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Utilization of peers in services for youth with emotional and behavioral challenges: A scoping review



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ABSTRACT

This scoping review synthesizes published and unpublished information on Youth Peer Support Services (YPSS), where young adults with current or prior mental health challenges provide support services to other youth and young adults currently struggling with similar difficulties. Existing published and unpublished “grey” literature were reviewed, yielding 30 programs included for data extraction and qualitative syntheses using a descriptive analytic framework. Findings identify variations in service delivery structures, program goals, host service systems, peer roles, core competencies, training and supervision needs, outcomes for youth and young adult consumers, as well as organizational readiness needs to integrate YPSS. Recommendations for future research, practice, and policy include more studies evaluating the unique impact of YPSS using rigorous methodological study designs, identifying developmentally appropriate training/supervision strategies and overall service costs and financing options, as well as distinguishing YPSS from other peer models with regard to certification and billing.

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Youth peer support services (YPSS) have proliferated in the United States in recent years as an innovative area of service delivery for youth and young adults living with emotional and/or behavioral health challenges ([Federation of Families for Children's Mental Health, 2001](#)). YPSS include emotional support, guidance, education, and advocacy for youth and young adults ([Roussos, Bergers, & Harrison, 2008](#)) by youth peers (YPs), who are typically young adults with personal histories of mental health difficulties and utilization of services for children. YPSS build upon adult peer mental health models and family peer-to-peer initiatives in children's mental health ([Matarese, McGinnis, & Mora, 2005](#)). However, YPSS are distinct in that they address youth and young adult issues, including working across child and adult service systems for transition-age youth. They have been increasingly embedded within both child mental health services and the larger spectrum of the child serving systems (e.g., juvenile justice, child welfare, substance abuse, special education), where the prevalence of youth and young adult mental health challenges is high ([Burns et al., 2004](#); [Dale, Baker, Anastasio, & Purcell, 2007](#); [Merikangas et al., 2010](#); [Skowrya & Coccozza, 2006](#)). Increasingly, YPSS are also billable through Medicaid ([Simons & Mahadevan, 2012](#)). This is

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particularly relevant since YPs exemplify the type of community health workers recognized by the Patient Protection and Affordable Care Act (ACA 2010) for their unique ability to engage populations of interest towards promoting better health (Bovbjerg, Eyster, Ormond, Anderson, & Richardson, 2013).

By virtue of their lived experience, YPs are often perceived as more credible and understanding of youth concerns compared to adult providers (Tindall & Black, 2009), and may help alleviate the chronic difficulties of engaging youth in mental health treatment (Logan & King, 2001). YPs are also important resources for young adults (age 18–25) who continue to manifest many of the developmental features of adolescence, (e.g., identity exploration, increased risk-taking; Arnett, 2000), yet also struggle when learning to live independently (Clark & Unruh, 2009). YPs are important resources who can help young adults navigate through the disconnected child and adult systems in order to facilitate a successful transition to adulthood. YPSS also have the potential to create important employment stepping stones for young people whose emotional and behavioral difficulties often impede vocational success (Ellison et al., 2015; Lombrowski, Griffin-Van Dorn, & Castillo, 2008). Such services provide opportunities to be part of an employment culture and service provision team, while also developing a network of colleagues who can assist YPs in competing for future jobs.

However, there is little empirically known about the diversity of YPSS characteristics and associated outcomes for youth and young adults struggling with emotional and/or behavioral challenges. To date, most research on peer support in mental health examines adult peer support service models. This literature shows peer-delivered interventions can decrease mental health symptoms and stigma, reduce psychiatric hospitalizations, and enhance consumers' ability to manage their illness and treatment due to increased knowledge, skills, and confidence (e.g., Chinman et al., 2014; Davidson et al., 2004). Research on the unique contribution of peers in the adult mental health field provides mixed findings, depending on the types of outcomes reported. There is little difference reported in mental health outcomes for consumers (e.g. psychosocial functioning, symptom stability) when services are delivered by peers versus non-peer providers (e.g., Corrigan, Pickett, Batia, & Michaels, 2014; Davidson, Chinman, Sells, & Rowe, 2006). This suggests that conventional pre-existing provider roles (e.g., outreach, case managers) provided by peers are as effective as those provided by non-peers. However, peers are also more likely than non-peers to contribute to reduced inpatient use, greater hope and belief that recovery is possible, expanded social networks, as well as increased self-esteem, empowerment, self-efficacy, self-management of difficulties, and treatment engagement (Chinman et al., 2014; Repper & Carter, 2011).

The proliferation of peer models for adults with mental health needs provides a template to guide research on YPSS. However, there is little consensus about the roles and responsibilities of YPs, core competencies, as well as specific training and supervision needs. Furthermore, limited information exists regarding the outcomes for youth and young adult consumers associated with YPSS. Given that the expansion of YPSS nationwide, as well as the ability to bill Medicaid for such services, it is important to address these gaps in the literature. As a result, this scoping review collects existing information on YPSS from both published and unpublished sources in order to describe the literature to date, as well as identify gaps in knowledge, and make recommendations for research, practice, and policy.

1. Methods

Scoping review study methods following the framework recommended by Colquhoun et al. (2014) involve 6 stages: (1) identifying the research question; (2) identifying relevant studies; (3) study selection; (4) charting the data; (5) collating, summarizing, and reporting results; and (6) consultation with key stakeholders.

1.1. Stage 1. identify research questions

The following research questions guided this review:

1. What are the service contexts (i.e., program goals, service systems, service structures, non-peer components) and YP roles (e.g., what do they do) in programs providing YPSS for youth and young adults with emotional and/or behavioral challenges?
2. What are the core competencies (e.g., what knowledge, skills, and/or experiences are required), and training/supervision characteristics (e.g., How are they supported in their role?) for YPSS?
3. What outcomes are associated with receipt of YPSS among youth and young adult consumers?

1.2. Stage 2. identifying relevant studies

Fig. 1 presents the PRISMA diagram (Moher, Liberati, Tetzlaff, & Altman, 2009) representing the document selection process, including searches of published literature and unpublished "grey literature". For the published literature, search terms were decided based on discussions between the first author (GG) and a professional librarian (RH). The librarian conducted searches in PsycInfo (EBSCO), Medline (Ovid), SocIndex (Ebsco), Social Work Abstracts, (Ebsco), ERIC (Ebsco), CINAHL (Ebsco), The Cochrane Library, and Social Sciences Citation Index, tailoring terms for each database and including both controlled vocabulary terms and keywords (See Appendix A). Keywords focused on the concept of "youth peer advocate" and

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