

Research In Focus: A Weekly Digest of New Research from the NIDILRR Community

A Peer-Led Health Management Program May Benefit Health, Hopefulness, and Employment for People with Serious Mental Illness

A study funded by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR).

People with serious mental illness may have conditions such as schizophrenia, bipolar disorder, or depression. Past research has found that people with these disorders have higher rates of a variety of chronic health conditions than the general population. They may have difficulty managing physical health conditions or maintaining healthy lifestyle habits like exercising regularly, eating a nutritious diet, and getting enough sleep. The combination of emotional and physical health challenges may also make it harder for these individuals to find and keep jobs.

Health self-management classes may help people with chronic health conditions to learn and adopt healthy lifestyle habits. In addition to educating people about healthy lifestyles and helping them stay accountable, these classes may offer support from peers and instructors who have lived experience with similar health challenges. Health self-management classes led by peers with lived experience of mental illness may be especially beneficial to promote health and wellness for people with mental health conditions who also have other chronic health conditions. In a recent NIDILRR-funded study, researchers tested a program called Whole Health Action Management (WHAM) for people with serious mental illness plus a chronic health condition. The researchers wanted to find out whether the program would lead to increases in the participants' active involvement in managing their health. They also wanted to find out whether the program could lead to improvements in overall self-rated health, hope for the future, or employment.

Researchers at the [Rehabilitation Research and Training Center on Integrated Health Care and Self-Directed Recovery](#) enrolled 139 people in this study. The participants received services from local community mental health clinics, had a diagnosis of serious mental illness, and also lived with at least one chronic health condition. The participants were randomly divided into two groups: an experimental group who attended the WHAM program, and a comparison group who received only their usual community mental health services.

The participants in the experimental group attended the 12-week WHAM program. The program had two components: weekly group meetings and weekly individual sessions with a trained peer counselor who had experienced mental illness. During the weekly group meetings, the participants learned about topics such as setting wellness goals; meditation and relaxation techniques; managing high blood pressure, cholesterol, and diabetes; and communicating with healthcare providers. During the weekly individual sessions, each participant set a personalized wellness goal with

weekly action steps and kept track of their progress. The participants also received support in managing their follow-up medical appointments during these sessions.

The participants in both the experimental and the comparison groups were interviewed at three time points. The experimental group completed them at the beginning of the study, at the end of the 3-month program period, and again in a follow up 3 months after the end of the program period. The comparison group completed them at the beginning of the study, after 3 months, and again after 6 months. At each interview, participants were asked about their level of health involvement, including their health-related knowledge and skills, and confidence that they could handle health-related challenges. Based on their responses, the participants were classified into one of four levels of involvement with their healthcare: passive recipients; lacking knowledge and confidence; beginning to take control of their health; or proactive about their health. In addition, the participants were asked to rate their overall health on a scale ranging from very good to very bad. They were also asked about their level of hope for the future. The participants were further asked whether or not they were working for pay. Finally, at the 3-month follow-up after the end of the program, the participants in the experimental group were also asked to rate their satisfaction with the WHAM program and whether or not they thought their health had improved during the study.

When the researchers compared changes over time in the experimental group and the comparison group, they found that the participants in the experimental group showed more improvements, when compared to the comparison group, in the following areas:

- Health involvement: A higher percentage of the participants in the experimental group (44%) increased by at least one level between the beginning of the study and either of the follow-up points, compared with only 24% of the participants in the comparison group.
- Overall health and hopefulness: Between the beginning of the study and the end of the WHAM program, the participants in the experimental group showed an increase in their health and hopefulness scores, and both scores stayed increased at the 3-month follow-up. By contrast, the participants in the comparison group showed no changes in their health or hopefulness scores during the study.
- Employment: At the beginning of the study, 6% of the participants in the experimental group and 10% of the participants in the comparison group were working for pay. By the end of the 3-month program period, 19% of the participants in the experimental group were employed, and they maintained their employment at the 3-month follow-up. However, only 7% of the participants in the comparison group were employed at 3 months, and only 6% were employed at the 3-month follow-up.

Nearly all of the participants in the experimental group reported that they were somewhat to very satisfied with the WHAM program, and about two-thirds of the

participants reported that their health had improved while attending the program. When asked their overall evaluation of specific program features, most of the participants reported liking learning new things about whole health, setting simple health goals, and receiving peer support from other program participants.

The authors noted that peer-led group programming for health self-management may lead to short-term and long-term improvements in health and wellness for people with mental health conditions. In this study, the individuals who participated in the self-management program showed a significant increase in employment. These individuals may have developed more effective strategies to manage physical health challenges that can interfere with employment. Health self-management programs may be especially beneficial when paired with supported employment services, as a blending of services aimed at both health and career recovery. Providers and policymakers may wish to expand the availability of peer-led services, including health self-management training, for people receiving public supports such as Medicaid. Future research may be useful to evaluate the cost-effectiveness of peer-delivered training in contrast to traditional mental health services delivered by professional providers.

[To Learn More](#)

The [Center on Integrated Health Care and Self-Directed Recovery](#) offers a number of health management resources for people with serious mental illness and service providers including:

- A Solutions Suite with tools and programs for general health and wellness, diabetes education, nutrition, and wellness for work.
- A Science Showcase of articles, webinars, podcasts, and more featuring research on integrated health and wellness.
- A Policy Academy featuring information and technical assistance about policy initiatives in behavioral health and integrated health care.

The Temple University Collaborative has published a [collection of resources to help people with serious mental illness connect to the community through physical activity](#), and improve their health in the process.

[To Learn More About this Study](#)

Cook, J.A., Jonikas, J.A., et al. (2020) [Whole health action management: A randomized controlled trial of a peer-led health promotion intervention](#). Psychiatric Services, 2020. This article is available from the NARIC Collection under Accession Number J84519.

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NARIC operates under a contract from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), Administration for Community Living, Department of Health and Human Services, contract #GS-06F-0726Z.