Use of peer support to prevent readmission after mental health crisis

Using peer support for people discharged from mental health crisis teams can lead to a reduction in readmissions from about 40% to <30%. A study funded by the National Institute for Health Research (NIHR) randomised 440 adults to:
- Receive, within four months up to 10 sessions with a peer support worker;
- A control group receiving the usual community-based mental health care.

Peer support workers used their own experiences to help individuals complete a workbook, listen supportively and share recovery strategies. The results of this intervention were compared with those of the control group, members of which received the workbook by post.

The intervention began within a month of discharge from the crisis team, and the usual community-based mental health care continued. The sample was ethnically diverse; around a quarter of participants had depression and around a third had psychosis. The trial excluded patients presenting a high risk to others.

Admissions data was taken from hospital records. Participants and researchers completed validated scales during interviews at four months and 18 months after entering the trial.

The National Institute for Health and Care Excellence (2014) recommends that peer support be considered to improve quality of life for people who have psychosis and schizophrenia. Peer support workers should:
- Remain in stable recovery;
- Receive training and whole-team support;
- Be mentored by an experienced peer support worker.

However, at that time, NICE (2014) also noted weak clinical and cost-effectiveness evidence for peer support, and the possibility of adverse outcomes for peer support workers. It would be ideal, therefore, to look at cost and cost-effectiveness before this intervention is rolled out into routine practice. This is the first UK trial and the most-promising evidence so far available for peer support in this context.

References

Box 1. What did the review find?
- Within a year, 29% of people allocated to the peer support group had been readmitted to acute mental health care, compared with 38% of people receiving the workbook by post without peer support. The peer support group had a longer period before any first readmission occurred: 112 days versus 86 days.
- There was no statistically significant difference between the intervention and control groups in terms of the number of days of acute mental health care readmission within a year: 13 days versus 19 days respectively.

Implications for nursing
Around 200 crisis resolution and home treatment teams in England and Wales provide intensive support at home to adults during a mental health crisis. Over half of these service users are readmitted to hospital within a year of discharge, but evidence is limited on how to promote recovery.

Peer support with the workbook, following an acute admission to a crisis team, appears to lengthen the time until readmission occurs. The positive effect could be due to increased encouragement to use the workbook and set goals, or the general increase in support and empathy that peer workers provide.

It is not known how peer support compares with professional support. However, an effect in this hard-to-manage group is important and might encourage further training for peer workers and refinement of the workbook intervention. This large trial provides new evidence on structured self-management support, and should be of interest to commissioners, mental health teams and service users.

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