

New peer-based service helps callers navigate America's complex mental health care system

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The gaps in the U.S. mental health system are too numerous to count, but perhaps the most harrowing one is at the front door, at entry. Who do you call? Where exactly do you turn when a loved one goes off-track?

How do you find an unbiased, knowledgeable guide to appropriate support?

In collaboration with USC researchers, a North Carolina-based nonprofit developed and operated a first-of-its-kind service, a data-backed care navigation platform, called [The Mental Health GPS](#).

A study, published on Wednesday, Oct. 18 in the [New England Journal of Medicine Catalyst: Innovations in Care Delivery](#), shares insights from the program's first year of operation as a pilot.

The GPS program is staffed by trained peer support specialists who relate to callers through their own lived experiences with mental health struggles, and draw on a robust database of services to connect people to suitable support.

"No one understands a condition as well as someone who has suffered it her or himself," said co-author Elyn Saks, who directs the Saks Institute for Mental Health Law, Policy, and Ethics at USC and serves as a founding member on the board of INclude—the Mental Health Initiative, the nonprofit that operates the Mental Health GPS.

"Peer work reduces stigma because everyone in this space suffers the same thing, and no one has to feel lesser or less able. It facilitates access to care because people can talk about what has helped them and how the person can find such help themselves," said Saks, who is also the Orrin B. Evans Distinguished Professor of Law, Psychology, and Psychiatry and the Behavioral Sciences at the USC Gould School of Law.

Run by peers, backed by data

The United States is in a mental health crisis. Millions of Americans are living with [mental illness](#), but many struggle to access the care they need.

[In a given year](#), 20% of adults experience a mental health condition, 17% of [young people](#) (ages six to 17) have experienced a major depressive episode, and 5% of Americans have lived with a [serious mental illness](#), such as schizophrenia, bipolar disorder, or major depression. In 2020, suicide accounted for nearly 46,000 deaths in the U.S.

Despite the high prevalence of mental health conditions in the U.S., many people do not have access to the care they need due to a wide range of factors, including lack of insurance, stigma and geographic barriers. Delays in finding appropriate care can last years while conditions worsen.

The Mental Health GPS model begins as a traditional peer-run "warmline" that provides basic support to callers who want to talk or learn about available resources. Peer counselors listen to their stories and collect basic intake data before providing callers with options for care based on their individual needs, insurance and location. The service is free and confidential. Callers are encouraged to call back if they need more suggestions or have questions about the resources that have been recommended.

"The Mental Health GPS is designed to provide continuous support as people move through the mental health care system," said Judith E. Klein, executive director of INclude—the Mental Health Initiative and co-author of the paper. "This continuity of care is essential for people with mental health issues, as it can help them to stay on track to navigate the maze that is our mental health care system."

In its one-year pilot, the Mental Health GPS service received 2,384 calls and texts, almost all generated by Google searches on smartphones.

In addition to providing support and resources, peer counselors also help

maintain a continually updated database of services that includes peer support groups, psychiatric clinics and more. They also maintain a de-identified register of information from callers that includes their reasons for calling, their insurance status, and their demographic information including age, race/ethnicity, and location which is used to identify appropriate options for care. The Mental Health GPS also tracks when callers successfully connect with recommended services.

Themes of caller concerns included work/personal (41.6%), depression (11.7%), and general anxiety (7.2%).

"Think of the GPS as like having a good friend who knows a ton about behavioral health and has all the available resources at their fingertips," said co-author Benedict Carey, a senior advisor on the project and former science writer for the New York Times who recently wrote an [opinion piece](#) related to the study.

"That's the first person anyone would call. By analyzing data from the calls, the platform adjusts to users' needs, rather than the other way around—gaining insights on interventions, prevention, and cost reduction along the way."

More information: Judith E. Klein et al, Independent Care Navigators for the Mental Health Maze, *NEJM Catalyst* (2023). [DOI: 10.1056/CAT.23.0231](#)

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