PEER SUPPORT: A Call to Action
A culturally responsive approach towards wellness

Chyrell Bellamy, PhD, MSW
Associate Professor, Yale University, School of Medicine, Department of Psychiatry, Program for Recovery and Community Health
NIHCM Webinar - May 4, 2022

@chy_bellamy
chyrell.bellamy@yale.edu
Getting Grounded...
Starting with the Why?

We need you, our brothers and sisters;
help us reaffirm ourselves in
Loving ourselves;
Hold us when we can’t stand
‘cause soles of shoes have traveled on our backs for so long;
We need you, our brothers and sisters!
(adapted “I need you” by Imani Harrington)
A Call To Action

Health Disparities and Inequities

Black and Latinx People and People with Mental Illness are dying 25 years earlier than the rest of society

Barriers to Mental Health Services for Black and Brown People

- Stigma associated with mental illness
- Distrust of the health care system
- Lack of providers from diverse racial/ethnic backgrounds
- Lack of culturally competent providers
- Lack of insurance, underinsurance
Introducing Peer Support

In an ideal world, we could all provide peer support based on our life experiences – we do it every day – different issues, but similar results.

Peer support has been defined by the fact that people who have like experiences can better relate and can consequently offer more authentic empathy and validation.

People with lived experience can offer each other practical advice and suggestions for strategies that professionals may not offer or even know about.
What are some gifts Peer Supporters can offer?

- Instillation of hope
- Modeling one example of Recovery
- Mentoring
- Coaching
- Engagement/Connection
- Street Smarts and navigating system or living day-to-day life, e.g., poverty, discrimination, unstable housing, etc.
- Community networking/connecting
- “Lift as We Climb”
Initial evidence shows
- Outcomes equivalent to non-peer support providers, with some studies showing slightly better outcomes with peer support staff (Solomon, 1995; Davidson, 2004)
- Longer community tenure in those receiving peer support in one RCT (Clarke, 2000; Min 2007)
- Peer support staff show ability to reach people who have more vulnerabilities and or are harder to engage (Rowe, 2007; Sells, 2006)
- More research is needed examining effectiveness of peer supports throughout a variety of settings and communities, particularly as a culturally responsive approach (Chinman; Salzer)
Introducing the Imani Breakthrough Faithbased Recovery Program (NIH U01/CT DMHAS/SAMHSA SOR)

WE aim to Promote Health and Healing for Ourselves and Our Communities!

How we do this...

BY:

Creating a sense of unity – WE are in this together!
Creating a sense of collective responsibility
Through a Participatory process
Overview of Imani Breakthrough Intervention

The Imani Breakthrough intervention involves two components and takes place over 6 months:

Part 1:

A group education component:

- **12 weeks** of classes and activities focused on wellness enhancement:
  - **8 Dimensions of Wellness** (Spiritual, Emotional, Physical, Financial, Environmental, Social, Intellectual, Occupational)
  - **5Rs of Citizenship enhancement** (Roles, Responsibilities, Relationships, Resources, Rights)
- **Wrap around Support and Coaching** – provided during the 12 weeks. Coaches provide weekly check-ins and are there to assist participants towards obtaining their recovery, hopes and dreams within the scope of the 8 Dimensions of Wellness and the 5Rs.

Part 2:

- **Next Step group component** – 10 weeks mutual support (post 12 week group).
Unique from other recovery programming, Imani deliberately has a strong focus on:

The importance of spirituality, known to have high cultural significance among Black and Latinx communities, through intervention groups based in churches.

- Culturally-informed opioid education and naloxone distribution (OEND)
- Addresses social determinants of health through the 8 dimensions of wellness and the 5Rs of citizenship: Roles, Rights, Resources, Responsibility, Relationships
- Harm Reduction
- Emphasizes Mutual support
- Intensive wraparound support
- Coaching in a safe and familiar environment
- Training and Curriculum based on IMANI philosophies
- Facilitators are people from the community/churches and those with lived experience of substance use (peer support and community health work)
- Imani directly addresses the barriers that impede access to the most effective pharmaco- and behavioral therapies available
<table>
<thead>
<tr>
<th>Demographic Information N=1008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographic Characteristics</strong></td>
</tr>
<tr>
<td>43% Female, 57% Male</td>
</tr>
<tr>
<td>Mean age – 47 y/o (SD 12)</td>
</tr>
<tr>
<td>22% Latinx/Hispanic</td>
</tr>
<tr>
<td>61% African American</td>
</tr>
<tr>
<td>13% White/Caucasian</td>
</tr>
<tr>
<td>78% high school diploma or less</td>
</tr>
<tr>
<td>81% currently not working</td>
</tr>
<tr>
<td><strong>75% Have been hospitalized at least once</strong></td>
</tr>
<tr>
<td>44% - 3 or more times</td>
</tr>
<tr>
<td>31% - 5 or more times</td>
</tr>
<tr>
<td>65% Have been incarcerated</td>
</tr>
<tr>
<td>14% are currently on probation/parole</td>
</tr>
</tbody>
</table>
Results – 8 Dimensions of Wellness

Dimensions of Wellness Change in Score from Baseline to Week 12
Results – Citizenship subscales

Citizenship Score Change from Baseline to Week 12

Bar chart showing the change in citizenship subscales from baseline to week 12.
## What Can We Do?

<table>
<thead>
<tr>
<th>Fund</th>
<th>Fund peer support research and programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand</td>
<td>Expand to communities of color</td>
</tr>
<tr>
<td>Provide</td>
<td>Provide insurance coverage for peer supports and community health work</td>
</tr>
<tr>
<td>Stop</td>
<td>Stop the discrimination associated with mental illness and addictions</td>
</tr>
</tbody>
</table>
Questions?

Thank You!