Care Navigators and Peers for Mental Health: What is the State of Practice?

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“For those who have dwelt in depression's dark wood, and known its inexplicable agony, their return from the abyss is not unlike the ascent of the poet, trudging upward and upward out of hell's black depths and at last emerging into what he saw as "the shining world." There, whoever has been restored to health has almost always been restored to the capacity for serenity and joy, and this may be indemnity enough for having endured the despair beyond despair.”

E quindi uscimmo a riveder le stelle.
And so we came forth, and once again beheld the stars.”


Many people with serious mental illnesses continue to experience premature mortality and complex physical health problems. Social disadvantages compound mental health challenges and add to the burden of disease; these include poverty, homelessness, criminal justice association and substance use. (Corrigan et al., 2014) In conjunction with a maze-like healthcare system, these social determinants make it difficult for consumer/patients to access necessary primary and mental health care.

Navigation in Context

Patient navigation as a concept and reality was pioneered by Dr. Harold P. Freeman in the early 1990s to reach an underserved population in Harlem for early cancer screening and detection. (Freeman, 2015) Since then, navigation and guided care methods have been expanded to reach many different populations – all of whom face varying barriers to health care and social services. A navigator guides consumer/patients around health system obstacles with ultimate goals of achieving access to care, and mitigating health care disparities.

Navigation concepts and interventions are being utilized with greater frequency in populations affected by mental health disorders, particularly adults with serious mental illnesses (SMI). Navigators may be from heterogeneous professional disciplines; representing many different specialties with work tailored to the specific needs of the populations they serve. The term “navigator” may represent a community care worker, nurse, public health or social services professional, trained cultural broker, person with lived experience or peer, among other fields.
Peers for mental health consumer/patients are lay professionals, providing critical functions such as peer health coaching, co-facilitation of self-care management, and group health teaching. Several studies have documented no difference in effectiveness between peer and professional navigator support; however, there are inconsistent findings about the efficacy of long-term peer and navigator interventions. (Corrigan, et al., 2014; Stubbs et al., 2015)

**Primary Care Interface**

It is important that patients with both mental and physical health concerns have robust and continuing connections to primary medical care. (Griswold et al., 2009; Peart et al., 2018) A primary care medical home can provide culturally informed navigators and/or peers who assist with communication, linkages to specialists, patient education and support; however, the design and components of patient navigation systems vary widely and no one model in primary care fully meets the needs of individuals with mental health concerns. (Carter et al., 2018) Navigator and peer programs have had the most positive effect in helping mental health consumer/patients link to primary care. In a randomized trial looking at consumer/patients linkages to primary care, those who had both a navigator (health care professional) and a peer (lay professional) connected to care at significantly higher rates than individuals without such support. (Griswold et al., 2010)

For selected health outcomes, studies do demonstrate effectiveness of peer navigators connected to individuals with SMI. A randomized study utilizing one-to-one peer support found that in contrast to controls at 6 months, patients in the intervention group had significantly higher levels of self-efficacy; and in a pilot trial where peers were randomly assigned, participants reported fewer pain and health symptoms at a 6 month follow up. (Mahlke, et al., 2016; Kelly et al., 2013)

**Emerging Integrated Care**

Integrated health home models provide coordinated, co-located physical and behavioral health services, with the aim of forming enduring connections to care, improved health outcomes and quality of life for individuals with SMI. While studies continue to assess effectiveness of these models, and evaluate long-term outcomes, recent research points to the potential of and opportunities for navigation systems and peer workers. Peers are delivering services such as evidenced based wellness initiatives, whole health care, motivational interviewing and behavioral health recovery interventions. (SAMHSA, 2019; Druss et al., 2018; Gagne et al., 2018; Valaitis et al., 2017)

**Perspectives; Research and Practice Opportunities**

The voices of consumer/patients, peers, and other navigators are integral to the science and art of navigation for mental health. Consumer/patients having regular contact with a peer or care manager valued the navigation and education provided, and felt that assistance helped to mitigate often negative experiences with physical or behavioral health care providers. (O’Malley et al., 2017; Griswold et al, 2008) In a recent qualitative study, collaborative team work had significant value to mental health nurses and peers, while each discipline had differing perspectives on their competencies. For example, peers’ goals centered around maintaining themselves as a peer worker, and using their lived experience in a supportive way with consumer/patients. (Debyser et. al., 2018)
The literature to date calls for ongoing rigorous research to identify and evaluate different methods of navigation and to distill essential ingredients of navigators. Questions remain about how navigators or peers are recruited and trained, how roles are defined and operationalized, and how navigators and consumer/patients are integrated, valued and heard. (Valaitis et al. 2017)

Controlled studies are needed to assess questions about the efficacy of navigation for care access, as well as for longer term health outcomes. Few studies have looked at the value or effectiveness of trained cultural brokers as navigators to address racial and ethnic disparities.

**Reaching Recovery**

People struggling with mental health problems often face insurmountable and unacceptable inequities in care. Effective navigation models, trained navigator and peer professionals have enormous potential to help consumer/patients become full partners in their care and achieve optimal physical and mental health outcomes.

**References**


