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Qualitative Evaluation of a Peer Navigator Program for Latinos with Serious Mental Illness

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Abstract

Peer navigator programs (PNP) may help reduce physical health disparities for ethnic minorities with serious mental illness (SMI). However, specific aspects of PNP that are important to peer navigators and their clients are under-researched. A qualitative study explored the perspectives of service users ($n = 15$) and peer navigators ($n = 5$) participating in a randomized controlled trial of a PNP for Latinos with SMI. Results show PN engagement with service users spans diverse areas and that interactions with peers, trust, and accessibility are important from a service user perspective. PNs discussed needs for high-quality supervision, organizational support, and additional resources for undocumented Latinos.

Keywords

Health care; Mental health; Peer navigator; Serious mental illness; Latinos

Introduction

Latinos with serious mental illness (SMI) have significant health problems compared both to the non-Latino White population in general (Sundquist 1993) and European American population with SMI (Alegria et al. 2011; Cabassa et al. 2014; Folsom et al. 2007). Latinos

Compliance with Ethical Standards

Conflict of interest Lindsay Sheehan declares that she has no conflict of interest. Alessandra Torres declares that she has no conflict of interest. Juana L. Lara declares that she has no conflict of interest. Deysi Paniagua declares that she has no conflict of interest. Jonathon E. Larson declares that he has no conflict of interest. John Mayes declares that he has no conflict of interest. Susan Doig declares that she has no conflict of interest. The Latino Consumer Research Team declares that its members have no conflict of interest. Patrick W. Corrigan declares that he has no conflict of interest.

Ethical Approval This article does not contain any studies with animals performed by any of the authors. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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are less likely to seek care and utilize mental health services than other racial/ethnic groups (Alegria et al. 2007; Nelson 2002; Zuvekas and Fleishman 2008). Only 1 in 20 Latinos with mental illness use services from mental health specialists, while less than 1 in 10 use primary care services (U.S Department of Health and Human Services 1999).

Peer navigators (PNs) are one proposed solution to address health disparities for ethnic minorities with mental illness (Corrigan et al. 2014). Peer navigation has emerged as a more specialized form of the *patient* navigation model in cancer care. In cancer care, patient navigators were successfully employed to guide patients through the complexities of managing cancer treatment regimens (Jojola et al. 2017). PNs, like patient navigators, provide individualized services that focus on barriers to care and engagement in healthcare services (Dohan and Schrag 2005). In contrast, PNs, a type of community health worker (CHW) who have similar “lived experiences” to their client or patient, can provide help in navigating the complexities of the healthcare system (Corrigan et al. 2014). In this context, a *peer* is a person in recovery from a SMI *and* from the same ethnic group as service users. Navigators do not directly provide healthcare services or focus on direct skill development; rather, they connect clients to healthcare providers, guide clients in solving health-related barriers to care, and support them in continued healthcare engagement. Peer navigators are paraprofessionals trained specifically in navigation services in the community.

A few studies have employed PNs to address healthcare for individuals with SMI, with promising results (Cabassa et al. 2017; Corrigan et al. 2017; Kelly et al. 2014). A pilot of the Bridge program, a PN intervention centering on development of self-management skills, showed improvements in health and pain experience for intervention participants compared to treatment as usual (Kelly et al. 2014). Further, the intervention group had reduced emergency room visits and engaged more with primary care treatment. While the Bridge navigator program focuses on skill-building, a second PNP for SMI, this one designed for homeless African Americans, emphasizes hands-on accompaniment and support in navigating healthcare systems. A randomized controlled trial of this second PNP resulted in improved self-reported health, quality of life, and service engagement for those in the intervention group (Corrigan et al. 2017; <http://www.chicagohealthdisparities.org>).

The PNP for homeless African Americans was subsequently adapted and tested by a community-based participatory research (CBPR) team for Latinos with SMI (Corrigan et al. in press). The resulting PN curriculum is a 20-h training that includes sessions on basic interpersonal skills (e.g. reflective listening, goal setting, motivational interviewing, and advocacy), advanced helping skills (e.g. harm reduction, relapse management, crisis management, trauma-informed care), role management (e.g. self-disclosure, boundaries, and office etiquette), and resources. The curriculum includes interactive worksheets, activities to promote cultural sensitivity, and Latino-specific resources. Additional in-the-field worksheets were translated into Spanish to promote interaction of Spanish-speaking participants. Four PNs (Latinos in recovery from SMI) and one PN supervisor were hired and trained on the intervention. Latinos with SMI ($n=110$) were randomized to either the PN intervention or integrated healthcare services through a Chicago-based behavioral health agency, Trilogy Behavioral Healthcare. Navigation services were provided in either English or Spanish, dependent on service user preference. After 1 year of intervention, results of the

RCT indicated that service engagement improved quality of life, recovery, and empowerment (Corrigan et al. in press). This RCT of the Latino PNP is the context for the present study on the qualitative aspects of peer navigation.

While health outcomes show improvement with peer navigation, perspectives of those providing and receiving the intervention have not been well-explored. Research on CHWs and patient navigators indicates that, while functions vary greatly, these paraprofessional workers provide some combination of coaching, health education, advocacy, and case management services (Balcazar et al. 2011; Dohan and Schrag 2005; Fisher et al. 2007). CHWs effectiveness may stem from their ability to encourage communication between doctors and patients by building trust and cultural sensitivity (Balcazar et al. 2011). This trust and cultural sensitivity may be even more salient for ethnic minorities such as Latinos who lack English language proficiency and have distrust of the medical establishment (Murray and McCrone 2015). An enhanced understanding of the components of CHW programs can help to devise more targeted and efficient services (Arvey and Fernandez 2012).

Thus, the purpose of the current research was to examine a PNP designed to reduce physical health disparities experienced by Latinos with SMI, with a focus on service user and PN perspectives. Unlike more typical CHW programs, service providers in this PNP have lived mental health experience—that is, the PNs are Latinos in recovery from SMI. Furthermore, the PNP was developed by Latinos with serious mental illness to address cultural differences in language (Bauer et al. 2010), treatment engagement (Diaz 2002), and family systems (Cardoso and Thompson 2010), as well as documentation barriers experienced by Latinos (Sullivan and Rehm 2005). We aimed to explore the strengths and weaknesses of the program, from the perspective of both service users and service providers.

Methods

A qualitative study was conducted: (1) to describe service users' perspectives on a PNP for Latinos with SMI and (2) to describe perspectives from the Latino PNs. Research participants were part of a 1-year RCT ($n = 110$) of a PNP for Latinos with SMI, funded by Patient Centered Outcomes Research Institute (Corrigan et al. in press). Both the RCT and the present research study were governed by a community-based participatory research (CBPR) team, which included seven Latinos with lived experience of mental illness, a healthcare provider, and academic researchers. CBPR practices help ensure that research is relevant and driven by community needs.

The CBPR team, also known as the Latino Consumer Research Team developed and evaluated a comprehensive PNP. The PNP contains an instructional manual and workbook to prepare Latinos who are in recovery from SMI, also known as PNs to provide supportive services to their peers. The team partnered with a community agency, Trilogy Behavioral Healthcare in Chicago, to implement the PNP. A total of five bilingual peer navigators, including a supervisor, were hired and trained on the 20-hour long PN curriculum.

Peer Navigator Service User Perspectives

We randomly selected 15 Latinos with SMI (25% of the intervention group) who had received PN services through the RCT study and conducted individual, in-vivo interviews lasting approximately 1 h. The sample ($n=15$) was 33% female with an average age of 49 years. Most participants (80%) chose to complete the interview in Spanish and were most commonly born in Mexico (53%), Puerto Rico (20%), or the continental U.S. (13%). Sixty-seven percent of participants were unemployed and 33% had less than high school education. Participants were most commonly diagnosed with major depression (53%) or anxiety (27%). The interview guide was developed by the CBPR team and included both general questions (e.g. “Tell me about how the Peer Health Navigator program and its services has made an impact on your general health”) and more specific (e.g. “Tell me about how the quality of time with your Peer Health Navigator has been for you”).

All invited participants agreed to take part in the study and were paid with a \$25 gift card. Participants were consented and interviewed in the participant’s preferred language (3 were conducted in English and 12 in Spanish). Interviewers were bilingual research assistants trained in semi-structured interview techniques. Interviews were audio recorded and professionally transcribed. Spanish-language interviews were back-translated into English prior to coding.

Peer Navigator Perspectives

We conducted interviews with the five PNs (including the PN supervisor) who provided services in the RCT. PNs (4 female, 1 male) were Latinos in recovery from SMI. The interview guide was developed by the CBPR team to further understand the PN experience. Questions included: “What are ways we can improve the overall program for you?” and “What are ways we can improve the training for working with clients?” PNs who had all provided services for at least 8 months were invited to participate in a 1-h interview about their experiences with the PNP. PNs coordinated with the research team to schedule interviews at a location and time convenient to them. One PN who had resigned from the program was interviewed by phone rather than in person. All interviews were conducted in English and were recorded and transcribed. The Illinois Institute of Technology Institutional Review Board approved the study protocol and interviews were conducted in 2016.

Data Analysis

Thematic analysis with an objective strategy was used to categorize data into strengths and challenges from each stakeholder perspective (service users and peer navigators; Marshall and Rossman 1999). The decision to categorize by strengths/challenges was based on the CBPR team aim of evaluating the strengths and weaknesses of the program. Next, an emergent strategy was used to further categorize data into themes and subthemes, with the purpose of highlighting all distinct themes. For both studies, preliminary codes were identified by study authors after thorough review of transcripts. Second, third, and fourth authors completed coding of the same transcripts and then met to review and discuss discrepancies. Once inter-rater reliability between coders exceeded 75%, coders proceeded independently. Similar codes were collapsed, and authors organized codes into themes and subthemes, which were presented to the CBPR team and discussed as a check on validity.

Final themes were reviewed by the first and fifth author, resulting in further combination of several similar subthemes and reorganization for clarity.

Results

To determine the strengths and weaknesses of the peer navigator program, a randomly selected subgroup of service users ($n = 15$) from the PN RCT provided feedback on their experiences with the PN program. Results were categorized into PNP strengths (Table 1) and PNP challenges (Table 2). Themes for PNP Strengths were further subdivided to differentiate strengths of the PNP services broadly from the more specific PN characteristics and competencies that service users discussed. In the second part of the study, five PN providers from the RCT (Latinos in recovery from SMI) were interviewed about their experiences with the program. Results were also divided into PNP strengths (Table 3) and PNP challenges (Table 4).

Service User Perspectives on Peer Navigator Program

Table 1 displays service user perspectives on PNP strengths, divided into PNP Services and PN Characteristic and Competencies. Themes are ordered by frequency, with those most commonly mentioned by participants listed first. We discuss themes and subthemes for service user defined strengths in further detail below.

User-Reported Strengths of Peer Navigator Program Services—Major themes for programmatic strengths were: (1) emotional support; (2) informational support; (3) community navigation; and (4) care coordination. Provision of emotional support was highly endorsed by service users: “Whenever I feel, like, depressed, she’s [my PN’s] like my shoulder to cry on, and she is always there for me.” Emotional support also took the form of enhancing self-esteem through positive feedback and encouragement of positive emotions: “What she gives me, she gave me that boost, and those are the most special moments that I carry close to me.”

PNP service users also described PNs as providing them with information and resources. One service user said, “... she [my peer navigator] looks on the internet or wherever to look for way to help me, with who I can talk to, with who can solve my problem.” Another described how the PN helped her family obtain winter jackets and one noted: “she [my peer navigator] always tells me ‘Any doubt that you have, call me. Anything that you want me to support you in or find out, call me, or tell me, I am here and we’ll do it.’” Service users reported that PNs helped in a problem-solving capacity, especially with complex medical appointments:

If I have a question or need to, like, for example, when I go to the hospital or I can’t make an appointment because I have many problems...my PN has told me ‘look, when you have problems in this and that I’ll help’ and she always helps me solve it.

Service users related numerous examples of how PNs helped with community navigation, often accompanying them or transporting them to appointments. Services were described as holistic and focused on individual needs: “We’ve even gone out—because I’ve been very depressed—and she takes me out—we went to the conservatory to see flowers and I felt better

there.” Facilitating communication between service users and other health providers and applying for benefits such as health insurance were commonly cited components of community navigation work: “It’s [the PNP has] given me security in the services that, given my emotional situation, were difficult—like paperwork, getting health insurance and other activities.”

PNs translated documents, interpreted for medical appointments, and assisted clients in understanding health recommendations: “She [peer navigator] came with me, if I couldn’t say something.” Navigation services were wide ranging:

She [peer navigator] helped me, for example, even with how to put an alarm on my cellphone that I wasn’t able to do without her staying there. That is elemental things such as that, which for me is important to learn.

Another service user said: “I get rides to my appointments, doctor’s appointments, psych appointments, if I have to purchase groceries, or anything...” Relatedly, service users discussed the care coordination activities provided by the PNP. PNs referred clients to other providers such as therapists, psychiatrists, primary physicians, specialists, and employment services.

User-Reported Strengths of Peer Navigator Characteristics and Competencies

—Major themes for programmatic strengths were: (1) understanding as a peer; (2) *confianza*; (3) accessibility; (4) communication; and (5) professionalism. PN service users viewed *peeriness* as important for services, but conceptualized the concept of peer in several different ways. These included being a mental health peer (e.g. “I can feel the support because she’s already lived it. She’s over that, she’s survived it already”), Latino peer (e.g. “if somebody is from my background, from my own culture, I think that just makes me feel more at ease that I’m actually being less judged in that way”), Spanish-language peer (e.g. “He speaks the same language as me”), and gender peer (e.g. “...with her I can talk about what, well about what I wouldn’t talk about with anyone else, woman to woman”). Service users talked about being more at ease working with a peer because there was less explanations required within the relationship. As one individual put it: “it’s very comfortable because we speak the same language, and have many similar experiences.” Another participant suggested why the peer aspect of the program was desirable, saying “Sometimes it’s not so much telling me what to do, but knowing what’s happening to me.”

PN service users also emphasized the concept of *confianza* or trustworthiness in the relationship with the PN. In Spanish, *confianza* describes a bidirectional, trusting relationship that is particularly valued in Latino culture. As part of *confianza*, service users described PNs as respectful and non-judgmental. For example, participants said of their peer navigator “He makes one trust him. I can share things with him that, over there, outside, maybe I wouldn’t share it, not even at work...” and “One of the things that I explained to her right away when I met with her, that I’m a very a private person. And she’s respected that tremendously.” Another said: “I feel *confianza* towards her, of explaining my problems to her, talking to her about personal things, things about my family that, at the moment, that maybe I haven’t even told others, not even the other support groups that I go to.”

Effective PNs were often described as accessible to service users: for example, “She sets time apart to see me for that week. Either a day or twice a week I see her, or even if we don’t meet, I could call her.” Service users described regular interaction with their PN, often including phone check-ins or scheduled weekly appointments. They stressed the importance of receiving communication and outreach from their PN to determine whether there were emergent issues that they required help with.

The way that the PN communicated with their clients was important. This came through PN reflections (e.g. “She [peer navigator] says that she has noticed my change from the first time she met me until now.”), and active listening (e.g. “It’s not telling me what to do, but listening more than anything.”). Another noted, “I’d been in other therapies... but I saw the person as cold...like I didn’t see them giving me attention...and with her, I did, because she listens to me.” The PNs were also described by service users as professional, competent, and dedicated to working with clients in addressing both physical and mental health needs.

User-Reported Challenges of Peer Navigator Program Services—Service users were asked to speak about the limitations of the PNP (see Table 2). Most commonly, service users said they wished for more time with the PN or more frequent sessions. As one service user put it,

It’s [the program] very satisfying to me, but sometimes I would like more time because, how do you say it, I do feel comfortable with her and time passes very quickly. Probably I would want more visits, more continuous visits also.

Service users were acutely aware of time limits on the program due to the grant end date, which they viewed as a weakness: “I think that time has flown by and I think that they should extend it more.”

Other service users experienced lapses in their contact with their PN, saying that the phone calls became less frequent over time or they did not hear from their PN as expected. While service users were aware that PNs had mental health challenges of their own, users wished that PNs would disclose more about their own struggles and develop a more personal mutual relationship with them. Service users said: “We don’t talk about more than the program.” and “She doesn’t talk to me about her life.” A few services users expressed that the PNs seemed uncomfortable and somewhat disconnected from other agency services. Some also noted that they felt a lack of progress in working with the PN or wished that the program could provide help with additional needs (e.g. dental care).

Peer Navigator Perspectives

Results for the interviews conducted with PNs are shown in Tables 3 and 4. In Table 3, the PN-reported strengths were divided into programmatic strengths (i.e. positives about the program itself) and Peer Navigator strengths (i.e. specific activities deemed important for PNs). Table 4 summarizes Peer Navigator perspectives on program challenges. The similar structure of strengths and challenges from both service users and service providers on the PNP allow for comparisons of differential perspectives on the program.

PN-Reported Strengths of Peer Navigator Services—Programmatic strengths (Table 3) describe the benefits of the program itself, for both the PNs and service users.

Programmatic Strengths: In terms of the program, PNs were enthusiastic overall about the training curriculum, discussing specific aspects that they found useful: “Well, it was awesome to learn motivational training, the reflective listening.” and “I used many of the pamphlets to assess the need of the client, in order to make better judgement.” Referring to the lesson on asking open-ended questions, a PN noted: “The open-ended questions...I used them a lot because for some people, asking easy questions, yes or no, that doesn’t get any information at all.” The team environment was also commonly mentioned as a plus. “Because, I love the job, but sometimes it gets stressful. As long as you have a supportive environment, which I think I have here.”

PNs discussed the importance of supervision and the strengths of the supervisor. The supervisor acted as a support, but also as important for accessing resources: “But she’s been really helpful and she understands I’m having problems, when I need a day off because I’m not feeling well.” Another said: “She was always sending us resources, motivating us to go to trainings to be better.” Furthermore, PNs expressed gratitude for access to ongoing training through the healthcare agency, and endorsed the peer model of individualized service provision implemented through the PNP.

Peer Navigator Strengths: PN reported that helping clients with specific cognitive tasks such as goal-setting, prioritizing, and problem-solving, was particularly important. They described using PN curriculum tools to engage in these activities with clients: “At the beginning of the conversation, when I gave them the exercise sheet, they were like, ‘I don’t know, maybe I need this.’ But afterwards, they are like, ‘oh my god yeah, it’s pretty clear what I need right now.’” Time management, including flexibility, helped PNs meet the changing needs of their clients, which was needed primarily when accompanying clients to medical appointments of unknown duration. “I was with [a client] 1 day, and I literally sat in the office with him 3 h, waiting for him to get seen. You have to make the leeway.” PNs discussed other essential tasks such as maintaining a recovery orientation, building the relationship with clients, communication, confidentiality, providing follow-up support, and engaging in motivational interviewing.

PN-Reported Challenges of Peer Navigator Services—PN challenges were coded into five categories (see Table 4): (1) working with clients; (2) supervision needs; (3) logistics; (4) training needs; and (5) resource needs. In working with clients, PNs said that fully engaging clients in services and resolving financial barriers, especially for those who were undocumented, was extremely challenging: “But the main one [challenge] was the immigration status, because it scared them, didn’t make them feel comfortable, and it was a struggle for them.” Another said, “Trying to find a doctor, it’s difficult without insurance, without—if you don’t have a status—you can’t have public aid, for example.”

Another PN response exemplified specific regional challenges to care:

It was also tough because during the study a lot of services were cut because of the [Illinois state] budget, and so in engaging clients, we couldn't be like 'here are these ten places you can go to help you.' We were like 'oh, there's a really long waiting list right now.' Or 'oh, this service has been cut in your neighborhood.' And they're like 'well, you're not really helping me.' So that kind of sucked.

In terms of supervision, PN reported a need for supervisors to be more available, communicate more about procedures, and identify task boundaries. Particularly in the beginning, PNs struggled with knowing what paperwork to complete and having enough support from supervisors. PNs wished that the supervisor had provided more direct guidance at the beginning of the program and engaged in more direct supervision, such as shadowing their work with clients. PNs also thought there could have been more cohesion between members of the PN team and better communication between team members. Because PNs were often out in the field, they did not feel as connected to one another or informed about clients of other PNs. PNs felt that team cohesion was important, but when divisions came up within the team, some found it difficult to navigate these when the supervisor was not available. Finally, while PNs understood their role of providing healthcare navigation to address physical health needs, others at the healthcare agency were somewhat unclear about that role. As one PN noted,

I also think that because Trilogy [agency] is a mental health organization, sometimes they [Trilogy] viewed us as mental health clinicians.... And even though we told them we're not, they still kind of wanted us to be in that therapist role.

Similarly, the logistics of integrating the PN program into the existing agency services was a challenge. For example, a PN said, "But I think it was a little confusing for us to go through Trilogy's orientation and their expectations, and duties of their direct employees versus what the Peer Health Navigator training manual was telling us was our role." Additionally, there were occasional conflicts between the PN training and the agency in which it was implemented: "Trilogy has a plan, like a policy with their clients. For example, If the client missed three appointments, you don't schedule that appointment anymore. But in the study, they tell us to try to keep calling." Some PNs wished that other agency staff would have been better informed about the PNP and that the PNs would have been better introduced and welcomed into the agency, with a chance to know more agency staff.

PNs thought they had additional needs for training which included specific suggestions such as more about motivational interviewing, emotion management, grief, employment, substance abuse, communication, and safety. Furthermore, PNs felt the need for more resources:

She [my client] just worked sometimes, not all the time, but she needed a lot of medical attention. And she didn't have the money to pay the medical stuff. So they have to pay out of pocket and they don't have that kind of money to pay for doctors.

This was especially true for those with undocumented status: "Most of them doesn't have insurance, most of them don't have a status, an immigration status. So it was so difficult to find resources..."

Discussion

A qualitative CBPR-based study examined the perspectives of service providers and recipients in a PNP for Latinos with serious mental illness. Service users reported a wide range of services, most often receiving emotional support, information, or navigation services. Services appeared very individualized and holistic in nature (e.g. obtaining winter jackets; applying for health insurance; accompanying to community gardens). In terms of program challenges, service users often desired more services or contact with PNs. Multiple characteristics and competencies were mentioned by service users as desirable. In particular, PN service users talked about the aspects of being a peer, the *confianza* or trust that they developed with the PN, and PN accessibility as being especially important factors.

The PNs provided their own perspectives on program strengths and weaknesses. PNs were positive about the PN training curriculum, but suggested augmented training in specific areas. PNs seemed mixed about the team environment and supervision that they received, with a number of accolades and suggestions about both topics. PNs discussed the needs to work with clients on cognitive tasks such as goal-setting and problem-solving, but also with less tangible aspects such as belief in recovery and developing the client-provider relationship. PNs identified multiple challenges beyond supervision and team cohesion. These included difficulties engaging with clients, financial/insurance barriers for clients, and the need for greater organizational planning and supports.

Both PN service users and providers identified significant challenges for Latinos, in particular those who were undocumented, to access services, despite PNP interventions. Service users and providers discussed the importance of the relationship, especially the peer relationship in PN services; however, service users tended to emphasize and describe the importance of that relationship more fully than the PNs. Contrarily, PNs were inclined to emphasize the specific strategies and techniques (e.g. motivational interviewing, problem-solving strategies) that they were employing. This suggests that while PNs do build trust with their clients, they might be unaware of its importance in terms of impact on the client. PNs were better equipped to comment on the programmatic aspects of peer navigating (e.g. training curriculum, supervision, team environment) and PN-reported challenges understandably tended to focus on the work environment, rather than the quality of services.

Overall, PN roles and activities seem to overlap largely with those of cancer PNs (Dohan and Schrag 2005; Jean-Pierre et al. 2011; Wells et al. 2008; Yosha et al. 2011) from past research. For example, Yosha and colleagues (2011) identified cancer patient needs addressed by PNs that fall into three categories: emotional support, informational support, and accompaniment. A review of patient navigation services in cancer concluded that interventions commonly strive to educate patients, address care-related challenges, challenge systemic barriers, and provide psychosocial interventions (Wells et al. 2008). PN and service user responses from the present study tend to mirror these objectives.

Results for PNs in this study highlighted the importance of *peeriness* and *confianza* (trust) in the client-navigator relationship. Most of the service user-reported weaknesses centered around a desire for more services rather than a critique of services received. This is

consistent with current service models for individuals with serious mental illness (e.g. supported employment and assertive community treatment), which suggest a need for unlimited and comprehensive services (Corrigan et al. 2016). In contrast, PNs themselves were more critical of the program overall and provided important feedback for future improvements.

Limitations

The data generated from this study may not be generalizable to other PN programs or to subsequent implementations of this program. A small number of navigators ($n = 5$) and service users ($n = 15$) participated in interviews for this study. Thus, all perspectives might not have been reflected. In particular, men were overrepresented in this random sub-sample of the RCT intervention participants. Social desirability might have influenced responses in a more positive direction, as the researchers in this study were known to the participants through the larger RCT and may have been motivated to give answers that were more positive about the program. Furthermore, the wording of interview questions could have led participants to focus on certain areas and neglect others. While some questions were general, others were more pointed and leading. CBPR team members developed these questions with the intention of evaluating areas of the program that they believed most important to investigate; however, this strategy may have led to restriction of responses or social desirability. Qualitative analyses, by their nature are subjective and open to bias; while we made efforts to systematically analyze data and consider interpretation from multiple perspectives, results or interpretations may not fully reflect those of all the research participants. A different set of questions was presented to each of the stakeholder groups (PNs and service users), precluding the ability to directly compare content of responses. PN service users often discussed the importance of *peerness*, but the methods of this study do not allow us to determine whether peers are more or less effective at delivering navigation services.

Practical Implications

These results suggest that service users desire more individual time with PN and that PNs could expand their repertoire of referrals (e.g. more dental services). PNs may benefit from additional training on engaging the difficult-to-engage client, in addition to training in other desired areas (e.g. emotion management, grief, substance abuse, employment).

In this study, the PNP was incorporated within a mental health agency with few existing Latino services. Future use of the PNP can more proactively consider how the PN program can be better integrated within the agency structure and how PNs can be indoctrinated into the organizational culture, while retaining their unique identity as peer navigators. A review of peer support services for people with SMI suggests, among others, trainings for non-peer staff on provision of supportive environment, and agency administrators who can champion the program (Davidson et al. 2012). A smooth program roll-out will require a supervisor who is familiar with both the PN curriculum and with agency norms, and who is positioned to provide structured support and mentoring to nascent PNs. A successful supervisor will be required to manage conflicts within the team and promote communication between PNs and may need to undergo specific supervisory training in preparation.

The data also provide a starting point for future research on essential components for PN programs. Research could explore the process through which PNs build trust with clients, or how different aspects of *peeriness* (mental health status, ethnicity, gender) might impact the ability to gain trust and influence positive change. That is, is shared ethnicity more meaningful than shared mental health history, and how do outcomes vary according to peer status?

PN services, as with other CHW programs, are largely funded by grants, making sustained programming challenging (Balcazar et al. 2011). Importantly, PN services are limited to what Latinos with mental illness are eligible for and can afford. Particularly, Latinos who are undocumented or lack affordable health insurance will be unable to benefit from navigation services and might deem it worthless to engage in healthcare at all.

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References

- Alegría M, Carson NJ, Goncalves M, Keefe K. Disparities in treatment for substance use disorders and co-occurring disorders for ethnic/racial minority youth. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2011; 50(1):22–31. [PubMed: 21156267]
- Alegría M, Mulvaney-Day N, Woo M, Torres M, et al. Correlates of past-year mental health service use among Latinos: Results from the national Latino and Asian American study. *American Journal of Public Health*. 2007; 97(1):76–83. [PubMed: 17138911]
- Arvey SR, Fernandez ME. Identifying the core elements of effective community health worker programs: A research agenda. *American Journal of Public Health*. 2012; 102(9):1633–1637. [PubMed: 22813092]
- Balcazar H, Alvarado M, Ortiz G. Salud Para Su Corazon (health for your heart) community health worker model: Community and clinical approaches for addressing cardiovascular disease risk reduction in Hispanics/Latinos. *The Journal of Ambulatory Care Management*. 2011; 34(4):362. [PubMed: 21914992]
- Bauer AM, Chen C, Alegría M. English language proficiency and mental health service use among Latino and Asian Americans with mental disorders. *Medical Care*. 2010; 48(12):1097–1104. [PubMed: 21063226]
- Cabassa LJ, Camacho D, Vélez-Grau CM, Stefancic A. Peer-based health interventions for people with serious mental illness: A systematic literature review. *Journal of Psychiatric Research*. 2017; 84:80–89. [PubMed: 27701013]
- Cabassa LJ, Gomes AP, Meyreles Q, Capitelli L, Younge R, Dragatsi D, ... Lewis-Fernández R. Primary health care experiences of Hispanics with serious mental illness: A mixed-methods study. *Administration and Policy in Mental Health and Mental Health Services Research*. 2014; 41(6): 724–736. [PubMed: 24162079]
- Cardoso JB, Thompson SJ. Common themes of resilience among Latino immigrant families: A systematic review of the literature. *Families in Society*. 2010; 91(3):257–265.
- Corrigan PW, Kraus DJ, Pickett SA, Schmidt A, Stellan E, Hantke E, Lara JL. Using peer navigators to address the integrated health care needs of homeless African Americans with serious mental illness. *Psychiatric Services*. 2017; 68(3):264–270. [PubMed: 28093056]

- Corrigan, PW, Mueser, KT, Bond, GR, Drake, RE., Solomon, P., editors. The principles and practice of psychiatric rehabilitation: An empirical approach. New York: Guilford Press; 2016.
- Corrigan PW, Pickett S, Batia K, Michaels PJ. Peer navigators and integrated care to address ethnic health disparities. *Social Work Public Health*. 2014; 29(6):581–593.
- Corrigan PW, Torres A, Lara JL, Larson JE, Sheehan L, Doig S, Mayes J. Peer navigators for the health needs of Latinos with serious mental illness. *Psychiatric Services*. (in press).
- Davidson L, Bellamy C, Guy K, Miller R. Peer support among persons with severe mental illnesses: A review of evidence and experience. *World Psychiatry*. 2012; 11(2):123–128. [PubMed: 22654945]
- Diaz VA. Cultural factors in preventive care: Latinos. *Primary Care*. 2002; 29(3):503–517. [PubMed: 12529894]
- Dohan D, Schrag D. Using navigators to improve care of underserved patients. *Cancer*. 2005; 104(4): 848–855. [PubMed: 16010658]
- Fisher TL, Burnet DL, Huang ES, Chin MH, Cagney KA. Cultural leverage interventions using culture to narrow racial disparities in health care. *Medical Care Research and Review*. 2007; 64(5 suppl): 243S–282S. [PubMed: 17881628]
- Folsom DP, Gilmer T, Barrio C, Moore DJ, Bucardo J, Lindamer LA, ... Jeste DV. A longitudinal study of the use of mental health services by persons with serious mental illness: Do Spanish-speaking Latinos differ from English-speaking Latinos and Caucasians? *The American Journal of Psychiatry*. 2007; 164(8):1173–1180. [PubMed: 17671279]
- Jean-Pierre P, Hendren S, Fiscella K, Loader S, Rousseau S, Schwartzbauer B, ... Epstein R. Understanding the processes of patient navigation to reduce disparities in cancer care: Perspectives of trained navigators from the field. *Journal of Cancer Education*. 2011; 26(1):111–120. [PubMed: 20407860]
- Jojola CE, Cheng H, Wong LJ, Paskett ED, Freund KM, Johnston FM. Efficacy of patient navigation in cancer treatment: A systematic review. *Journal of Oncology Navigation & Survivorship*. 2017; 8(3):106–115.
- Kelly E, Fulginiti A, Pahwa R, Tallen L, Duan L, Brekke JS. A pilot test of a peer navigator intervention for improving the health of individuals with serious mental illness. *Community Mental Health Journal*. 2014; 50(4):435–446. [PubMed: 23744292]
- Marshall, C., Rossman, GB. Designing qualitative research. 3. Thousand Oaks: SAGE; 1999.
- Murray B, McCrone S. An integrative review of promoting trust in the patient–primary care provider relationship. *Journal of Advanced Nursing*. 2015; 71(1):3–23. [PubMed: 25113235]
- Nelson A. Unequal treatment: Confronting racial and ethnic disparities in health care. *Journal of the National Medical Association*. 2002; 94(8):666. [PubMed: 12152921]
- Sullivan MM, Rehm R. Mental health of undocumented Mexican immigrants: A review of the literature. *Advances in Nursing Science*. 2005; 28(3):240–251. [PubMed: 16106153]
- Sundquist J. Ethnicity as a risk factor for mental illness: A population-based study of 338 Latin American refugees and 996 age-, sex- and education-matched Swedish controls. *Acta Psychiatrica Scandinavica*. 1993; 87(3):208–212. [PubMed: 8465669]
- US Department of Health and Human Services. Department of Health and Human Services, SAMSHA. Mental health: A report of the surgeon general. Center for mental health services. National Institutes of Health, National Institute of Mental Health; Rockville, MD: 1999.
- Wells KJ, Battaglia TA, Dudley DJ, Garcia R, Greene A, Calhoun E, ... Raich P. Patient navigation: State of the art or is it science? *Cancer*. 2008; 113(8):1999–2010. [PubMed: 18780320]
- Yosha AM, Carroll JK, Hendren S, Salamone CM, Sanders M, Fiscella K, Epstein RM. Patient navigation from the paired perspectives of cancer patients and navigators: A qualitative analysis. *Patient Education and Counseling*. 2011; 82(3):396–401. [PubMed: 21255958]
- Zuvekas S, Fleishman JA. Self-rated mental health and racial/ethnic disparities in mental health service use. *Medical Care*. 2008; 46(9):915–923. [PubMed: 18725845]

Table 1

Service user perspectives on peer navigator program (PNP) strengths

PNP services	Subthemes
Emotional support	Enhance self-esteem Support expression of negative emotions Encourage positive emotions
Informational support	Provide information and resources Give suggestions and advice Help problem-solve Give reminders
Community navigation	Provide transportation to appointments Accompany to appointments Facilitate communication with treatment providers Help understand health care technology Assist with exercise goals Apply for health insurance or other benefits
Care coordination	Refer to other services Coordinate care with other providers
PN characteristics and competencies	Subthemes
Understanding as peer	Mental health peer Latino peer Language peer Gender peer
Confianza	Trustworthy Reliable Confidential Non-judgmental Respectful
Accessibility	Regular check-in/outreach Available Helpful Flexible
Communication	Listening skills Reflective Patient-centered style Patience
Professionalism	Professional Competent Determined/dedicated

Table 2

Service user perspectives on PNP challenges

Themes	Descriptions
Time constraints	Service users desired longer sessions, more frequent sessions, or longer continuation of program
Communication	Service users experienced lapses in contact with peer navigator
Relationship	Service users wanted a more personal relationship with PN
Service integration	Service users sensed that PN were uncomfortable/inexperienced with their role in the agency
Progress	Service users felt lack of progress despite the program
Service needs	The program should provide additional services

Table 3

Peer navigator perspectives on PNP strengths

Themes	Subthemes
Programmatic strengths	PN training curriculum
	Positive team environment
	Supervision
	Learning opportunities for PN
	Provision of individualized services
	Latinos-as-peers model
Peer navigator strengths	Help with goal setting, prioritizing, problem-solving
	Time management/flexibility
	Recovery orientation
	Strong relationship with client
	Communication
	Confidentiality
	Providing follow-up support
	Motivational interviewing

Table 4

Peer navigator perspectives on PNP challenges

Themes	Subthemes
Working with clients	Clients are difficult to engage
	Financial issues prevent clients from seeking healthcare services
	Barriers to traveling for client appointments
	Program could have addressed more physical health needs
Supervision needs	Need for greater supervisory support and availability
	More emphasis on team-building and team communications
	Need for better communications about changes in procedures
	Should identify task boundaries for peer navigators
Logistics	Peer navigator program could be better integrated with agency policy, procedures, and programming
	Peer navigator team should be better integrated with other agency staff
Training needs	Motivational interviewing
	Mental health/emotion management
	Grief
	Employment
	Substance abuse
	Communication
	Safety
Resource needs	Resources for undocumented clients
	Greater awareness of resources
	Need for continuation of program