdf>.

## Results

Improvement was noted in every category after the process of becoming certified and joining the work force as a CPS.

### Cues:

Noticeably more cues post, both in number of references and in substance

### Coping:

- Pre: All instances of negative coping were drug and alcohol related.
- Post: 2.7 x more cues referenced. No indication of negative coping strategies.

### Isolation:

CPS found ways to get themselves out into the community, by finding new relatability within their career, coworkers, and other professionals

### Being Present:

Every participant discussed improvement in being able to "be present" in the moment, both in their daily life and their employment.

### Self-Care:

More references about the importance of self-care for both personal and professional lives. No references to the inability or lack of desire to self-care after becoming a CPS.

### Physical Appearance:

- Pre: all references regarding physical appearance were negative.
- Post: all references were positive.

### Losing Identity/ Finding Self:

Participants noted the ability to interact with people, while not taking ownership of other's problems.

## Conclusions

- Every participant noted employment as a CPS had a positive influence on their recovery. Problems were noticed earlier and with greater ease and responded to better with the use of new positive coping strategies
- They felt more safe and secure in their own recovery by the use of proper self-care, while maintaining a healthy work-life balance. Coworkers were a source of relatability, friendship, and a sense of community.
- Some participants noted that CPS training was lacking in education in the skills gained above.
- Therapist interactions were more meaningful; participants noted less reliance, meetings being more efficient, or both.
- The process of becoming a CPS appears to be at minimum no additional risk of harm for recovery of depression, and at best, a valuable asset to helping foster personal value and growth.
- Further research is needed into the unique needs of this newfound career field.