Central East (HHS Region 3)



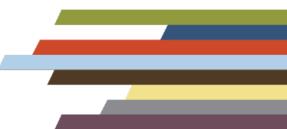
Mental Health Technology Transfer Center Network Funded by Substance Abuse and Mental Health Services Administration

Implementation of Digital Peer Support in Your Organization

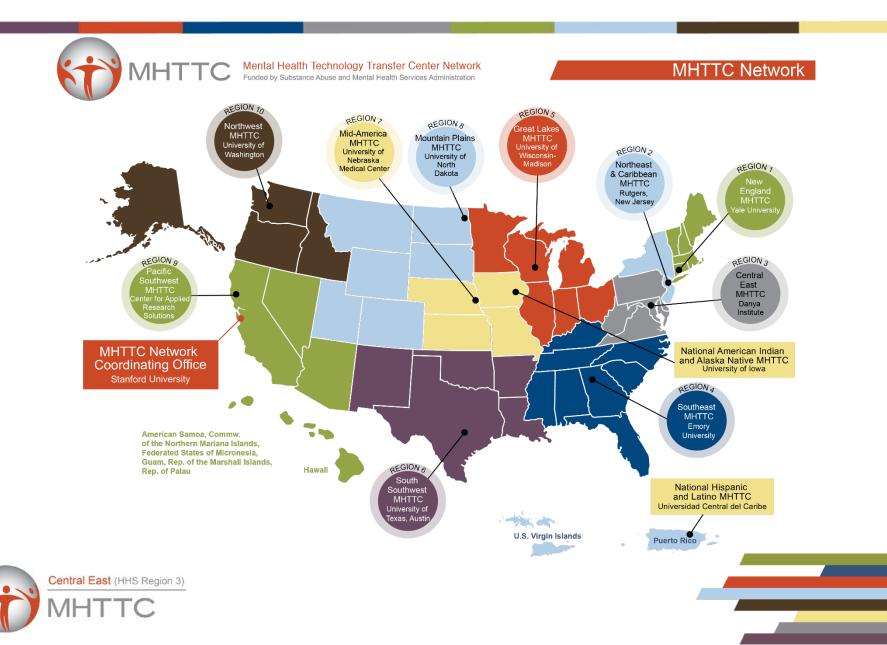
Karen L. Fortuna, PhD, MSW Assistant Professor of Psychiatry Dartmouth College







MHTTC Network

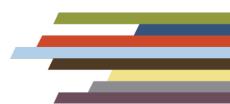


Central East MHTTC Goals

Funded by SAMHSA to:

- Accelerate the adoption and implementation of mental health related evidence-based practices
- Heighten the awareness, knowledge, and skills of the behavioral health workforce
- Foster alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- Ensure the availability and delivery of publicly available, free of charge, training and technical assistance

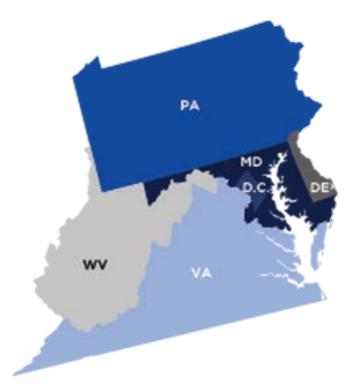




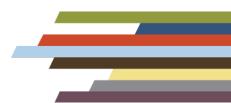
Central East Region

HHS REGION 3

Delaware District of Columbia Maryland Pennsylvania Virginia West Virginia



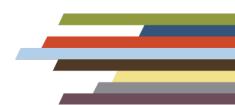




Grant Support

 Research support is provided by the National Institute of Mental Health (K01 MH117496), Patient-Centered Outcomes Research Institute (NCT03966872), the NARSAD Young Investigator Grant from the Brain and Behavior Foundation (#26800).

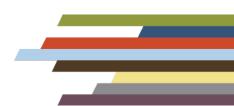




Agenda

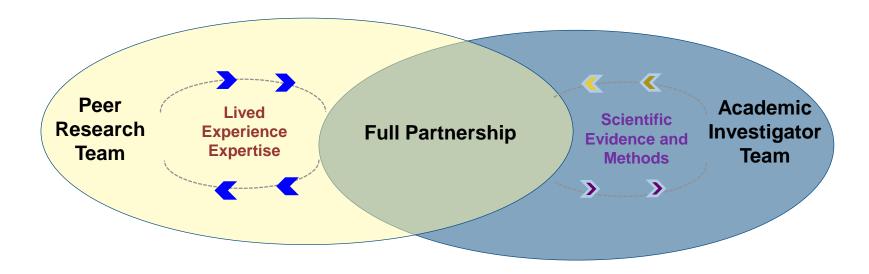
- Peer Support Specialists and Academic Partnership
- Overview of the Benefits of Digital Peer Support
- Selection of Digital Peer Support Technologies
- Hiring
- Training
- Supervision
- Advancing the Science of Implementing Digital Peer Support





Peer-Academic Partnership

Fortuna, K et al. Application of Community-Engaged Research to inform the Development and Implementation of a Peer-delivered Mobile Health Intervention for Adults with Serious Mental Illness. *JMIR: Journal of Participatory Medicine* 2019;11(1):e12380



Partnership is based on collaboration, engagement, shared decision-making, principles of reciprocal relationships, co-learning, partnership, trust, transparency, and honesty

Planning the Study

- -Intervention development
- -Developing research
- question
- -Determining outcomes
- -Implementation
- considerations

Conducting the Study

- -Recruitment
- -Retention
- -Intervention delivery

Disseminating Results

-Social media, blogs, newsletters -Presentations at local and nationals organization, provider and academic conferences

What We Know About Digital Peer Support

- No geographical or time limitations;
- Can support fidelity-adherent delivery of peer-supported evidence-based practices;
- Promising evidence of effectiveness;
- Engages service users in digital mental health outside of clinical environments;
- Expands the reach of peer support services;
- Increases the impact of peer support without additional inperson sessions; and
- Potentially, can access hard-to-reach groups—rural residents, home-bound adults, etc.



Fortuna, KL, et al. [in press]. Systematic Review of Peer-Supported Digital Mental Health Interventions for People with a Lived Experience of a Serious Mental Illness. *JMIR: Mental Health*.

Selection of Digital Peer Support Technologies

What Can Digital Peer Support Technologies Do?

- Peer Support
- Personalized Wellness Plans
- Personalized Goal Setting
- On-Demand Education and Support
 - Exercise, nutrition, education, emotional health, relaxation and mindfulness

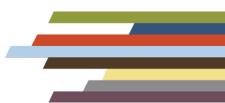
Fortuna, KL, et al. [in press]. Systematic Review of Peer-Supported Digital Mental Health Interventions for People with a Central East (HHS Region 3) Lived Experience of a Serious Mental Illness. JMIR: Mental MHTTC Health.

Selection of Digital Peer Support Technologies

- What Digital Peer Support Technologies Do NOT Do (as of 2020)?
 - Medication Adherence;
 - Digital Medicine/nanotechnology
 - Monitoring
 - Ecological momentary assessments;
 - Digital phenotyping;
 - Motion mapping
 - Non-Human Interaction
 - Artificial intelligence;
 - Natural language processing;
 - Avatars; and
 - Robotics.



Fortuna, KL, et al. [in press]. Systematic Review of Peer-³⁾Supported Digital Mental Health Interventions for People with a Lived Experience of a Serious Mental Illness. *JMIR: Mental Health*.



Selection of Digital Peer Support Technologies

Selecting Peer Support Apps

Step #1: Our coproduction team searches the App Store and Google Play weekly for "Peer Support". **Step #2:** Next, we screen for

peer support specialists' digital technology standards, such as 508 compliance, recovery language and principles, features to allow for communication between peers, inclusion peersupported evidence-based practices, peer developed or co-produced with allies. Step #3: Peer support apps that meet peer support specialists' digital technology standards are included into our database.

12 LE

'8\$\$8'

Step #4: Peer support specialists' and service users' assess the value or quality of peer support apps based on their personal experience with the app.



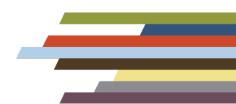
digitalpeersupport.org

Who Uses Digital Peer Support?

- Nonprofits (e.g., NAMI)
- Health care insurance plans and managed care organizations
- Peer-run organizations
- Individuals

States are moving towards Medicaid reimbursement for digital peer support;



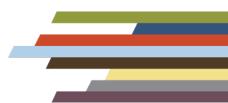


Digital Peer Support Organizational Readiness

- The use of digital peer support has modernized and innovated mental health care and services.
- As the landscape of mental health services delivery is transforming the way services are provided—one constant remains the same—sustained digital engagement among service users is difficult (Eysenbach, 2005).

Eysenbach, G. The Law of Attrition. *J Med Internet Res* 2005;7(1):e11



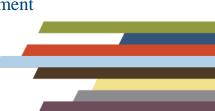


Methods

- A total of 74 peer support specialists from 18 states completed an online survey (Female=80%; Caucasian=77%; Mean age=50.9, *SD*=12 years).
- Data were categorized using the Consolidated Framework for Implementation Research domains--*intervention characteristics; characteristics of individuals; outer setting; inner setting;* and implementation *process*.

Fortuna, et al. (under review). Perceptions and Knowledge of Peer Support Specialists Regarding Barriers to and Facilitators of mHealth Engagement Among People with Serious Mental Illness.





Results

Sociodemographic Characteristics of Study Participants Whom Completed Qualitative

Responses (N=74)

Characteristic	n (%) or M (SD)
Age, years	
Mean (SD)	50.9 (12)
Range	21-77
Sex, n (%)	
Female	59 (80)
Race, n (%)	
Caucasian	57 (77)
Black/African-American	8 (10.8)
Hispanic or Latino	4 (5.4)
Asian	2 (2.7)
Other	3 (4.1)
Primary mental health disorder, N=43 n (%)	
Major depressive disorder	13 (30.2)
Schizophrenia Spectrum Disorders	6 (13.9)
Bipolar disorder	11 (25.5)
Post-Traumatic Stress Disorder	9 (20.9)
Alcohol/Substance Use	4 (9.3)
Personality Disorder	2(1)
Other	12 (5.8)

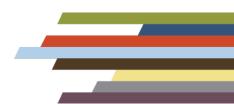


Fortuna, et al. (under review). Perceptions and Knowledge of Peer Support Specialists Regarding Barriers to and Facilitators of mHealth Engagement Among People with Serious Mental Illness.

How Can You Evaluate Your Organizational Readiness for Using Digital Peer Support?

- Training
- ✓ Learning
- ✓ Design
- Infrastructure
- Technology Preference
- Job Description
- Hiring Procedures
- Supervision Procedures





Digital Peer Support Organizational Readiness: Training

- Formal technology training for peer support specialists and service users;
 - Short courses accessible on-demand designed for peers and service users
 - Technology 101
 - Saving passwords
 - Setting up an account
 - Listening to music
 - New technologies
 - e.g., Amazon echo
 - Technology features
 - Email
 - Text messaging



Fortuna, et al. (under review). Perceptions and Knowledge of Peer Support Specialists Regarding Barriers to and Facilitators of mHealth Engagement Among People with Serious Mental Illness.

Digital Peer Support Organizational Readiness: Learning

- Peer support specialist learn and support others through lived experience
 - Experiential Learning (i.e., learning through experience [Borkman, 1999]) created the foundation for peer support specialists to learn how to use smartphone technology.
 - Community of practice met 1-hour each week for four weeks in-person (N=4 peer support specialists; N=1 supervisor)
 - Shared goal of learning to learning smartphone technologies and using with service users;
 - Sessions included audit and feedback, including analytical performance review, self-performance review, and supervisor assessment.
 - The community of practice demonstrated an increase in confidence using technology and utilization of technology features (i.e., text messaging).



Borkman, T.J. (1999). Understanding self-help/mutual aid: Experiential learning in the commons. New Brunswick, NJ: Rutgers University Press.

Digital Peer Support Certification

Digital Peer Support Certification

What is Digital Peer Support?
Digital Communication Skills
Technology Literacy and Usage Skills
Digital Peer Support Technologies
Organizational Policies and Ethical Issues
Privacy and Confidentiality
Monitoring Digital Peer Support
How to Address A Digital Crisis
How to Hire, Train, and Supervise Digital Peer Support Specialists

Central East (HHS Region 3) MHTTC

digitalpeersupport.org

Digital Peer Support Organizational Readiness: Design

- Design Features
 - Based in the recovery model of mental health;
 - Multimodal capacity (i.e., text, video, and audio);
 - Written at a 4th grade level;
 - Limited use of compound sentences;
 - Single layer architecture;
 - Strong color contrast;
 - Limit use of columns;
 - Limit content to one-page (limit scrolling); and
 - Limit hyperlinks.

Rotondi, AJ et al. (2017). Designing eHealth Applications to Reduce Cognitive Effort for Persons With Severe Mental Illness: Page Complexity, Navigation Simplicity, and Comprehensibility. *JMIR human factors*, 4(1), e1.



Fortuna, KL, Gill, L, Lohman, MC, Bruce, ML, & Bartels, SJ. (2017).
Adaptation and usability of an integrated medical and psychiatric selfmanagement smartphone application for older adults with serious mental illness. *American Journal of Geriatric Psychiatry*, 25(8): 819–828.

Digital Peer Support Organizational Readiness: Infrastructure

- Provide peer support specialists with smartphones, laptops and/or tablets with remote access to provide peer support services;
- Offer smartphones to service users (i.e., Safelink & Lifeline Services);
- Offer hotspots for rural areas, homes in basements (i.e., Lifeline assistance program);
- Consider technology preference (i.e., tablet, smartphone);
- Work with information technology department to ensure access to websites and apps;
- Create transparent plan to monitor technology for safety; and
- Access to a technology help desk.



Fortuna, K. et al. (under review). Perceptions and Knowledge of Peer Support Specialists Regarding Barriers to and Facilitators of mHealth Engagement Among People with Serious Mental Illness.

Digital Peer Support Organizational Readiness: Preference

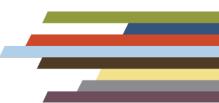
- Semi-structured interviews; *N*=40 (*n*=20 peer support specialists and *n*=20 service users)
- Interview guide developed with peer support specialists as equal partners
- Interviews lasted 30 minutes to 1-hour
- Themes
 - Preference for a live peer support specialists rather than avatar
 - Digital peer support does not replace in-person peer support; rather, digital peer support augments in-person meetings; and
 - Passive monitoring was acceptable for younger adults, if informed.



Venegas, et al. (under review). Peer Support Specialists Perspectives on the Ethics of mHealth.

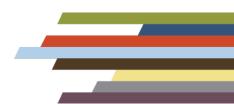
- **Purpose** Summarize the purpose of the digital peer support position.
- Reporting Relationships Describe how digital peer support specialists will be supervised and by who.
 - Is the supervisor a peer themselves or a provider? Has the provider been trained on peer support and recovery?
 - Will supervision take place in person, over the telephone, or via platforms like Zoom.
- Responsibilities List responsibilities. <u>Be transparent and include</u> <u>definition of terms</u>. For example, if you are using an app that includes digital phenotyping, this needs to be explained to ensure peers are informed. Another example, is if your agency is using the medical model or is asking peer support specialists to deliver an clinically-based evidence-based practice.





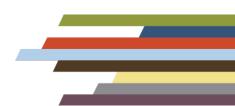
- Employment Conditions Describe any relevant circumstances, such as the following:
 - Physical requirements (e.g., being able to see a smartphone screen, type on a smartphone or computer);
 - Work schedule (i.e., preference for remote or in-person work. In many cases, digital peer support will happen off hours); and
 - Any other requirements (e.g., providing a peer supported evidence-based practices).
- Compensation Peer support specialists require a fair living wage consistent with their expertise.





- Qualifications/Competencies Develop qualifications based on technology features.
 - If text messaging is a requirement, consider requiring the ability to communicate orally and/or in writing;
 - Proficiency with computers or smartphones is not a requirement; rather, low technology adoption only suggests the need for training.

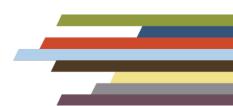




 Qualifications/Competencies Develop qualifications based on technology features.

- If owning their own technology (i.e., smartphone or computer) use caution about making inferences. For example, if candidates say they have a computer, that does not mean that they are computer literate. This also may not indicate they own their own computer and have Internet access—in some cases, they may be using publically available computers (e.g., computers at libraries).
- The same is smartphones. People may share a smartphone with another person. They may share minutes or not use dataplans at all. Ask specific questions and do not make inferences.



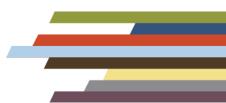


Digital Peer Support Hiring Procedures

- Interpersonal traits
 - Being mindful of their own interpersonal difficulties and boundaries; and
 - Engages in self-care activities (Almedia, et al., [under review])
- Inclusion of peer support specialists on hiring team
- Important hiring questions
 - "What you doing for their own recovery?"



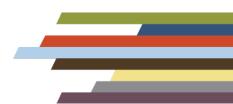
Almeida, et al. (under review). Co-Design of the Mental Health & Substance Misuse System with Peer Recovery Support Specialists.



Supervising Peer Support Specialists using Technology

- Continued growth of the peer support specialists workforce and increased attention of the value of peers by industry and academia.
- Expansion of billable Peer Support, resulted in peer support worker supervisors with no direct knowledge of Peer Support values
 - Non-peer support specialists' ethical codes often deter essential aspects of peer support such as self-disclosure.
 - Promotes practices inconsistent with values (e.g., medication management).

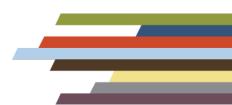




Supervising Peer Support Specialists using Technology

- National Association of Peer Supporters sought national input from both peer support specialists and supervisors (N=236=surveys and four focus groups (N=32) to develop <u>National Practice Guidelines for Supervisors of Peer Support</u> <u>Specialists</u>
- With technology, service users and peer support specialists must be <u>informed</u> and <u>understand</u> monitoring of technology and use of data produced by technology;
- Safety plans need to be in place in the event that distress and/or suicidality is present.

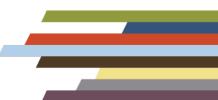




Supervising Peer Support Specialists using Technology

- Peer support specialists are protected by the American with Disability Act (ADA):
 - The ADA requires covered employers to provide reasonable accommodations to qualified individuals with disabilities, unless doing so would impose an undue hardship on the employer;
 - As an ADA accommodation, you might have to allow an employee more excused, unpaid absences than you would another employee; and
 - The ADA does not allow employers to ask applicants any questions about the existence, nature, or severity of a disability.



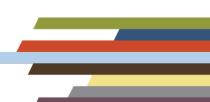


Digital Peer Support Innovations in Training

- Academy of Peer Services, an online educational platform for partial fulfillment of peer specialist state certification.
 - Asynchronous self-directed, self-paced, and online with a built-in testing application.
 - *N*=4000 learners indicated application of instructional design principles and techniques successfully translated the practical knowledge of peer-provided services to an easily accessible web-based platform for persons of varying education and life experiences.

Spagnolo, A. B., Gill, K., Cronise, R., Backs, A., Richards, K., & Kamat, V. (2019). Evaluation of an online learning academy of peer specialists. *Psychiatric Rehabilitation Journal*, 42(2), 132–138





Advancing the Science of Implementing Digital Peer Support

- Explore implementation with special populations, including older adults, justice-involved, etc.
- Need for implementation science studies using empirically supported frameworks; and
- Need to include service users and peer support specialists as partners in implementation science studies.

Fortuna, KL, Walker, R, Fisher, D, Mois, G, Allan, S, & Deegan, P. (2019). Enhancing standards and principles in digital mental health with recovery-focused guidelines for mobile, online, and remote monitoring technologies. *Psychiatric Services*.

Chinman, M., McInnes, D. K., Eisen, S., Ellison, M., Farkas, M., Armstrong, M., & Resnick, S. G. (2017). Establishing a Research Agenda for Understanding the Role and Impact of Mental Health Peer Specialists. Psychiatric services (Washington, D.C.), 68(9), 955–957.



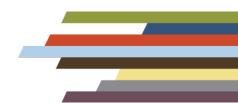
Contact Information

Thank you!

Karen.L.Fortuna@dartmouth.edu 603-722-5727

digitalpeersupport.org



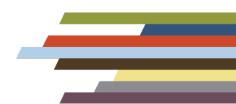


Evaluation

Evaluation Link

Once you complete the evaluation, you will be directed to the resource page and certificate request form.

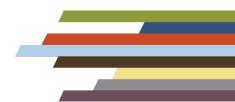




Appreciation







Contact Us



<u>Central East MHTTC website</u> <u>Oscar Morgan</u>, Project Director Danya Institute website Email 240-645-1145

Funding for this presentation was made possible by SAMHSA grant no. 3H79SM081785. The views expressed by speakers and moderators do not necessarily reflect the official policies of HHS; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

