

# Results of a Multi-Site Randomized Controlled Trial of a Peer-Taught Mental Illness Education Program\*

Pamela Steigman, M.A., Susan Pickett, Ph.D., Dennis Grey, B.A., Patricia Shipley, B.A., and Judith Cook, Ph.D.  
The UIC Center on Mental Health Services Research and Policy

## Abstract

Education about mental illness and recovery is an evidenced-based practice when delivered by clinicians, but little is known about its effectiveness when delivered by peers who have recovered from serious psychiatric disorders.

Peer-led education interventions have the potential to provide mental health consumers with the knowledge, skills and support they need to live successful and rewarding self-determined lives.

## Objectives

To examine changes in recovery outcomes among participants in the Building Recovery of Individual Dreams and Goals (BRIDGES) peer-led education program.

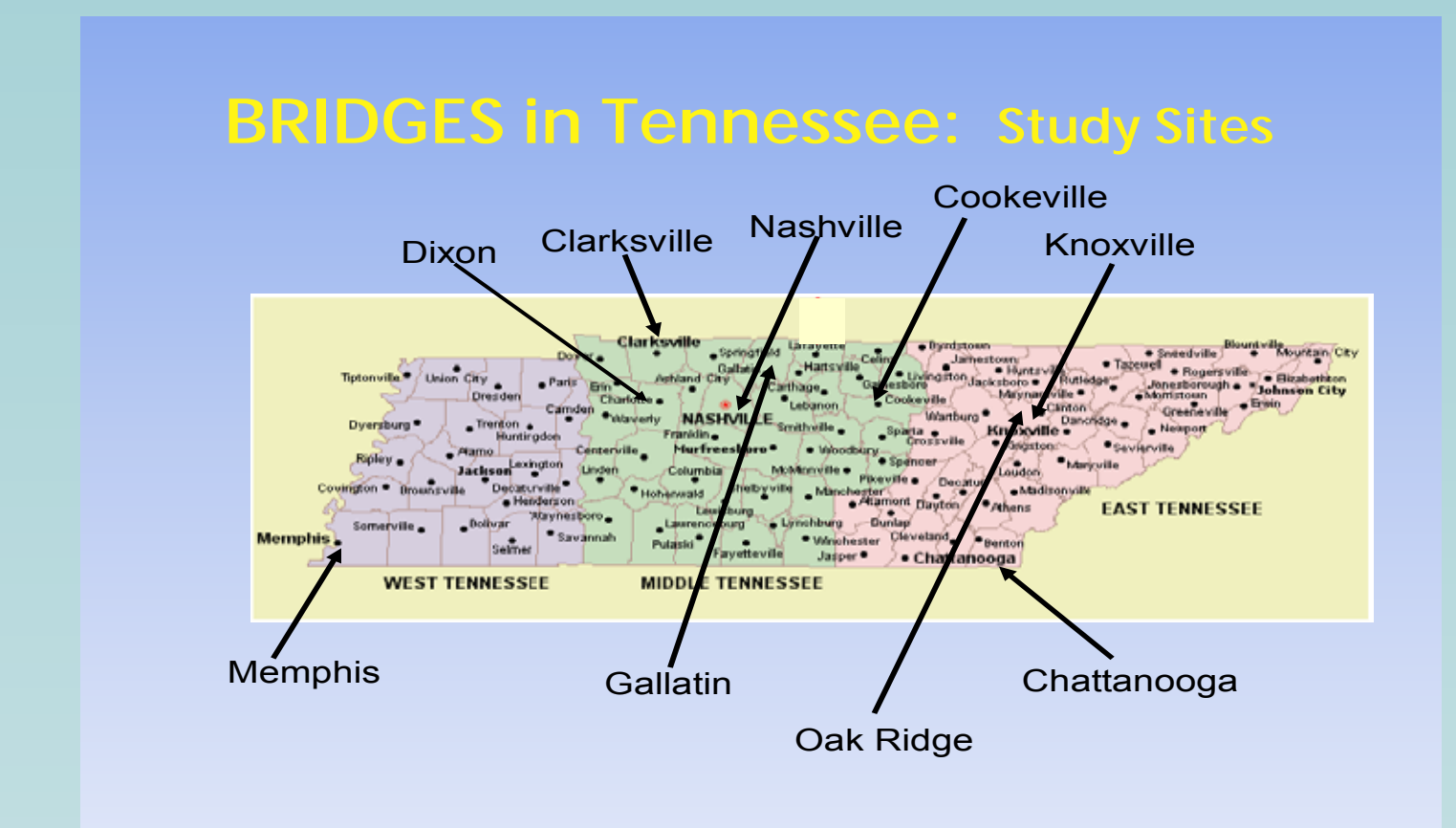
### What is BRIDGES?

- q BRIDGES is a peer-led 8-week recovery focused course taught by trained consumer instructors.
- q BRIDGES was created by consumers & family members in Tennessee with NAMI-TN and the TN-Mental Health Consumers Association.
- q BRIDGES course topics include:
  - § Philosophy of recovery
  - § Psychiatric diagnoses
  - § Crisis planning & suicide prevention
  - § Building social support
  - § Medications & MH treatment
  - § Psychiatric rehab & employment
  - § Problem management skills
  - § Self-advocacy

## Methods

During a 2-year period, 428 consumers in 9 Tennessee cities were randomly assigned to either the intervention group (receive 8-week BRIDGES course shortly after enrollment) or the control group (9-month BRIDGES waiting list)

- § Participants completed structured interviews at 3 time-points:  
Time 1 = Enrollment; Time 2 = 3-months post enrollment; Time 3 = 8-months post enrollment
- § Outcomes included: emotional well-being, recovery beliefs, social support, coping skills, empowerment, hopefulness, self-advocacy, and service use
- § Data were analyzed using mixed effects random regression



## Results

### Participant Demographic Characteristics (N=428)\*

- § 56% female, 44% male
- § Mean age: 43 years
- § 53% Caucasian, 34% African American, 10% Other
- § 40% High school graduate/GED; 30% more than HS/GED
- § 48% living in their own home or apartment
- § 73% had been hospitalized for psychiatric reasons
- § Mean number of lifetime hospitalizations: 7
- § Most common self-reported diagnosis: 44% bipolar disorder; 18% depression; 15% schizophrenia spectrum
- § 9% working for pay

\* *Chi-square and Student's t-tests revealed no significant differences by study condition.*

### Multi-Variable Random Effects Linear Regression Analyses Controlling for Study Site Reveal:

Compared to control group subjects, intervention group subjects had significant improvements from Time 1 to Time 3 for the following outcomes (see handout for complete details):

- § Increased total empowerment
- § Increased empowerment self-esteem/self-efficacy
- § Improved self-advocacy--assertiveness in interactions with health care providers
- § Increased total recovery
- § Increased recovery-personal confidence
- § Increased recovery-tolerable symptoms
- § Increased hope agency (belief in one's ability to take action)

## Conclusion

- q Individuals participating in BRIDGES showed significantly greater improvement than controls in overall feelings of empowerment and self-efficacy, assertiveness in their interactions with treatment providers, and self-perceived recovery and hopefulness. This was true across rural, urban and suburban study sites, suggesting that BRIDGES is an effective intervention in all kinds of communities.
- q These improvements in outcomes occurred at the conclusion of the course, and were maintained 6-months post-course completion. Thus, findings suggest that BRIDGES may provide consumers with the education and skills they need to become more actively involved in their mental health care and recovery.