

Peer-Navigator Support for Latinx Patients with Serious Mental Illness

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What was the research about?

People who have a serious mental illness, or SMI, are at higher risk for other health problems. An SMI, such as depression or bipolar disorder, may make it hard for people to work or live on their own or to arrange for health care. These problems can be worse if language or cultural issues are barriers to receiving care.

In this study, the research team compared two types of care. The first type was integrated care. Integrated care includes both physical and mental health care at the same clinic. The second type was integrated care with a peer navigator. Peer navigators have backgrounds similar to patients and help patients find and use healthcare services. The team looked to see how well these two types of care worked to help Latinx patients with an SMI get the care they need.

What were the results?

Compared with Latinx patients who didn't work with a peer navigator, patients who did reported

- More scheduled doctors' visits
- Going to more of their scheduled doctors' visits
- Having more improvement in their mental health
- Feeling more in control of their health
- Having better quality of life

Latinx patients who didn't work with a peer navigator and patients who did reported similar physical health.

Who was in the study?

The study included 110 Latinx patients with an SMI in the Chicago area. Of these, 66 percent had depression, 21 percent had an anxiety disorder, 7 percent had bipolar disorder, 3 percent had schizophrenia, and 2 percent had posttraumatic stress disorder. In addition, 63 percent preferred to speak Spanish, and 72 percent were born outside of the United States. The average age was 46, and 58 percent were women. All patients received care at a health clinic that offered physical and mental health care in the same place.

What did the research team do?

Before the study, peer navigators completed 20 hours of training. They continued to receive more training and supervision during the study.

The research team assigned patients by chance to one of two groups. One group received integrated care. The other group received integrated care and worked with a peer navigator. For one year, the navigators

- Talked with patients by phone once a week
- Helped patients work with doctors and get the health care they needed
- Answered patients' questions
- Talked to patients about their health goals
- Helped patients get access to community resources and services

To see how many doctors' visits the patients scheduled and went to, the research team called all patients every week. Patients filled out health surveys at the beginning of the study and 4, 8, and 12 months after the study started.

During the study, Latinx patients with an SMI, a health researcher with a mental illness, a Latinx public health professional, and local health center staff worked with the research team.

What were the limits of the study?

The study included a small number of patients living in one area. Results may differ for people who live in different areas. Most patients had either depression or anxiety disorder. Results may be different for Latinx

people with other types of SMI. The research team got information about patients' SMI from the patient, not their doctor. Information provided by the doctor might differ.

Future studies could include more patients from other locations or with different SMI diagnoses.

How can people use the results?

Clinics that offer integrated care might use these results to decide if they want to have peer navigators work with Latinx patients with SMI. Patients can use these results to help decide if they want to work with a peer navigator if one is available at their clinic.

To learn more about this project, visit www.pcori.org/Corrigan090.