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# The Effectiveness of Video-Based Peer Support Groups

**This study was conducted among participants in Peer Support Solutions' video-based Depression Recovery Groups services**



# The Effectiveness of Video-Based Peer Support Groups

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## Summary

This study was conducted among participants in Peer Support Solutions' video-based Depression Recovery Groups Services. Study participants reported high levels of satisfaction with the online groups. They also reported large reductions in participant use of urgent care (-48%), emergency rooms (-50%) and hospitalizations (-69%). They also show large reductions in symptoms indicated by 33% fewer of respondents reporting that they were moderately to severely depressed.

## Introductions

There is growing evidence to support the impact that peer support can have on individuals who are suffering with behavioral health issues (Chinman, et.al., 2014; Davidson et.al., 2013; Landers & Zhou, 2014; Min, et.al., 2007; Pfeiffer, et.al., 2011; Travis, et.al., 2010; Weintraub, 2015). Most of the studies to date focus on peer support that is offered on a face to-face-basis and largely one-on one. Peer Support Solutions offers video-based meetings on its Support Groups Central (SGC) platform for individuals who are dealing with behavioral health, chronic illness and rare disease problems. Participants come together via SGC to share information and encourage each other. Meetings are facilitated by an appropriately trained person who typically has lived experience with the group's issue. Attendees can talk with and see each other (if they choose). Meetings are typically 60 to 90 minutes in length and have up to 12 attendees.

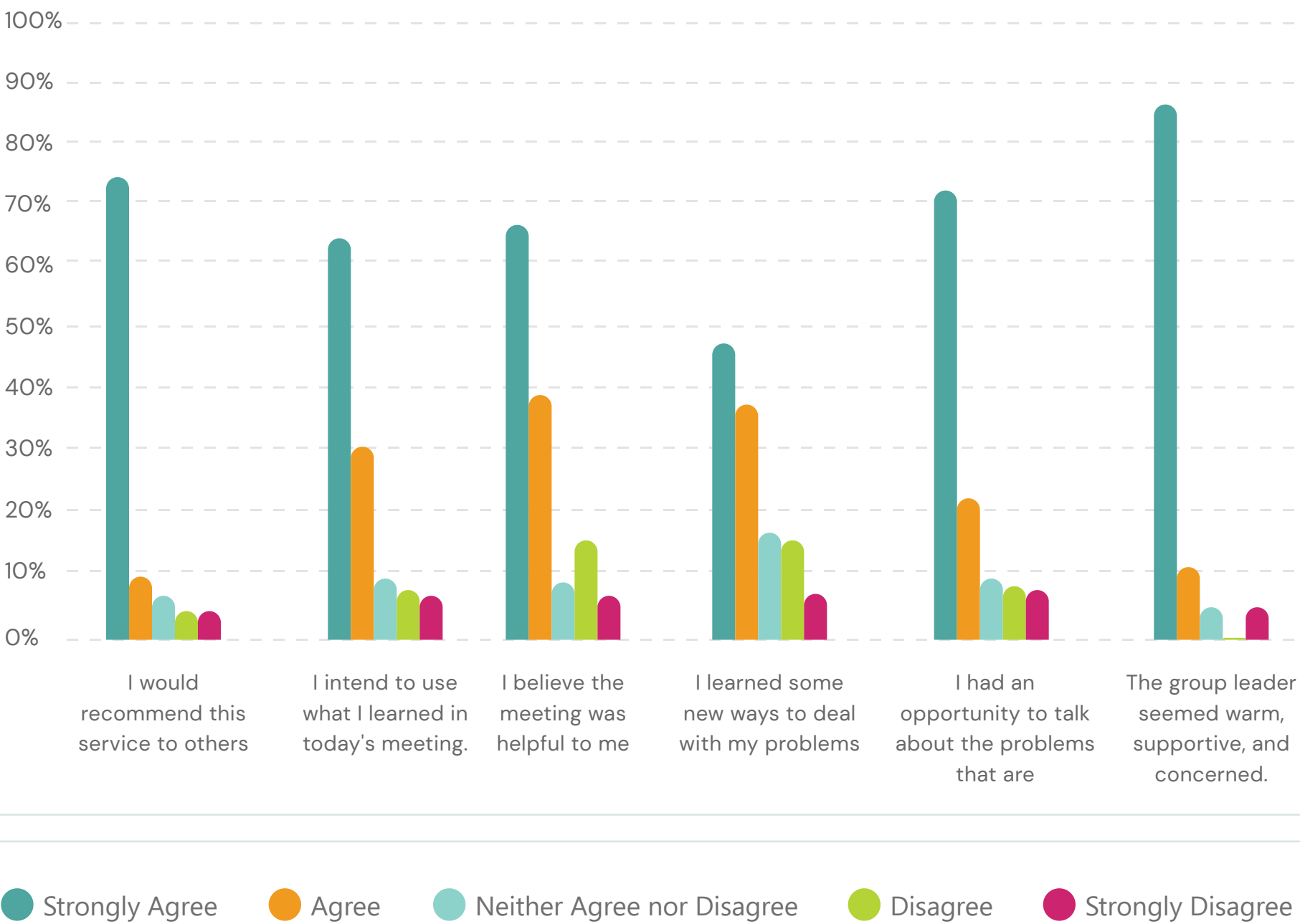


*"I am very thankful to have taken part in this meeting. Having someone with an outside perspective and experience with the same issues I've been dealing with was very helpful and a new experience to me. I hope to connect with more people this way. Thanks for listening."*

*"This experience was a blessing, I came away from the meeting feeling better. I related to others and learned more about depression as well as some techniques for recovery."*



# Depression Recovery Groups Post Meeting Participant Feedback n=878



This study was designed to explore whether DRG’s video-based meetings had an impact on outcomes in addition to promoting high levels of participant satisfaction.

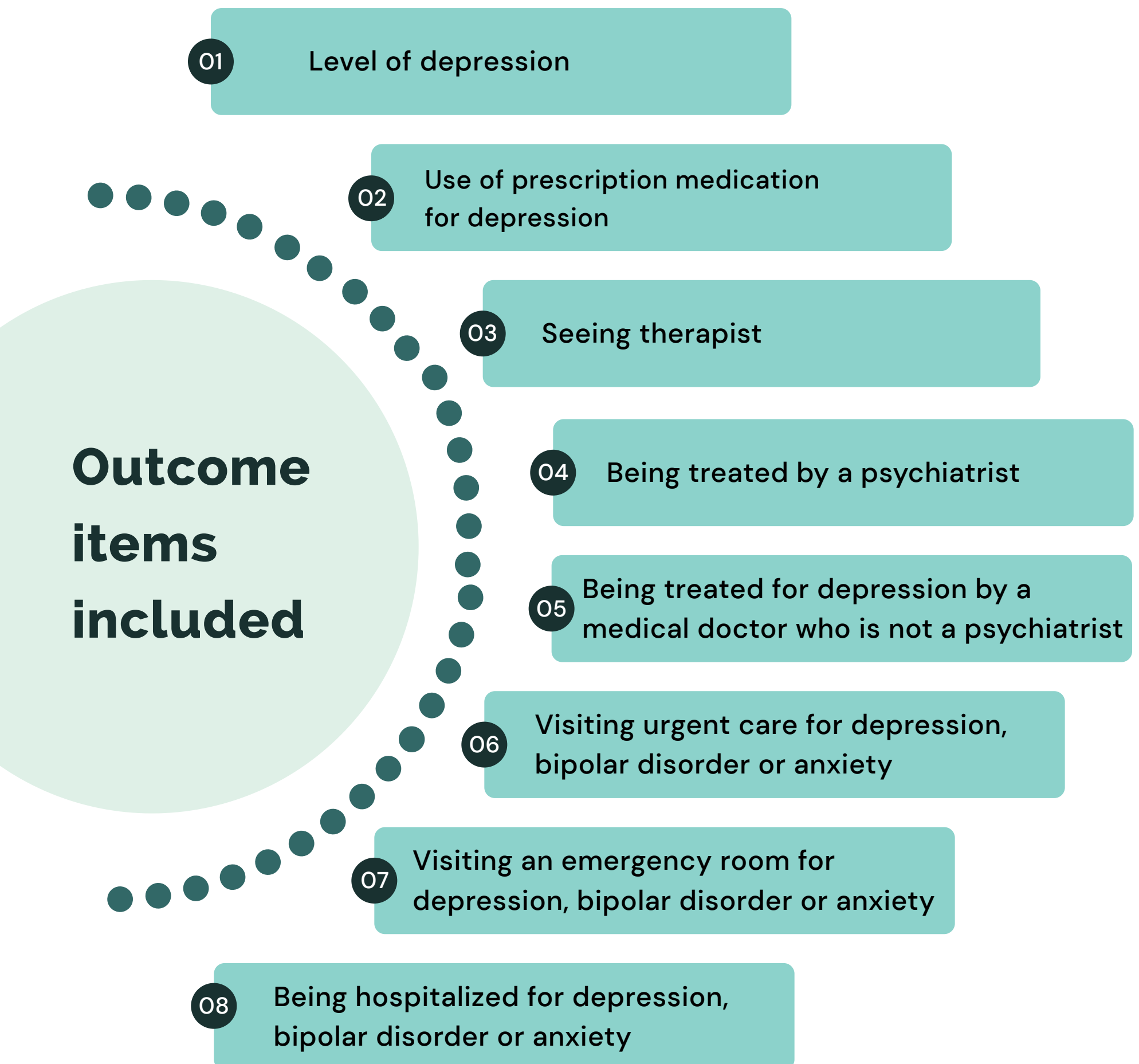


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## Method

In the summer of 2015 we sent out a series of emails to 3,508 individuals who had subscribed to the DRG service. We invited them to participate in the study with an opportunity to win a tablet computer if they completed the questionnaire.

The questionnaire used a post-then-pre design (Rockwell & Kohn, 1989) to assess outcomes. We also asked participant satisfaction questions that were similar to the standard DRG post-meeting feedback survey items and some demographic questions.



Use of urgent care  
(-48%)

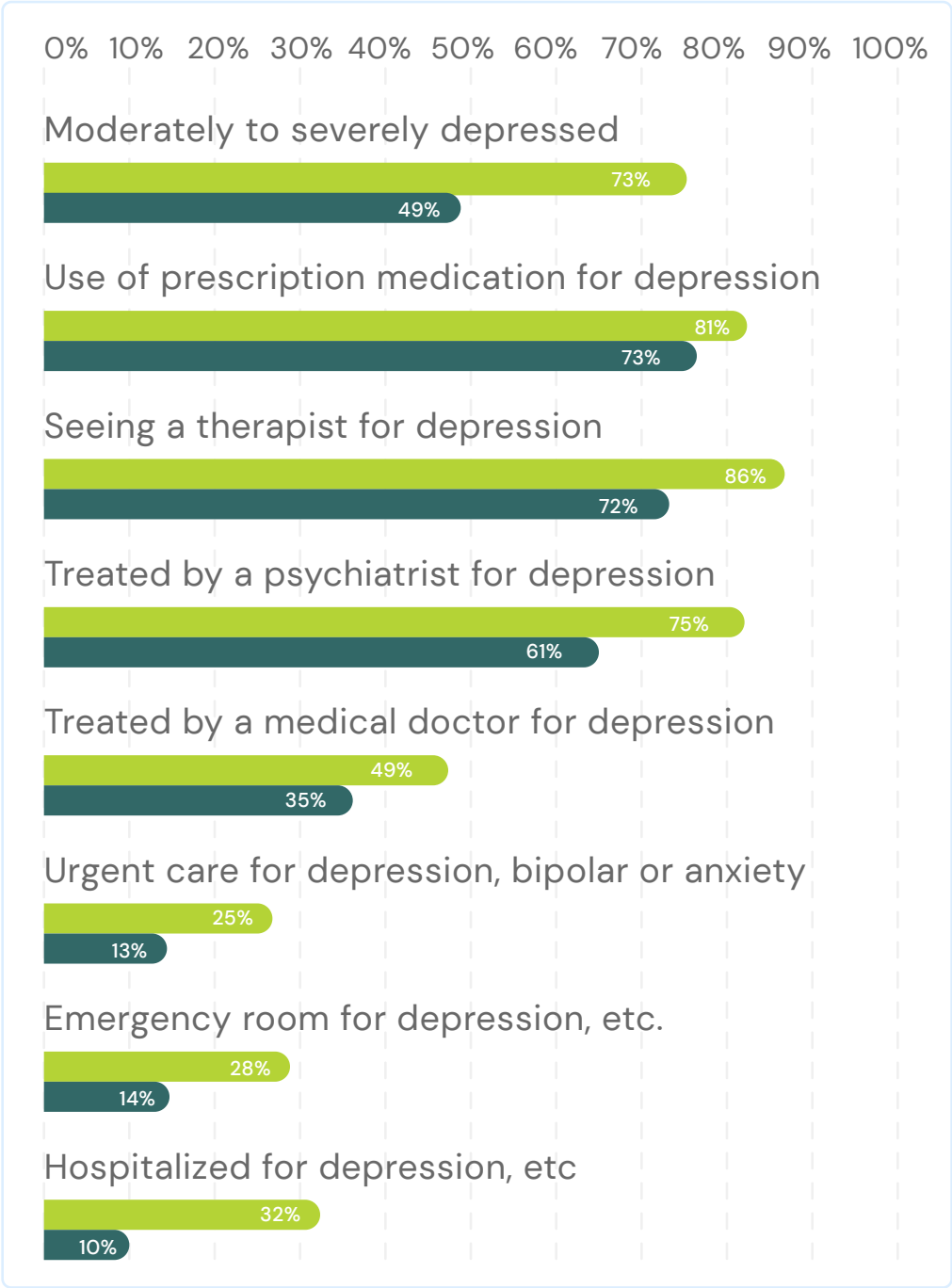
Emergency rooms  
(-50%)

Hospitalizations  
(-69%)

**Video-Based  
Peer Support  
Group Outcomes**

Before

After



Discussion

The results of this study are encouraging in that they are similar to other studies that show that peer support is associated with positive behavioral health outcomes. Perhaps most encouraging is the reported reduction in hospitalizations. The reason that this particular outcome is notable is that it is associated with individuals who are having some of the most challenging symptoms. It also ties strongly with outcomes reported in other studies (NYAPRS, 2008; Peersforprogress.org, 2011). Furthermore, these results suggest that video-based peer support groups can be as helpful as one-on-one face-to-face peer support since that is how peer support was delivered in the other studies.



## Results

A total of 310 individuals responded. Of that number, 142 had attended one or more DRG meetings. The remainder of the results are based on the 142 respondents with DRG experience.

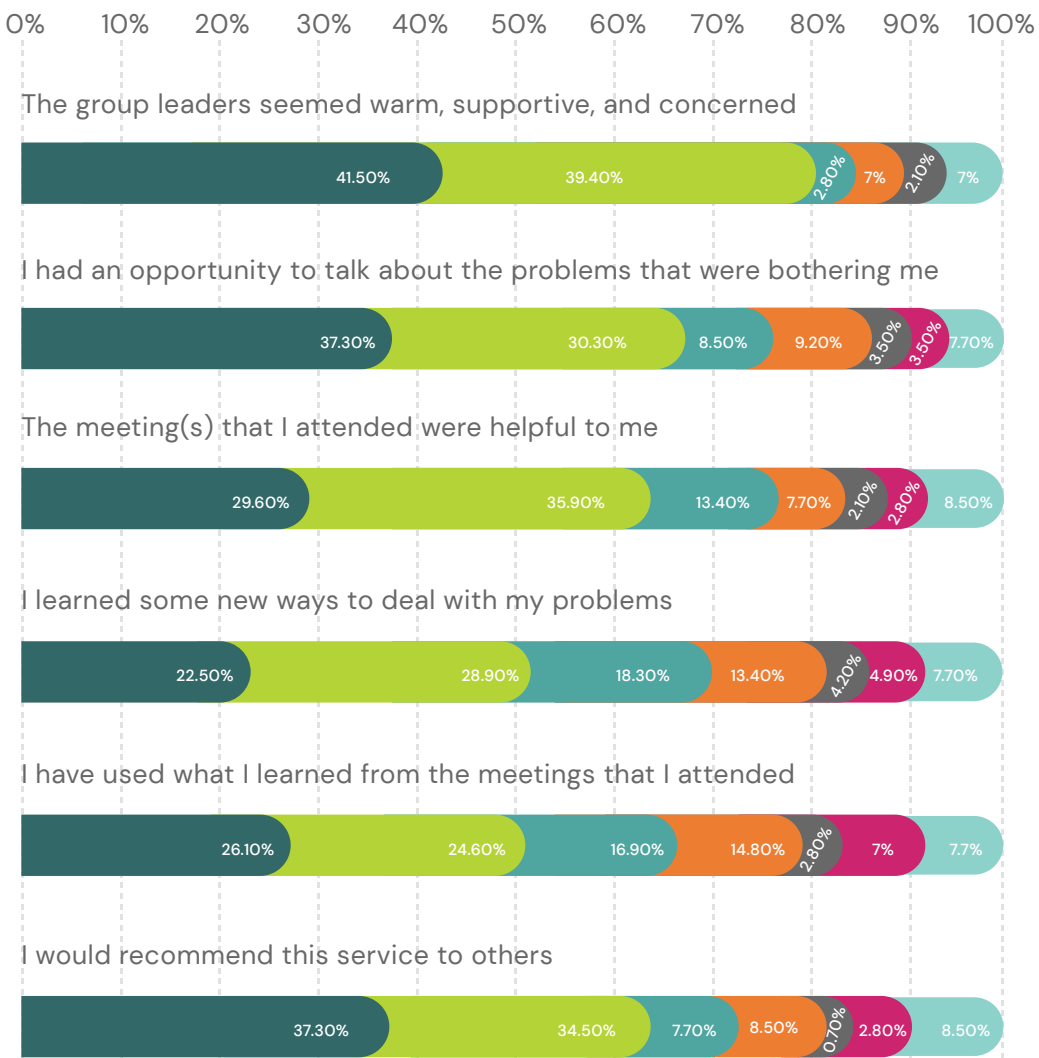
Survey participants were largely female with only 20% saying they were male. Respondents also skewed older with the largest selected age category being 51 to 60 years old at 29.7%. The vast majority, 69.7% reported that they had experienced depression for over five years. In general, the study participants were very similar to DRG participants.

Twenty-three percent of the respondents were still attending DRG meetings at the time of the study. About half attended meetings for one month or less and about 16% attended for over a year. About 25% attended a meeting in the last month and about the same number last attended more than a year ago.

The study participant satisfaction ratings (Graph 2.) were generally lower than those obtained directly after each meeting. They are still very high with total agree ratings ranging from 68% for application of what was learned in a meeting to 84% saying that their group leader seemed warm, supportive and concerned.

### Study Respondent Ratings of their Group Experiences

- Strongly Agree
- Agree
- Slightly Agree
- Neither Agree nor Disagree
- Disagree
- Slightly Disagree
- Strongly Disagree



## References

feature in many  
spheres of human  
activity

Chinman, M., George, P., Dougherty, R., Daniels, A., Ghose, S., Swift, A. and Delphin-Rittmon, M. (2014). Peer Support Services for Individuals with Serious Mental Illnesses: Assessing the Evidence. *Psychiatric Services*, 65(4), pp.429–441.

Daniels, A., Cate, R., Bergeson, S., Forquer, S., Niewenhous, G. and Epps, B. (2013). Best Practices: Level of Care Criteria for Peer Support Services: A Best-Practice Guide. *Psychiatric Services*, 64(12), pp.1190–1192

Davidson, L., Bellamy, C., Guy, K. and Miller, R. (2012). Peer support among persons with severe mental illnesses: A review of evidence and experience. *World Psychiatry*, 11(2), pp.123–128.

Landers, G. and Zhou, M. (2014). The Impact of Medicaid Peer Support Utilization on Cost. *Medicare & Medicaid Research Review*, 4(1), pp. E1–E17.

Melling, B. and Houguet-Pincham, T. (2011). Online peer support for individuals with depression: A summary of current research and future considerations. *Psychiatric Rehabilitation Journal*, 34(3), pp.252–254.

Min, S., Whitecraft, J., Rothbard, A. and Salzer, M. (2007). Peer Support for Persons with Co-Occurring Disorders and Community Tenure: A Survival Analysis. *Psychiatric Rehabilitation Journal*, 30(3), pp.207–213.

National Empowerment Center. (2011). Creating Replicable and Sustainable Peer Support Services National Empowerment Center. [online] Available at: <http://www.power2u.org/creating-replicable-sustainable-peer-support-services.html> [Accessed 13 Aug. 2015].

NYAPRS. (2008). Peer Services. [online] Available at: <http://www.nyaprs.org/peer-services/peer-bridger/> [Accessed 13 Aug. 2014].

Peersforprogress.org. (2011). Science Behind Peer Support | Peers for Progress. [online] Available at: <http://peersforprogress.org/learn-about-peer-support/science-behind-peer-support/> [Accessed 13 Aug. 2014].

Pfeiffer, P., Heisler, M., Piette, J., Rogers, M. and Valenstein, M. (2011). Efficacy of peer support interventions for depression: a meta-analysis. *General Hospital Psychiatry*, 33(1), pp.29–36.

Rockwell, S. and Kohn, H. (1989). Post-Then-Pre Evaluation. [online] Joe.org. Available at: <https://www.joe.org/joe/1989summer/a5.php> [Accessed 23 Aug. 2018].

Pfeiffer, P., Heisler, M., Piette, J., Rogers, M. and Valenstein, M. (2011). Efficacy of peer support interventions for depression: a meta-analysis. *General Hospital Psychiatry*, 33(1), pp.29–36.

Travis, J., Roeder, K., Walters, H., Piette, J., Heisler, M., Ganoczy, D., Valenstein, M. and Pfeiffer, P. (2010). Telephone-based mutual peer support for depression: a pilot study. *Chronic Illness*, 6(3), pp.183–191.

Weintraub, K. (2015). Patients Helping Patients. *Scientific American Mind*, 26(3), pp.60–63.