VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS
Research-driven solutions to prevent and end homelessness

RESEARCH BRIEF

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Examining the Impact of Peer Specialist Services on Housing and Behavioral Health among Veterans Residing in HUD-VASH






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What do we know?

Peer support has been identified as one of the ten components of mental health recovery[1]. Peer specialists provide support to others with similar histories of mental illness and/or substance use by sharing their experiential knowledge and skills [2]. Research on the impacts of peer specialist services has generally been positive but also varied. One review found positive effects of peer specialists on mental health recovery outcomes including: reduced inpatient use, engagement with care, empowerment, patient activation, and hope.[3] Peer specialists can be helpful for substance abusers because they provide social support that can buffer the effects of stress and increase resources that aid community functioning [4,5]. Other non-experimental studies indicate that peer specialists can improve housing retention for those who are homeless[6]. Peer support and peer specialist services have increasingly been added to mental health services across the United States[7]. The U.S. Department of Veterans Affairs (VA) is the single largest employer of mental health peer specialists, with over 1,100 nationwide[8].

We also know that Veterans are over-represented in the homeless population[9], with high rates of behavioral health care needs and substance use[10]. The VA has developed a continuum of care to address Veteran housing needs and associated health problems including the Housing and Urban Development Veterans Affairs Supported Housing (HUD-VASH) program, which serves over 87,000 Veterans[11]. An experimental evaluation of the HUD-VASH program found that while it reduced homeless days overall, about 25% of HUD-VASH Veterans were terminated from the program each year—often related to active

substance abuse[12]. In another study, about 20% of Veterans left their HUD-VASH housing prematurely and for negative reasons. These Veterans were characterized by high rates of medical, mental or behavioral health, or substance use conditions[11].

New information provided by the study

We conducted a rigorous test of the effect of peer specialist services on housing stability, substance abuse, and mental health status among Veterans residing in HUD-VASH housing[13]. Formerly homeless Veterans with histories of co-occurring mental health issues and substance abuse (N=166) already receiving HUD-VASH services were randomized to treatment as usual or to HUD-VASH plus peer specialist services. The peer specialists met with Veterans at their home or in the community for one hour each week for 40 sessions for up to one year. These meetings focused on dual recovery of mental health and substance use, and the development of community integration skills. Half of the sessions were structured and used content derived from the Maintaining Independence and Sobriety through Systems Integration, Outreach and Networking-Veterans Addition – (MISSION-Vet) [14,15]. MISSION-Vet is designed to be delivered by case manager-peer specialist dyads. However, for this study, we disaggregated the MISSION-Vet model and tested components of the peer intervention independently. For example, we eliminated the linkage and crises management functions and added 20 "unstructured" meetings that were designed for community engagement and relationship building.

When we compared all Veterans assigned to peer specialist services to Veterans who were not, we found only a slight improvement for housing stability. During a period about 1.5 years after enrolling in the study, Veterans receiving peer specialist services spent more days housed versus being homeless. We found no impact of peer specialist services on mental health or substance use. However, this was a strict test that examined outcomes for all Veterans regardless of how many peer sessions they received or whether peers stuck to the program of services as designed. However, when we limited the analysis to those who received services from three peer specialists whom Investigators determined to have greater fidelity to the recovery treatment sessions as designed and compared them to the Veterans who did not receive these peer services, a significant impact was found. Veterans served by these "protocol adherent" peers had more days housed (as opposed to being homeless or in jail) at about one year after study enrollment. This suggested that given higher quality, community-based, and intensive peer services, Veterans with histories of mental health conditions and substance use may have reduced homelessness over time.

Several derivative studies from this main trial further explored the impact of peer services. In one, we investigated the effect of different levels of Veteran engagement with peer specialists on Veterans' symptoms and on their level of hope[16]. We created two groups of Veterans who were assigned to peer specialist services. One group, "low peer specialist engagers," had less than 12 contacts with a peer specialist. The "high peer specialist engagers" had over 12 contacts. We used a technique called the Reliable Change Index to compute whether Veterans (N=140) achieved "reliable positive change" on psychiatric symptoms and hope. Our analyses showed that over 40% of Veterans with higher peer specialist engagement had reliable positive change in psychiatric symptoms; 24% of the

Veterans with low levels of engagement had positive change in symptoms, whereas only 11% of the control group had such positive change. There were no significant differences in reliable change between groups on the measure of hope. These findings showed that Veterans with mental illnesses and substance use disorders who engaged in more frequent interactions with peer specialists benefited from doing so. These findings could have important policy implications for the use of peer specialists in clinical settings. Although peer specialists are sometimes used in roles that limit relationship building (for example, as a "greeter" or driver), the findings of this study suggest that it may be beneficial to allow peer specialists to develop strong, longer-term relationships with those who want that type of support.

Given that greater engagement with peer specialists can improve outcomes and that these services are limited, the next important question we asked was: "Which factors predict engagement with peer specialists?" [17]. Analyses showed that Veterans at baseline who had worse mental health symptoms, a shorter history of homelessness, reported feeling more hopeful, and who more used other VA behavioral and medical outpatient services in the six months before baseline were more likely than other Veterans to engage in peer specialist services. Although limited to a small sample, these findings suggest that among Veterans with greater symptoms, those who tend to use services and are little more hopeful may be in the best position to take advantage of peer specialist services. In addition, a follow-up qualitative study with a sample of the Veterans who received peer specialist services was conducted[18]. Findings indicated that the weekly, dependable nature of the program was seen as highly positive, and the 9-month duration was seen as too short. Veterans ascribed value to the structured dual recovery sessions and preferred the peer specialist delivering the content compared to working alone on the material. They also reported satisfaction with the individualized unstructured sessions and with the program as a whole.

A final derivative study examined influences on Veterans' perceived importance of treatment for behavioral and physical health conditions[19]. Veterans who perceived their problems as severe were more likely to consider treatment as important, versus Veterans who did not perceive their problems as severe. However, actual service use was influenced more by Veterans' preferences regarding services than by their perceived severity of their problem.

Clinical Relevance

In conclusion, within the strict parameters of a randomized trial, only slight improvements were seen for residential stability and none were seen for behavioral health. However, outcomes were better for Veterans served by peers who closely followed the treatment plan. Subsequent analyses also showed improved residential stability and mental health symptoms when longer term and semi-structured peer specialist services allowed for relationship building and matching to Veterans who are more likely to engage in and use these services.

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