Evidence Profile Recommendation 5.2: Transitions in Care and Services, Second Edition

Recommendation 5.2 Evidence Profile

Recommendation question: Should support from a system navigator be recommended or not to for persons encountering a transition in care?

Recommendation 5.2: The expert panel suggests that peer workers with lived experience offer support to persons with mental health needs who are encountering a transition in care.

Population: Adult & pediatric populations experiencing a transition in care

Intervention: Support from a system navigator

Comparison: No support from a system navigator

Outcomes: Patient quality of life (QOL) [critical], emergency department (ED) visits (within 30 days of a transition in care) [critical, not found within this literature], follow-up visit by a health or social service provider [critical, not found in this body of literature], patient satisfaction [critical], readmission rates (within 30 days of a transition in care) [important, not found within this literature]

Setting: Any setting where a person receives care or services during a transition in care

Bibliography: 126, 2543, 5005

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<td>Serious a</td>
<td>Not serious b</td>
<td>Not serious b</td>
<td>Very serious c</td>
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Patient QOL (measured using the SWL scale)

### Quality assessment
- **Risk of bias:**
  - Serious a
  - Not serious b
  - Very serious c
- **Publication bias:** Undetected

### Study details
- **Country:** Canada
- **Intervention:** Welcome basket program
  - A 6-week peer support worker intervention designed to support people with severe mental illness after discharge from a psychiatric hospital. Peer support workers assessed needs prior to discharge and provided clients with a ‘welcome basket’ of needed/desired items. They helped familiarize the client with local resources/supports to facilitate independence and self-management. Peer support workers contacted the client weekly, usually for 2 hours at a time.
- **Control:** There was no control group, and results were compared pre and post intervention.

### Reported Effects/Outcomes
- **N=31**
- **Mean (SD) QOL domains at baseline:**
  - Living situation = 2.52 (1.00)
  - Social relationship = 2.88 (1.00)
  - Work = 2.85 (1.09)
  - Self and present life = 3.02 (0.86)
- **Mean (SD) QOL domains post-intervention:**
  - Living situation = 3.68 (0.80)
  - Social relationship = 3.22 (0.79)
  - Work = 2.82 (1.14)
  - Self and present life = 3.14 (0.79)

### Certainty
- Very low

### Reference
- Kidd et al., 2016
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#### Patient satisfaction (measured using CSQ-8 and a self-developed questionnaire)

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<tr>
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<th>Jadad Scale</th>
<th>Country</th>
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<td>1</td>
<td>RCT</td>
<td>Not serious</td>
<td>Not serious</td>
<td>Serious</td>
<td>Undetected</td>
<td>126; UK</td>
<td>N=221</td>
</tr>
<tr>
<td></td>
<td>Non-randomized, single arm study</td>
<td>Serious</td>
<td>Not serious</td>
<td>Very serious</td>
<td>Undetected</td>
<td>5005; Australia</td>
<td>N=64</td>
</tr>
</tbody>
</table>

**Intervention:** In the intervention group, participants discharged from mental health crisis resolution teams received 10 (1 hour) sessions over 4 months with a peer support worker who supported them in completing a personal recovery workbook which included: setting personal recovery goals, making plans to re-establish a support network, identifying early warning signs, formulating an action plan to avoid relapse and identifying strategies to maintain wellbeing. Participants also received usual care, with no treatments withheld.

**Control:** The control group received the personal recovery workbook by post and were invited to complete it independently. Participants also received usual care, with no treatments withheld.

**Johnson et al., 2018**

**Scanlan et al., 2017**
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Acronyms
RCT = Randomized controlled trial
SD = Standard deviation

Tools used to measure outcomes
Study 126: Client Satisfaction Questionnaire (CSQ-8); higher scores indicate higher satisfaction
Study 2543: Satisfaction with Life Scale (SWL); higher scores indicate higher QOL
Study 5005: A self-developed questionnaire designed to measure patient satisfaction; higher scores indicate higher satisfaction

Explanations
a Based on the ROBINS-I tool for non-RCT studies, there was serious risk of bias related to confounding variables, deviations from the intended intervention, bias due to missing data, and self-reporting of outcomes. We downgraded by 1.5
b Although the intervention involved a peer support worker, who functioned as a system navigator, it is unclear whether the study is evaluating the effects of the peer worker, or the support provided by the peer worker. We downgraded by 0.5.
c The total number of participants in this study was less than the optimal 800 participants (n=31). We downgraded by 2.
d Based on the risk-of-bias tool for randomized trials (RoB 2), the risk of bias was not serious, however there were still some concerns as participants could not be blinded to the intervention and the outcome was self-reported. We downgraded by 0.5.
e The total number of participants in this study was less than the optimal 800 participants (n=441). We downgraded by 1.
f The total number of participants in this study was less than the optimal 800 participants (n=64). We downgraded by 2.