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Mental Health Navigators bridging the gap of care for clients with schizophrenia: A review

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Abstract

Background: Schizophrenia is a thought disorder. As such it affects an individual level of function, and often leads to acute hospitalization. When clients with schizophrenia disorders are discharged, they are a great risk for suicide and danger to others. Services aimed at bridging patients from an acute facility to their community setting could be essential in helping the client in treatment to reach functional recovery and avoid relapse.

Objective: This article explores the role of mental health peer navigators in improving treatment adherence for adult clients with schizophrenia spectrum disorder being discharged from a psychiatric facility into their unique community setting

Methods: The review examines 10 studies conducted between 2017 and 2022 illustrating interventions relating to mental health services and linkage to health services provided by peers with lived experiences.

Interventions: Peer workers therapeutic alliance can motivate clients to engage in treatment by supporting, and promoting their autonomy, by teaching about the illness process, by providing information about community mental health services, and by listening to the clients' perspective about treatment recovery.

Results: Studies seem to show continuation of service that seamlessly links patients to community services is beneficial when a therapeutic alliance is built between the client and the mental health service provider.

Conclusions: The implementation of mental health navigation services before discharge from a psychiatric facility to facilitate the passage to community mental health services would improve treatment adherence.

Keywords: peer worker, mental health, navigator services, schizophrenia, severe mental illness

Mental Health Navigators bridging the gap of care for clients with schizophrenia: A review

Schizophrenia is a devastating disease. It is a chronic, debilitating disorder that affect 21 million people in the world (Orrico-Sánchez et al., 2020), and 2.65 million in the United States (Schizophrenia & Psychosis Action Alliance, 2021). It is characterized by a range of cognitive, behavioral, and emotional dysfunctions and it affects an individual's level of social and occupational functioning (American Psychiatric Association, 2015). The disease affects not only the individual's quality of life, but also the family and the social and healthcare system that cares for this individual.

According to the Schizophrenia and Psychosis Action Alliance (2021), schizophrenia imposes an annual economic burden of \$281.6 billion in the US economy. This includes costs associated with justice system interactions, non-employment and reduced wages supplemental security and social security disability income (SSI/SSDI). Additional costs include incarceration, supportive housing and homelessness, health care expenses, reduced quality of life and life expectancy, caregiver burden and unpaid labor. Schizophrenia imposes a substantial impact on society and more resources and new policies should be developed and devoted to increase awareness and enhance treatment options.

Engaging clients with schizophrenia in treatment requires a solid therapeutic alliance. Studies report rates of medication nonadherence to be as high as 50 % among these clients (Tessier et al., 2017). Treatment noncompliance leads to higher rates of relapse and worsening of symptomology with decreased clinical, cognitive, and functional disease outcome (Kim et al., 2020). Studies have suggested that failure to engage in treatment for clients with schizophrenia is due to lack of insight (Kalkan & Kavak Budak, 2019). Cognitive dysfunction is one of the markers of the disease and clients with schizophrenia have difficulties making decisions about

themselves, accepting the disease, and lack awareness and/or ability to evaluate efficacy about treatment (Kim et al., 2020).

The professional rapport between the care giver and the client is defined as therapeutic alliance. The extent of the therapeutic alliance is a great predictor of medication adherence. Many clients who perceive treatment coercion traumatic are less likely to continue taking medications or attend mental health services after hospitalization (Tessier et al., 2017); whereas those clients who are not forced into treatment and build a therapeutic alliance with their care providers have higher rates of adherence (2017). Even those clients that are able to build a rapport and engage in treatment during their hospital stay encounter the risk of relapse and noncompliance once the discharge process takes place.

The discharge process is critical and delicate for clients suffering from schizophrenia who must transition from acute or subacute locked facilities into mental health community clinics. It is critical because clients have overcome the crisis phase and now can understand the importance of treatment concordance, leading to a better quality of life. It is delicate because, during this time of transition, most clients suffer an increased risk for suicide and/or danger to family members (Pothimas et al., 2016; Tyler et al., 2019). They experience a poor continuation of care between agencies, which might lead to recidivism and re-admission (Tyler et al., 2019).

Navigation services (NS) were established to guide clients with chronic health conditions through their new systems of care by linking the latter to community services and successfully establishing care to avoid emergency service use (Knesek & Hemphill, 2019). Recently the same concept has been adopted in mental health where NS bridge individuals to their services by reducing barriers and connecting them to appropriate community mental health providers (Markoulakis et al., 2019).

This article is set to explore the role of mental health NS in improving treatment adherence for adult clients with schizophrenia spectrum disorder discharging from a psychiatric facility into their unique community setting.

Search Methodology

The following PICOT (Population, Intervention, Comparison, Outcome and Time) question was used to help guide the literature search: Can peer led mental health navigation services interventions (I) for adult patients with schizophrenia (P) improve treatment adherence (O) vs care as usual (CAU) (C) in a 3-month period (T)?

Medical and social science databases (CINHALL, Scopus, APA PsychInfo) were searched between January 1, 2017, and November 14, 2022. Boolean operator “AND,” was utilized when looking for terms relating to navigation services intervention for mental health (“mental health,” “schizophrenia,” “navigator,” “care transition,” “psychiatric”). In addition, ancestral bibliography search was also conducted in evidence summary articles.

Papers included for consideration were in English, involved adults 18 years of age to 65 years of age with schizophrenia spectrum disorder and/or severe mental illness (SMI), described interventions relating to mental health services and linkage to health services provided by peers with lived experiences. Papers that included medical interventions, opinions or editorial pieces were excluded. The search brought to 80 results, then peer reviewed, and evidence-based filters were applied which yielded 63 articles. Titles and abstracts were read and 13 articles that could be considered for review were selected. Ultimately, only 10 articles were included according to the selection criteria (see appendix A) and data from each study was extracted into a table (see appendix B).

Literature Review

Integrated Interventions for Treatment Adherence

A randomized controlled trial in a large academic hospital in Canada (Kidd et al., 2021) utilized the abbreviated Welcome Basket intervention (WBI) based on the original model established in 1996 to address care interventions in the period following hospitalization to facilitate positive outcomes for 110 clients with schizophrenia. The intervention was designed to have different contacts with the client one to two weeks prior to discharge and then within one week of discharge by a peer worker trained in Cognitive Adaptation Training (CAT). The latter is a modality designed to improve everyday functioning by teaching the individual with schizophrenia to use strategies that compensate for cognitive deficits, along with planned activities such as tours of the neighborhood to support the patient after discharge. The WBI then consisted of a basket full of supplies (coupons, food, plants) and services rendered according to the assessment needs carried out prior to discharge. The intervention initially appeared successful, but the short duration, only one month compared to the original model that lasted over several months post discharge, showed no significant difference in terms of quality outcome.

A randomized control trial (RCT) in a community mental health clinic in California utilized an intervention called the “Bridge” (Kelly et al., 2017) to empower individuals with SMI to improve their level of self-care and utilization of healthcare services and ultimately decrease emergency service use. Peer workers with lived mental illnesses experiences were trained as health navigators and supervised throughout the study period. The role of the peer worker was to orient and connect the client to primary care services by so enabling the client to pursue and manage their own health. The results reported that 80% of clients in the treatment group after six

months were more likely to stay connected with primary care, and there was a significant decrease in emergency and/or urgent care visits.

In addition, the treatment group showed improvement in self-management, and the data suggested that clients in the treatment group developed positive alliance with their peer navigators. The study results were based on individuals self-reported reports; the authors highlight that in the future insurance records need to be evaluated to substantiate improvements in individuals' health and the impact of the interventions on healthcare costs.

A feasibility RCT with 40 participants with SMI (anxiety and depression) was conducted in two London National Health Service locations (Lloyd-Evans et al., 2020). The aim was to develop and test a support community navigation program for people with severe depression and anxiety. Participants were randomized to the treatment groups and control groups where care as usual (CAU) comprised leaflets for service availability. The treatment group was offered up to 10 hours of meetings in the six months period with the community navigator and 3 group sessions to meet other group participants. The interventions were meant to reduce loneliness. The results were based on screening tools at baseline and after the 6 month interventions and qualitative interviews. The PHQ9 scores clearly indicate a clinically significant change in depression. At baseline the mean measures were 21.6 and after 6-month intervention the mean scores were 16.4. The qualitative interviews were led with participants and community navigators and were grouped into 7 themes. The overall results suggest that participants had increased knowledge for social interaction opportunities, activities and the community navigators helped in making social engagement manageable. The main complaint from participants was the short duration that community navigators were available to them.

The study took place in urban area, so it is not generalizable in rural settings. In addition, the study was not blinded for researchers and/or participants, and the recording of information from community navigators might have some bias.

Full-Service Interventions for Treatment Adherence

A retrospective analysis (Lam et al., 2019) analyzed the rate of psychiatric hospitalization, the length of stay (LOS) and re-admissions in five years before and after implementing a care coordination intervention called Transitional Discharge Model (TDM). In TDM, hospital staff continues to support the clients after discharge and a peer facilitates the transition to outpatient environment. Because the study encompasses such a widespread period, the resulting statistical analysis validates the importance of TDM for patients with severe mental illness. The results of the study read that there is a significant statistical decrease in psychiatric readmission at a 30-day rate of -1.3 (per 1000 discharges), then 1-year rate of -0.6 (per 1000 discharges), and a 30-day rate of mental health ED visits at -0.6 (per 1000 discharges) after TDM implementation (Lam et al., 2019).

The study has some limitations in terms of ability to collect data on readmission to other hospitals and the fact that TDM application may have differed from acute care and tertiary care. Notwithstanding these limitations, the study claims the availability of multiple data sets before and after the intervention which defines TDM as an effective intervention.

A systematic review analyzed 45 studies focusing on interventions to improve discharge from acute mental health inpatient care to the community (Tyler et al., 2019). The review highlighted different approaches used for different challenges faced by patients with SMI with up to 69 outcomes of care. It appears that reduction of admission which is a determinant of service is achieved best through Community Based Discharge Planning and TDM. Increasing

continuity of care by locating community workers in the unit and increasing knowledge of services to patients and families seem to be the best approaches to decrease readmission and improve quality outcomes. This systemic review is limited by the inability to compare outcomes of care among interventions because there is no homogenous way to quantify improvements in quality of care.

A participatory action research design (Forchuk et al., 2019) where 370 clients were enrolled to evaluate TDM cost effectiveness in nine mental health hospitals across Ontario, Canada, compared data on readmission, length of stay (LOS) and hospital spending collected in three points in time (before, and after four and eight months of TDM implementation). An average cost of stay for the Canadian authority is \$930 (Canadian value). After TDM implementation there was a decrease of 9.8 days which translated into a \$9,114 saving per client. The results are consistent with previous studies (Lam et al., 2019) which evaluated the effectiveness of TDM.

The authors mention that the study limitation consists in the lack of control or matched cohort groups facilitating objective comparison of the results. The study did not utilize indirect costs for the intervention, but only direct costs related to the cost of the implementation.

Mental Health Navigation Services for Treatment Adherence

Results from a scoping review (Waid et al., 2021) illustrated twenty-five studies utilizing thirteen mental health navigation programs. All programs were flexible, collaborative, and client-centered focusing on the individual and the barriers surrounding the health care system. Six of the thirteen programs were RCTs, with four reporting significant improvements in group service engagement. The review also reported key issues concerning training challenges, navigators'

engagement and retention, professional relevance and equal collaboration with other health care professionals and community members.

An important limitation the article mentions is that the scoping review's primary focus is on the range of studies about mental health navigation programs rather than an assessment of the validity of the studies reviewed. Yet, this article provides information about existing mental health navigation programs which can prompt more research on how to close the gap in bridging clients with SMI.

In the Chicago metropolitan area, 67 African American homeless people with SMI were enrolled in a RCT which examined peer navigator program (PNP) impact on their physical and mental health against CAU (Corrigan et al., 2017). The results showed significant improvements in health and suggest that peer navigators can engage clients in services. The authors highlight the hands-on role of peer navigators in aiding people trying to improve their health goals.

In the city of Chicago, a similar RCT (Corrigan et al., 2018) enrolled 110 Latinos half in control group CAU, and half in the community based participatory research (CBPR) group to examine the impact of peer navigator program (PNP) on health and quality of life. The results suggested that CBPR group improved recovery and empowerment compared to CAU. Both studies showed that peer navigators are effective in engaging vulnerable population in treatment; however, the authors point out limitations in that diagnosis were self-reported and no questions were asked about substance use.

A qualitative study aimed at establishing the role peers could have in an acute psychiatric ward (Smith et al., 2017). Peers support workers and clients were asked questions within three domains: about their initial experiences in the ward and the interaction with clients, peer interventions in discharge planning and care transition, and lastly how lived experiences were

shared in the psych ward. The interview responses suggested that peers can improve care even in the inpatient setting and authors wondered whether a strong alliance with peers vs staff might increase chances of adherence at discharge. A limitation of the study was the lack of staff perspective on the study and the interventions brought by peers.

Synthesis

Studies show that care coordination can improve quality outcome for patients with schizophrenia spectrum disorder. More education for families and opportunities to build a strong partnership with care givers can increase medication and treatment adherence. In addition, continuity of care by supporting the client before and after discharge appears to be a valuable and cost-effective way to decrease readmission and relapse. After spending a considerable amount of time in a structured facility where basic services such as food and social support are offered, clients can become inept to independent living. Continuation of service that seamlessly links patients from the inpatient setting into their community services is beneficial when a therapeutic alliance is built between the client and the mental health service provider. Mental health NS can optimize community service utilization by engaging clients in their recovery path through empowerment and by overcoming cultural barriers and stigma to treatment.

Implications for practice

Implications for future research should evaluate peer led NS program to improve care transition for adult clients with schizophrenia with or without dual diagnosis discharging from a locked facility and transitioning to a community mental health setting. Studies have shown that there is no homogeneity of services once a client with SMI is discharged from an acute psych ward, but the most cost-effective services appear to be care transition models with peer workers. An increase in collaboration and partnership between the mental health community settings,

inpatient facilities, transition services, and outpatient services can result in better quality outcome.

Future studies should explore whether peer workers can be part of a discharge team and if trained in mental health resources, therapeutic modalities, and/or functional assessment tools could make an impact on a client with SMI life, decrease relapses, and increase treatment adherence.

Discussion

This review focuses on interventions offered by peers and mental health NS to facilitate linkage services for adult clients with schizophrenia disorder and/or SMI transitioning to their community mental health; all articles explore the role of peer workers and NS in the care concordance process. The review includes 10 studies between 2017 and 2022. The John Hopkins Nursing Evidence-Based Practice (JHNEBP) tool was used to evaluate level and quality of the studies reviewed. The level ranges range between I and III and the quality varies from good to high including randomized control trials (see appendix B).

The common theme of the studies is the precarity in the continuation of services and the lack of a standardized process that would place clients are at a decreased risk for suicide, increased adherence, and decreased readmission within 30-day from discharge (Lam et al., 2019; Tyler et al., 2019). According to the literature, risk factors for hospital admission include, previous hospitalization, history of trauma, poor social support, unemployment, treatment nonadherence, substance abuse, social stigma, and poor insight or knowledge on illness (Forchuk et al., 2019; Tyler et al., 2019).

A therapeutic alliance with peer workers and navigators can motivate clients to engage in treatment by caring for their different needs, supporting, and promoting their autonomy by

teaching about the illness process, providing information about community mental health services, and listening to the clients' perspective on what kind of treatment can be more acceptable, more recovery oriented, and therefore less traumatizing (Corrigan et al., 2017; Corrigan et al., 2018; Smith et al., 2017).

There are some limitations to this review. First, only papers in English were considered. Second, only articles from the USA, Canada and UK were included and the cultural similarities might constitute bias. Third, the categories of the reviewed literature were accomplished by clustering similar themes and that might contain bias: integrated interventions for treatment adherence, full-service interventions treatment adherence, mental health navigation services for treatment adherence. Yet the review offers a broad overview of both risk factors affecting relapse and protective factors supporting recovery. Risk factors include poor level of insight and correlation to nonadherence and strengths include reflections on experiences lived by clients, external factors augmenting concordance such as therapeutic alliance with providers, support groups, and peers' involvement. The review also evaluates the need for more individualized interventions that could range from education and training for mental health providers to develop better partnerships with clients and more collaborative communication with families which might increase concordance and decrease subsequent relapse in clients with schizophrenia spectrum disorder.

Conclusion

Schizophrenia is a debilitating mental illness characterized by relapses. Factors affecting relapse include social isolation, non-adherence to treatment, homelessness, and substance abuse. Studies show that the implementation of mental health navigation services before discharge from

a psychiatric facility to ease the passage to community mental health services, would decrease stigma, and improve treatment adherence.

Mental health navigation services can improve health outcomes for clients with a schizophrenia spectrum disorder through therapeutic approaches and interventions directly meant to help in the transition phase. Increased support can lead to empowerment and awareness about disease management, care transition interventions can lead to increased trust and decrease recidivism, and client-centered mental health navigation programs can decrease stigma and support communication among health systems.

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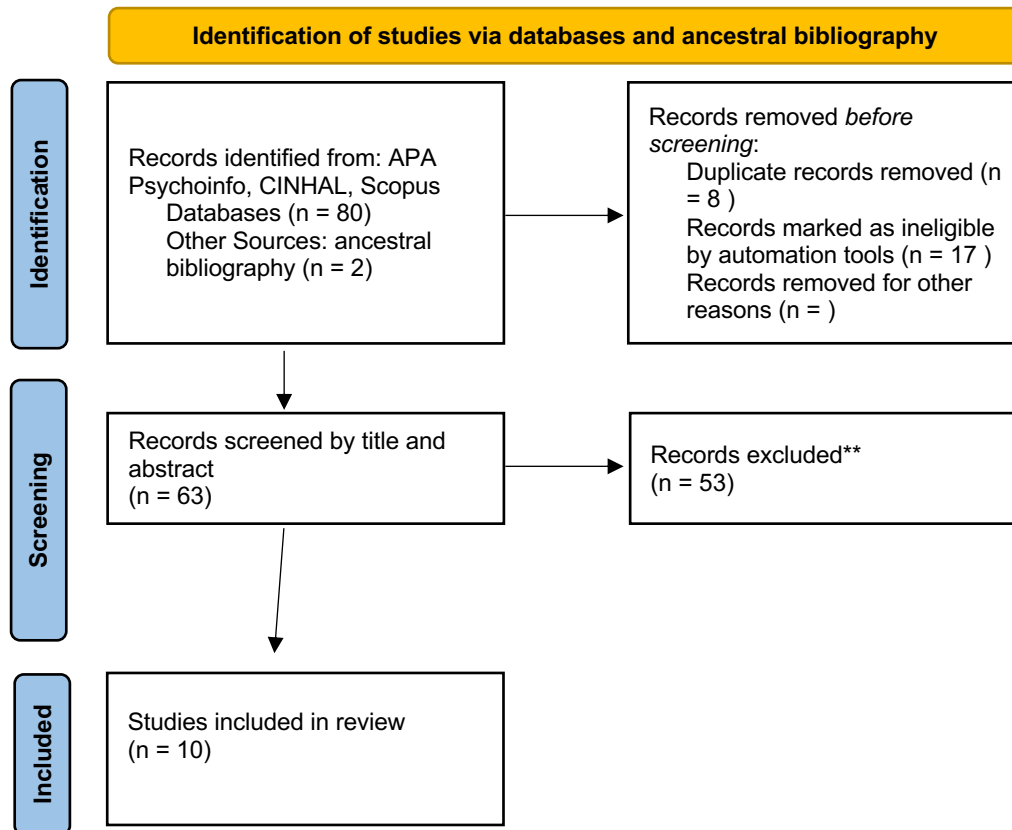
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Appendix A

Prisma



Appendix B

Literature Review Reference Table

EBP Question: Can peer led mental health navigation services interventions (I) for adult patients with schizophrenia (P) improve treatment adherence (O) vs care as usual (CAU) (C) in a 3-month period (T)?

Article No.	Author, Date, Title	Type of Evidence	Pop Size	Interventions	Findings that help answer EBP Question	Measures Used	Limitations	Evidence Level & quality	Notes to team
1	Kidd, S. A., Mutschler, C., Lichtenstein, S., Yan, S., Virdee, G., Blair, F., Mihalakakos, G., McKinney, C., Collins, A., Guimond, T., George, T. P., Davidson, L., Velligan, D., & Voineskos, A. (2021). Randomized trial of a brief peer support intervention for individuals with schizophrenia transitioning from hospital to community	Randomized controlled trial (RTC); participants were randomized to treatment as usual (TAU), Full Welcome Basket (WBFull including contact pre discharge and 4 community contacts), and to brief version (WBbr or contact pre discharge and 1 community contact). TAU included referral to outpt case mgt and psych services with mixed housing arrangements.	110 participants with dx of schizophrenia as per, 18 y/o with stable housing for outreach purposes	Welcome Basket (WB) a type of peer support-delivered transitional intervention after discharging from acute psychiatric care to evaluate community functioning and personal recovery, social support, symptomatology, community participation, quality of life, and service engagement.	Neither the main comparison of the full WB intervention nor the pilot of the brief WB intervention demonstrated either better primary or secondary outcomes than TAU. Authors explain the original intervention demonstrated feasibility and positive outcomes when applied over long periods of several months post-discharge.	Multnomah Community Ability Scale (MCAS) for primary outcome 18-item. Community Integration Scale measuring psychological and behavioral community engagement for secondary outcome. Brief Symptom Inventory for symptomatology. 5-item Substance Disorder scale of GAIN-Short screener. Personal recovery measured with 9-item version of Personal Recovery Outcome Measure. Frequency of social support measured with Social Support Survey. Quality of life assessed via Satisfaction	Support for this population needs to be applied for longer periods than 1 month to produce benefits.	Level I, JHNEBP High quality	Future recommendations include the need for peer support interventions in this transitional period to be connected with other, evidence based, psychosocial interventions such as supported education and employment to produce significant benefit

						with Life scale. Intervention effects calculated using ANCOVA, using a group effect for each for each of the interventions compared with TAU.			
Article No.	Author, Date, Title	Type of Evidence	Pop Size	Interventions	Findings that help answer EBP Question	Measures Used	Limitations	Evidence Level & quality	Notes to team

<p>2</p>	<p>Kelly, E., Duan, L., Cohen, H., Kiger, H., Pancake, L., & Brekke, J. (2017). Integrating behavioral healthcare for individuals with serious mental illness: A randomized controlled trial of a peer health navigator intervention</p>	<p>Randomized Controlled Trial (RTC) in large community mental health agency in California.</p>	<p>151 consumers with severe mental illness (SMI).Subjects were randomized to immediate health navigation or to 6 months wait list. Data were collected in 3 waves with 6 months intervals between assessments. Results were represented through independent t-tests.</p>	<p>To improve the health and healthcare of participants with SMI the participants were randomized and to receive either usual mental healthcare plus the Bridge interventions (participants are taught skills to access and manage their healthcare effectively by mental health peers known as per navigators), or usual mental healthcare while on a 6 month wait list.</p>	<p>The treated group showed significantly greater improvement in access and use of primary care health services, higher quality consumer-physician relationship, decreased preference for emergency, urgent care, or avoiding health services and increased preference for primary care clinics, improved detection of chronic health conditions, reduction in pain, and increased confidence self-management of healthcare.</p>	<p>Intervention fidelity and intensity measured using 20 item instrument developed during the pilot study (interview, role play, case records) . Health service utilization assessed using two scales: an adopted version of UCLA CHIPTS and health utilization survey. Satisfaction with healthcare providers assessed viaHealthcare provider scale. Self mgt scale adopted from Mental Health Confidence Scale . Questions were asked about routine health screening, medical dx, and pain scales.</p>	<p>The data on health and healthcare of participants are form self-reports, so in the future evaluation of insurance records will be necessary to support the improvements I health and healthcare and the impact on overall healthcare costs.</p>	<p>Level I JHNEBP, High quality.</p>	<p>Health navigation is an individualized and future research should explore subpopulations and how they would respond to interventions and whether improvements would occur</p>
<p>Article No.</p>	<p>Author, Date, Title</p>	<p>Type of Evidence</p>	<p>Pop Size</p>	<p>Interventions</p>	<p>Findings that help answer EBP Question</p>	<p>Measures Used</p>	<p>Limitations</p>	<p>Evidence Level & quality</p>	<p>Notes to team</p>

3	Lloyd-Evans, B., Frerichs, J., Stefanidou, T., Bone, J., Pinfold, V., Lewis, G., Billings, J., Barber, N., Chhappia, A., Chipp, B., Henderson, R., Shah, P., Shorten, A., Giorgalli, M., Terhune, J., Jones, R., & Johnson, S. (2020). The community navigator study: Results from a feasibility randomized controlled trial of a program to reduce loneliness for people with complex anxiety or depression	Randomized Controlled Trial (RTC) in two London sites.	40 participants randomized in a control group (n=10) with care as usual and treatment group (n=30) set to receive a community navigator support program over 6 months	Community Navigator program designed to reduce loneliness comprised 10, 1hr-long meetings with community navigators and access to 3 group sessions over a six month period. The program had 3 components: social mapping of individual's interest, setting goals to develop social interactions, group meeting to develop social connections with others.	participants scores were measured at baseline and after 6 months for screening for depression, anxiety, and wellness. At six month interviews were done to evaluate interventions out of 7 domains. Scores increased for all screenings and interviews reported satisfaction with achieved outcomes,	PHQ9, GAD7 and warwick-edimburg mental well-being scales. Qualitative evaluation through interviews analyzing affective attitude, Burden, Ethicality, intervention coherence, opportunity cost, perceived effectiveness, self efficacy	the study is not generalizable to other setting such as rural areas. The randomization was not blinded.	Level III, JHNEBP High quality	the community navigator program seems effective to reduce loneliness in severely depressed individuals therefore community navigators appear able to engage individuals with SMI in treatment.
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4	Lam, M., Li, L., Anderson, K. K., Shariff, S. Z., & Forchuk, C. (2019). Evaluation of the Transitional Discharge Model on Use of Psychiatric Health Services: An Interrupted Time Series Analysis.	Quantitative Studies Retrospective, secular trend analysis	Cohort study with participants from 13 Canadian psychiatric units	The study encompasses such a widespread period, the resulting statistical analysis validates the importance of TDM for patients with severe mental illness		Segmented regression analysis used to quantify the impact of the intervention (TDM)	Small number of units included in the study	Level I(RCT); Good Quality per JHNEBP	the results read that there is a significant statistical decrease in psychiatric readmission in 30 day rate -1.3 (per 1000 discharges, 1 year rate -0.6 (per 1000 discharges), and 30 day rate of mental health ED visits -0.6 (per 1000 discharges) after TDM implementation
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5	Tyler, N., Wright, N., & Waring, J. (2019). Interventions to improve discharge from acute adult mental health inpatient care to the community: Systematic review and narrative synthesis	Systematic review with Preferred Reporting Items for Systemic Review and Meta-Analysis (PRISMA).	45 papers	To identify and synthesize the evidence to support continuity of care in transitioning adult clients from acute psych ward into the community setting,	The review found different interventions for various aspect of discharge. The review reported 69 different outcomes which due to their heterogeneity did not allow for statistical pooling of data.	Narrative synthesis which use words and texts to explain and summarize findings.	Inability to compare outcomes of care among interventions through statistical pooling due to lack of homogenous way to quantify improvements in quality of care.	Level III, JHNEBP High quality	The authors suggest to have more structured approach to test interventions to reduce readmission and increase client outcome.
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	Forchuk, C., Martin, M.-L., Corring, D., Sherman, D., Srivastava, R., Harerimana, B., & Cheng, R. (2019). Cost- effectiveness of the implementation of a transitional discharge model for community integration of psychiatric clients: Practice insights and policy implications	participatory action research (PAR) design meant to evaluate the cost effectiveness of transitional discharge model (TDM) implementation in 9 hospitals across Canada.	370 participants across 9 hospitals in Ontario, Canada.	The study compared data of readmission, length of stay, and hospital spending collected before, after 4 months, and after eight months of TDM implementation.	TDM implementation offers cost effective support that helps keeping clients out engaged in community treatment and out of the hospital.	statistical tests were not necessary because calculations of savings were based on the overall reduction in length of stay.	lack of control or matched cohort groups facilitating objective comparison of the results. The study did not utilize indirect costs for the intervention, but only direct costs related to the cost of the implementation	Level III, JHNEBP High quality	Savings demonstrated through this study significantly outweigh the value of the intervention: a peer support, training of the peer, and staff time to bridge clients from inpatient to outpt services.
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7	Waid, J., Halpin, K., & Donaldson, R. (2021). Mental health service navigation: A scoping review of programmatic features and research evidence.	Scoping review	25 studies describing mental health navigation approaches	To address the gap in knowledge about Mental health navigation services		Results reported using PRISMA (Preferred Items for Systematic Reviews and Meta-Analysis)	Descriptive in nature not focusing on type of studies conducted.	Level III (Mixed) JHNEBP High quality	Common features of navigation programs included engagement , follow up, monitoring, service identification and referral.
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8	Corrigan, P. W., Kraus, D. J., Pickett, S. A., Schmidt, A., Stellon, E., Hantke, E., & Lara, J. (2017). Using peer navigators to address the integrated health care needs of homeless African Americans with serious mental illness	Randomized Controlled Trial in Chicago metropolitan area.	67 participants were randomized to treatment group and care as usual .	Peer Navigation Program (PNP) provided services for African American participants with serious mental illness that were homeless. The interventions measured the impact of services provided on the participants	the study examined peer navigator program (PNP) impact on participants physical and mental health against CAU . The results showed significant improvements in health and implied that peer navigators can engage clients in services.	Texas Christian University Health Form and the Short Form of the Medical Outcomes Survey were used to assess for general medical illness and psychiatric disorder. Recovery was assessed via the short form of the Recovery Assessment Scale (RAS) .	diagnosis were self-reported and no questions were asked about substance use.	Level I JHNEBP, High quality.	this study focused on a vulnerable part of the population, AA with SMI and homeless and it showed much positive results in terms of self care engagement with support by peer navigators
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	Corrigan, P., Sheehan, L., Morris, S., Larson, J. E., Torres, A., Lara, J., Paniagua, D., Mayes, J. I., & Doing, S. (2018). The impact of a peer navigator program in addressing the health needs of Latinos with serious mental illness	Randomized Controlled Trial in Chicago metropolitan area.	110 participants were randomized to treatment group and care as usual .	Peer Navigation Program (PNP) provided services for Latinos participants with serious mental illness and the interventions demonstrated improved service use.	The study examined peer navigator program (PNP) impact on participants physical and mental health against CAU . The results showed significant improvements in health and implied that peer navigators can engage clients in services.	For service engagement participants were asked to maintain weekly contact reports, for personal empowerment the Righteous Anger scale was measured. Recovery was assessed using the Recovery Assessment Scale (RAS) . Quality of life was assessed using Lehman's Quality of Life	diagnosis were self-reported and no questions were asked about substance use.	Level I JHNEBP, High quality.	this study focused on another vulnerable part of the population, Latinos with SMI a and it showed much positive results in terms of self care engagement with support by peer navigators
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10	Smith, T. E., Abraham, M., Bivona, M., Brakman, M. J., Brown, I. S., Enders, G., Goodman, S., McNabb, L., & Swinford, J. W. (2017). "just be a light": Experiences of peers working on acute inpatient psychiatric units	14 Qualitative interviews for both peer and recipients in a weekly meetings during a 2 month planning period	6 peers and 8 recipients of peer services	To establish the role peers with lived experiences could have in an acute psychiatric ward. Peers were part time and full time employee in local community hospital and they interacted with clients. After the interventions qualitative interviews were asked based on 3 domains.	The interview responses suggested that peers can improve care even in the inpatient setting	All interviews were audiotaped and transcribed verbatim for analysis. Nvivo software system was used to organize and analyze interview data. The interviewed were divided into 3 themes based on the work of Miles and Huberman.	Lack of staff perspective on the study and the interventions brought by peers	Level III, JHNEBP High quality	Important to note that authors wondered whether a clients strong alliance with peers might increase chances of adherence at discharge.
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