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Peer Support in Managing Psychiatric Symptoms of Rural Adults with Mobility and Sensory Impairments

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Little is known about the mental health of people with disabilities who live in rural America or the potential benefit of providing peer support services for these individuals. Stress diathesis models of psychiatric disorders suggest the challenges of living with a disability in rural areas may predispose individuals to higher rates of psychiatric disorders (Monroe & Simons, 1991). In addition, rural mental health service providers struggle to meet the needs of rural individuals with primary psychiatric diagnoses, and they may not be trained to assist people with disabilities who have secondary mental health conditions (New Freedom Commission on Mental Health, 2003).

Peer support provided by Center for Independent Living (CIL) staff may help rural adults with disabilities reduce the impact of psychiatric symptoms. Peer support was pioneered by “the rolling quads” who supported each other in advocating for service and support access. Recognizing the importance and role of peer support in living with a disability, the IL movement formalized peer support as a core service with original funding through the 1978 amendments to the Rehabilitation Act of 1973. The purpose of this study was to examine the utility of peer support for supporting the needs of rural adults with mobility and sensory impairments who were experiencing psychiatric symptoms.

Methods

We randomly selected 6,000 households from the general population in three rural zip codes of three states (California, Kansas and Montana) and solicited participation of individuals with either a physical or sensory impairment. We surveyed those recruited (n=166) on five occasions over 15 months; we received usable returns for all five data waves from 113 individuals. To recruit survey participants into a peer support program, CIL peer staff telephoned all respondents immediately following wave three.
Based on all returns, participants were 54.4 years old, 59.4% were women, and 17.4% were veterans; on average, they had 13.8 years of education. Participants were predominantly Caucasian (82.8%) with Native Americans overrepresented (14%) due to the location of one community. Participants reported a variety of health conditions and impairments (see Table 1). Those recruited for peer support (n=10) were not statistically different on any of these demographics from those who were not recruited.

Table 1. Health conditions reported most frequently

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>Neck or back pain</td>
<td>68</td>
</tr>
<tr>
<td>Arthritis</td>
<td>59</td>
</tr>
<tr>
<td>Eye/vision problems</td>
<td>42</td>
</tr>
<tr>
<td>Hypertension</td>
<td>34</td>
</tr>
<tr>
<td>Fractures/joint injury</td>
<td>31</td>
</tr>
<tr>
<td>Hearing problems</td>
<td>23</td>
</tr>
<tr>
<td>Lung or breathing problems</td>
<td>21</td>
</tr>
</tbody>
</table>

These peer support training materials were developed in three tiers to allow new peers to train within their comfort level and to minimize potential reluctance to participate in the full 12-session training. Additionally, this structure allowed CILs to have alternative peer specialist content to the psychiatric conditions content. For example, CILs could include Living Well with a Disability facilitator training so peers could work with people on health promotion (see livingandworkingwell.org).

We trained CIL peers to deliver the intervention using webinar technology (WebEx). Lay peer specialists completed the 12 sessions with a CIL staff member who had already completed the training course. Following training, CIL peer providers were paired with individuals from the longitudinal study who indicated they would participate in the peer support study.

Results

Results showed statistically significant within subject effects (α <.05). Individuals who received peer support (n=10) reported a 22%
increase in their overall symptom severity on the SCL-90-R just prior to recruitment (i.e., Time Period 3); symptom severity returned to baseline following the intervention. No statistically significant effects occurred across the other time periods for the recruited group or across any time period for the group that did not receive peer support (see Figure 1).

Results indicated that the individuals who participated in peer support experienced higher than usual psychiatric symptoms just prior to their participation when compared to their responses at other time periods and when compared to individuals who did not receive peer support. Interestingly, the overall symptom severity reported by the study sample was somewhat higher and had greater variability than the general population used for norming the SCL-90-R (see Psychiatric Symptoms poster). Although results indicated a decrease in symptoms over time for the group that did not receive peer support, the change was not statistically significant. Lastly, visual inspection of change scores for the group that received peer support indicated that the within subject change was largely a function of individuals with average symptom severity at Time Period 3 improving to below average symptoms at Time Period 4.

**Figure 1. Participants who did or did not receive peer support**

15 months, we were able to observe the natural course of symptoms reported by a population-based sample of individuals with disabilities. In general, the average symptomatology for this sample was slightly higher than the general population, which may reflect the stress associated with living with a disability.

Half of those who received peer support reported substantially lower symptom levels at the next measurement period. Peer support helped some individuals when symptom levels were elevated; it also lowered some symptom levels from the group average of people with disabilities to the average reported in community samples of people from the general population (see Psychiatric Symptoms poster).

The other half of the peer support recipients reported little change in GSI scores either before or after the peer support intervention. Future research should use a controlled experimental design and recruit more individuals to examine in greater detail those individuals who benefit from peer support services to guide rural independent living practice.

**Discussion**

Results from this study indicated that peer support could play an important role in managing psychiatric symptoms experienced by rural adults with disabilities. By collecting data over
References


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