

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

Quality assessment							Study details		No. of Participants		Reported Effects/ Outcomes	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Country	Intervention	Intervention	Control			
Patient QOL (measured using the SWL scale)													
1	Non-randomized, single arm study	Serious ^a	Not serious	Not serious ^b	Very serious ^c	Undetected	2543: Canada	<p>Intervention: <u>Welcome basket program:</u> 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.</p> <p>Control: There was no control group, and results were compared pre and post intervention.</p>	<p>N=31</p> <p><u>Mean (SD) QOL domains at baseline:</u></p> <p>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)</p> <p><u>Mean (SD) QOL domains post-intervention:</u></p> <p>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)</p>	No true control group	Post intervention, there was an improvement in self-reported QOL in the domains of 'living situation' with a large effect size and 'social relationships' with a low-medium effect size. There were no differences in the QOL domains of 'self and present life' or 'work'.	⊕○○○ Very low	Kidd et al., 2016

Patient satisfaction (measured using CSQ-8 and a self-developed questionnaire)													
1	RCT	Not serious ^d	Not serious	Not serious ^b	Serious ^e	Undetected	126: UK	<p>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.</p> <p>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.</p>	N=221 Mean (SD) satisfaction with mental health services at 4 months: 26 (5)	N=220 Mean (SD) satisfaction with mental health services at 4 months: 24 (6)	At 4 months, overall satisfaction with mental health-care received was greater in the intervention group than in the control group.	⊕⊕○○ Low	Johnson et al., 2018
1	Non-randomized, single arm study	Serious ^a	Not serious	Not serious ^b	Very serious ^f	Undetected	5005: Australia	<p>Intervention: <u>Hospital to Home (H2H) transition support program</u> Peer workers provided support to persons for 6 - 8 weeks following discharge from an inpatient psychiatric unit. Supports were tailored to the individual, but were primarily focused around providing practical and emotional support as well as linking participants with community-based supports.</p> <p>Control: There was no control group.</p>	N=64 There was a mean rating of 4.4. out of 5 for the following item on the questionnaire: - Having a support worker with a lived experience has helped me in my recovery	No true control group	Based on a questionnaire filled out at program conclusion, the program appears to be valuable for participants.	⊕○○○ Very low	Scanlan et al., 2017

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.