

Peer navigation and recovery planning for people on addiction treatment waiting lists

Annette Peart
Ari Roxburgh
Lauren Findlay
Benn Veenker
Tarisai Shinya
Dan Lubman

I acknowledge the Traditional Custodians of the lands on which we meet, the Wurundjeri people of the Kulin Nation, and pay my respect to Elders past and present.

I extend that respect to any Aboriginal and Torres Strait Islander peoples here today or joining us online.

I recognise sovereignty was never ceded.

This always was, always will be Aboriginal land.



Today's presentation

- Background: navigation, recovery capital, and peers
- Intervention development in a helpline setting
- Discovering a new tool – REC-CAP
- Intervention development in a waiting list setting
- Results of the waiting list pilot
- Next steps

Navigating the health system

- Patient navigation – 1990, Freeman, Harlem Hospital Center
- Jump to 2025 – patient navigation used within and across a variety of settings
- No one definition, but focus on eliminating barriers to care (Tang & Ghali, 2021)
- Person-centred service delivery model

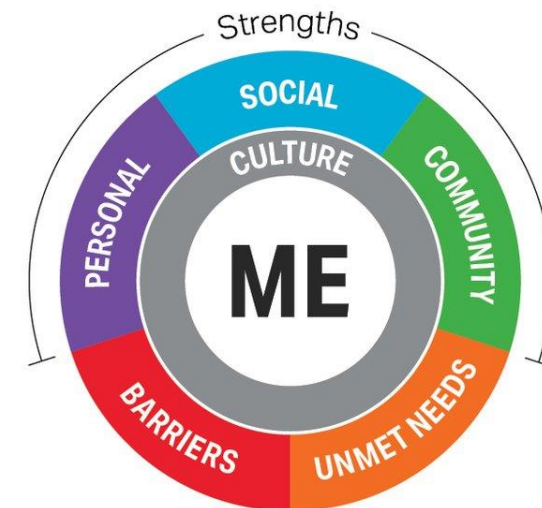
Tang, KL & Ghali, WA (2021). Patient navigation: Exploring the undefined. *JAMA*, 2(11).

Recovery capital

- “...resources and capacities that enable growth and human flourishing” (Best & Ivers, 2022)
- Internal and external dimensions and factors (personal, social, community)
- Strengths-based approach
- Different aspects work together
- Dynamic, changes over time, according to circumstances and conditions
- People have different amounts and this influences their recovery progress

Recovery Capital

What am I building to sustain my recovery?



© 2023 R1 Publishing LLC / All rights reserved

Our work

- Take elements of the **patient navigation** concept – eliminating barriers to care – at the same time as optimising a person's **recovery capital**
- Testing out this concept and applying it to different settings
- Using a **person with lived experience** – peer worker – to undertake these tasks

DRUGS: EDUCATION, PREVENTION AND POLICY
<https://doi.org/10.1080/09687637.2024.2330941>




Taylor & Francis
Taylor & Francis Group

RESEARCH ARTICLE

 OPEN ACCESS

 Check for updates

Peer navigation: a pilot study to improve recovery capital for alcohol and other drug telephone helpline callers

Annette Peart^{a,b} , Freya Horn^{a,b}, Bosco Rowland^{a,b,c}, Shalini Arunogiri^{a,b}, Darryl Jones^b, Victoria Manning^{a,b} and Dan I. Lubman^{a,b}

^aEastern Health Clinical School, Monash University, Richmond, Australia; ^bTurning Point, Eastern Health, Richmond, Australia; ^cCentre for Social, Early and Emotional Development, School of Psychology, Deakin University, Burwood, Australia



[Photo by Leah Newhouse](#)
[Photo by nappy](#)



Engage helpline callers in a peer navigation intervention

- Intervention started following call to **Directline**
- **Peer workers** as navigators, knowledge of services and access, skills in building relationships, assisted callers to take steps to **improve recovery skills and address barriers to care**
- **Six telephone sessions weekly:** build trusting relationship based on shared lived experience, role model recovery, connect and support, engage with services



Findings

- Small to moderate significant improvements in participants' **recovery capital and self-efficacy**
- Significant improvements in **substance use problem severity**
- Unique benefits of peer approach, including access to resources and support
- *[The peer worker] made me feel like normal, like what I'm going through is normal, not like an outcast, yeah, that these things happen to everyday people ... (Michael, age 35)*
- Role clarity and structure for peers
- REC-CAP (RECoverY CAPital) tool – could this help with structure?

Tool: REC-CAP – RECOVERY CAPital

Work, Training and Volunteering

Are you currently working (full-time or part-time)? ☒ Yes ☐ No

Are you currently attending university or higher education? ☐ Yes ☒ No

Are you currently volunteering? ☐ Yes ☒ No

Section 3: Service Needs

Do you need help or additional help with any of the following?
Please select all that apply.

☐ AOD treatment services
☐ Mental health services
☐ Housing services
☐ Employment services
☐ Primary healthcare services (G
☐ Family relationship services

Section 4: Personal Recovery Capital

Please read the following statements and check "agree" only if you agree with it entirely and unreservedly. Do not
 question but give your initial feeling at this moment. These should reflect how you currently feel about things that
 to you in the **last 3 months (90 days)**.

Having a sense of purpose in life is important to my recovery journey ☒ Agree ☐ Disagree

I am able to concentrate when I need to ☐ Agree ☒ Disagree

I am coping with the stresses in my life ☒ Agree ☐ Disagree

I am free from worries about money ☐ Agree ☒ Disagree

I am happy dealing with a range of professional people ☒ Agree ☐ Disagree

I am making good progress on my recovery journey ☒ Agree ☐ Disagree

I cope well with everyday tasks ☒ Agree ☐ Disagree

☒ Agree (I don't let other people

- Assesses recovery strengths and barriers
- Provides output that can be used by peers to guide people in recovery planning
- Measurement of recovery capital gains over time

Barriers to accessing care

- Stigma, limited resources, and excessive waiting times for addiction treatment, care and support
- Understanding and navigating the healthcare system is confusing and costly
- The ‘waiting experience’ is not uniform (Neale, et al., 2024)
- Time on waiting lists (“dead zone”) is a barrier to treatment-seeking and engagement (Francia, et al., 2022)

Francia, et al., 2022. Putting out the welcome mat: A qualitative exploration of service delivery processes and procedures as barriers to treatment seeking for people who use alcohol and other drugs. *Drug Alc Rev*, 42.

Neale, et al. 2024. Waiting for inpatient detoxification: A qualitative analysis of patient experiences. *Int J Drug Policy*, 123.



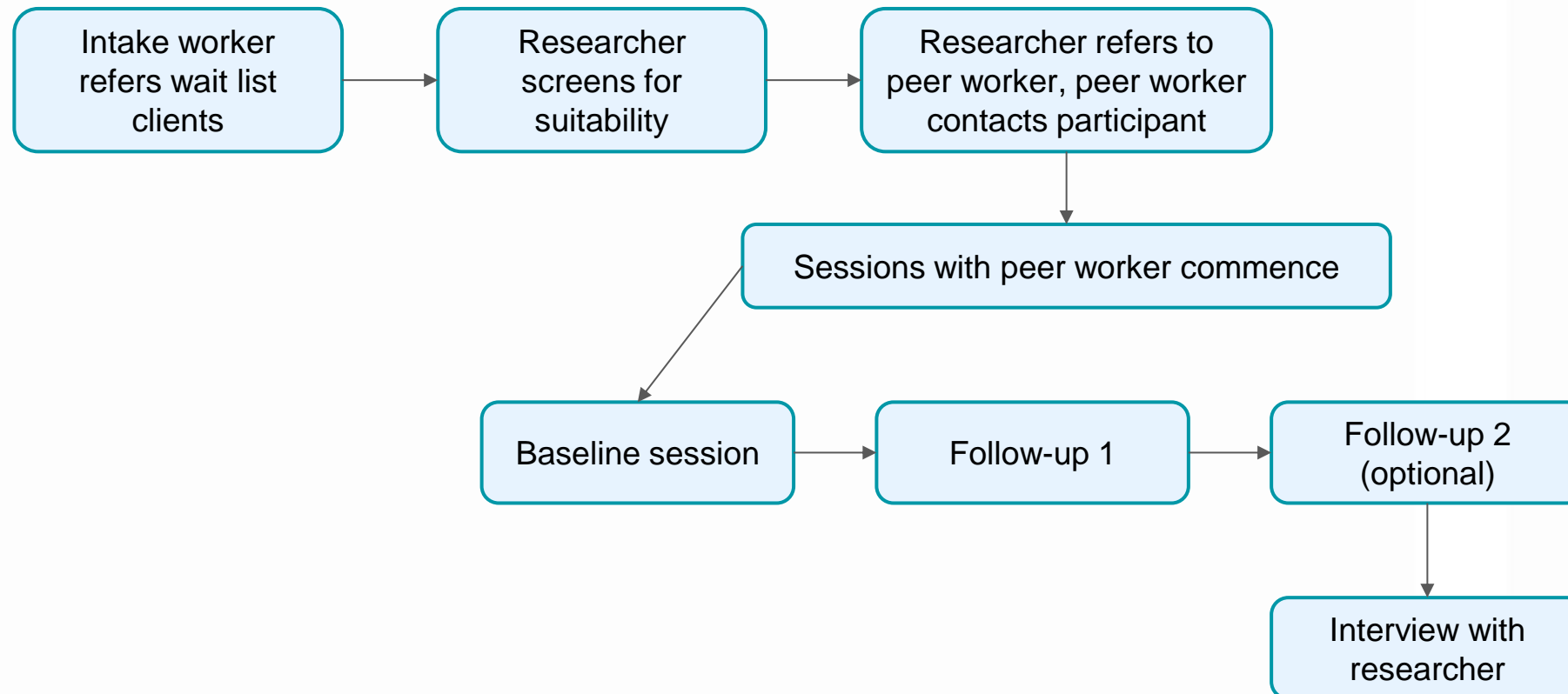
Setting: Turning Point Eastern Treatment Services (TPETS) Intake Services

- TPETS Intake Services facilitate entry into AOD services through intake assessment and support
- Provide support, triage, and referral to appropriate treatment providers
- Intake assessments face-to-face (walk-in Box Hill) or telephone.
- Person placed on waiting list, with bridging support

Process for this study

- Received funding from the Helen and David Hains Foundation
- Designed this pilot with TPETS staff and Turning Point peer workers
- Peer worker training day to learn about recovery capital, the REC-CAP tool, and the pilot aims and processes
- Worked out the best recruitment strategy for people on the waiting list

Process



REC-CAP – goal mapping and navigational support

Overall Recovery Capital Score: 45.57

This is a measure of your overall level of positive recovery capital (resources to use in your journey) and (things getting in the way of your journey) on a scale of -100 to 100.

Resources to use in your journey	65.57
Things getting in the way of your journey	-20

Personal Recovery Capital

Personal Recovery Capital Score: 80%

Moderate personal recovery capital

- *Coping and life functioning (high)*
- *Psychological well-being (moderate)*
- *Physical health (high)*
- *Personal autonomy, responsibility (high)*
- *Life purpose, optimism (high)*

Commitment to Recovery

Commitment to Recovery Score: 100%

- *Commitment to recovery (high)*

Community Recovery Capital

Community Recovery Capital Score: 21.43%

Low community recovery capital

Social Recovery Capital

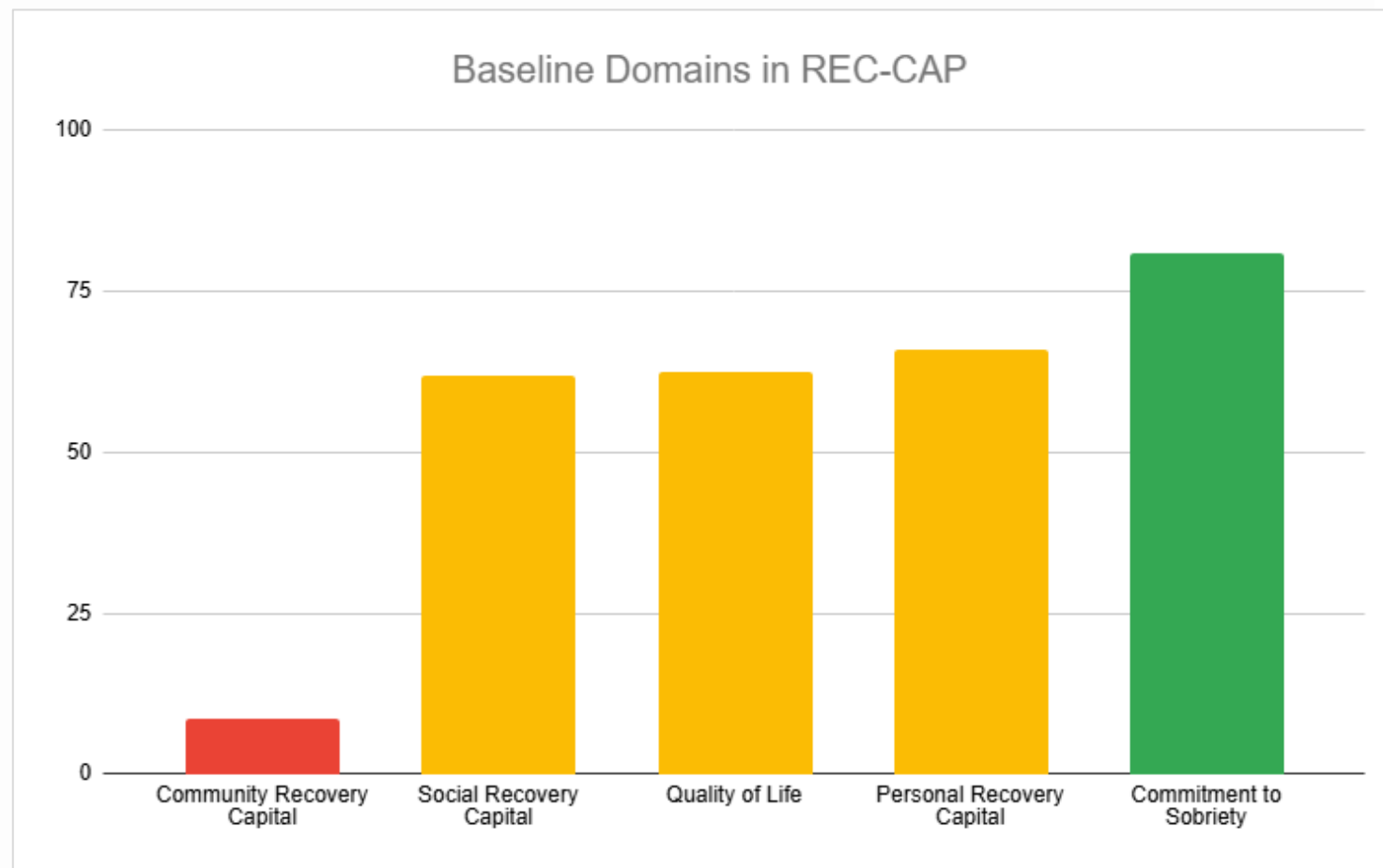
Social Recovery Capital Score: 68%

Moderate social recovery capital

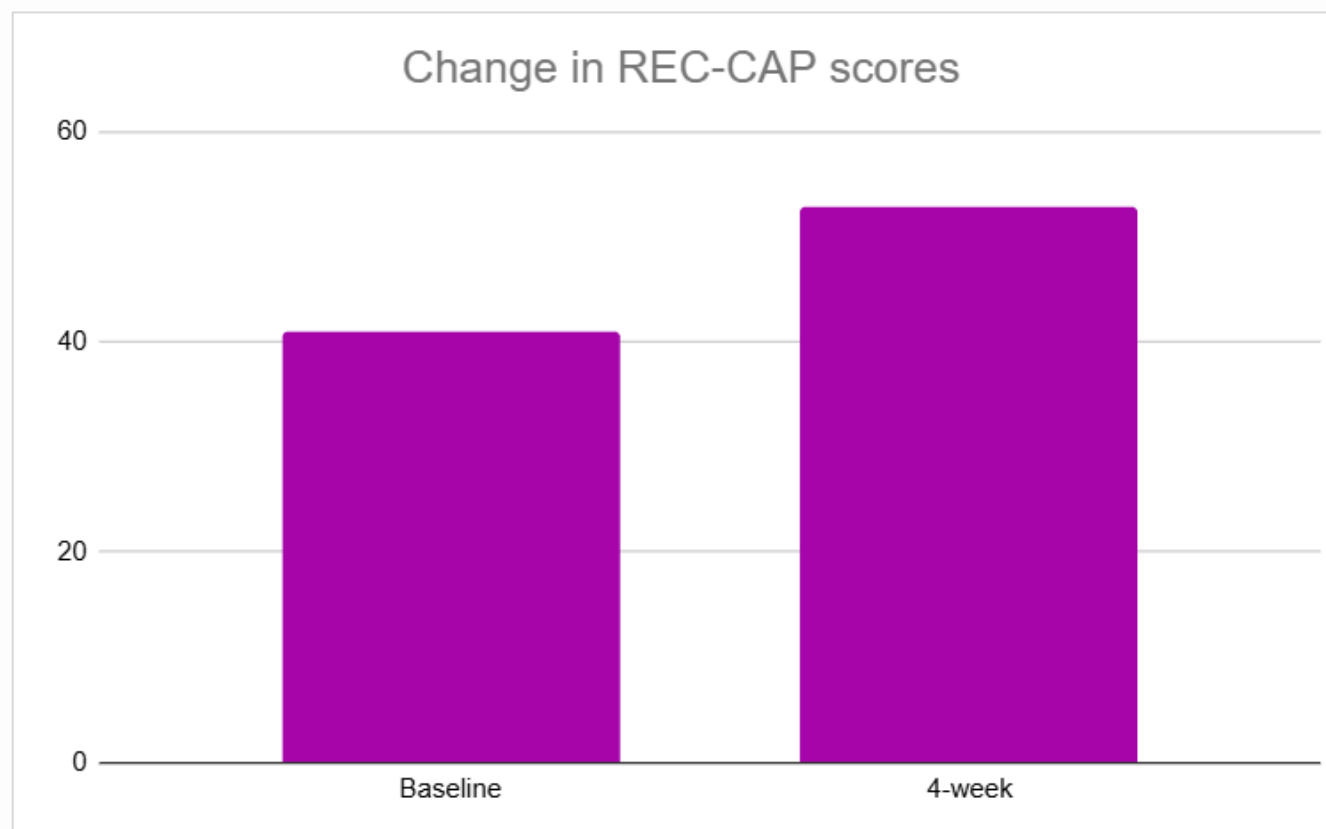
- *Community Involvement and Identity (moderate)*
- *Social support (high)*

- Strengths: **personal, social, well-being, and support and commitment**
- Barriers and unmet needs mapped to goals with identified strengths
- Peer helps create goals, measures achievement as person executes self-directed recovery plan

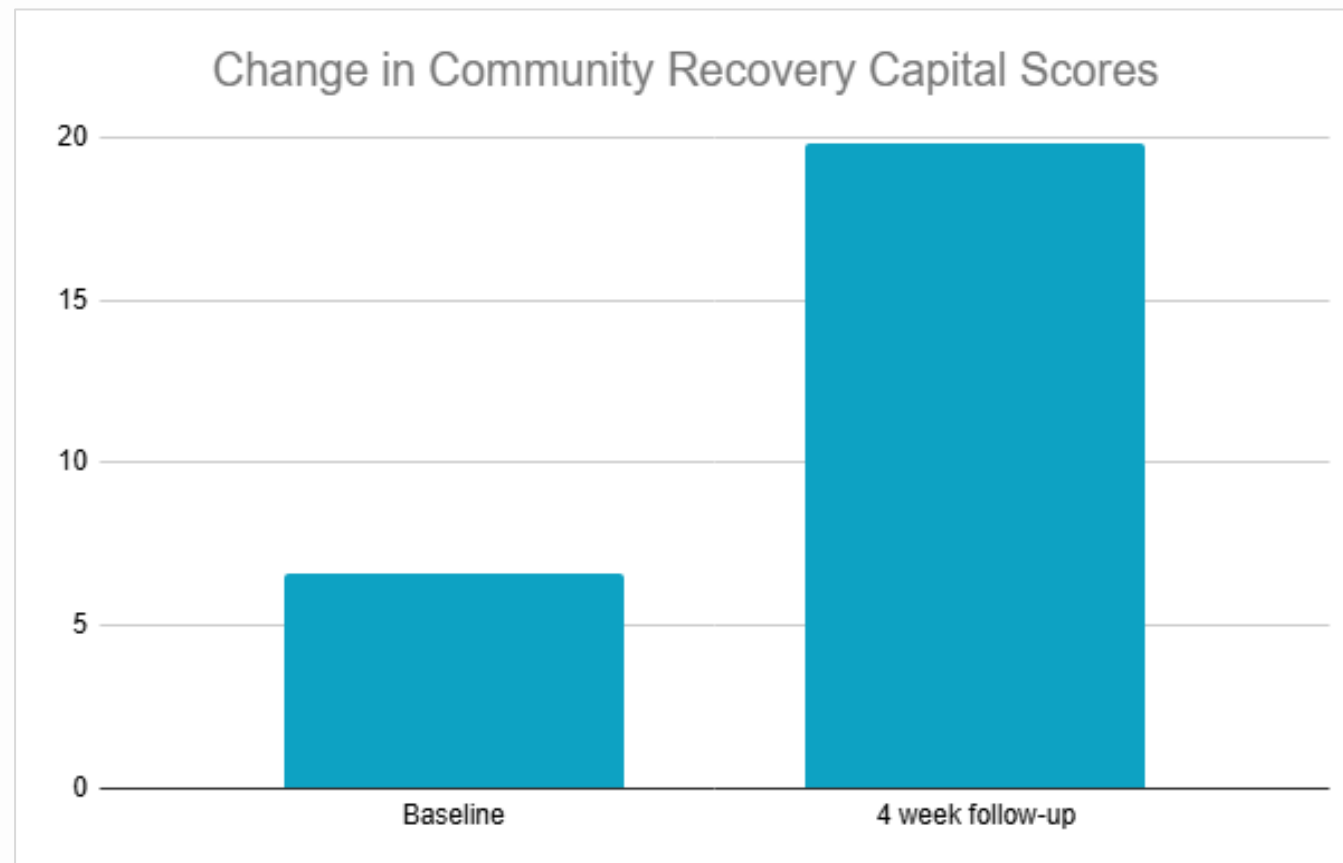
Results: REC-CAP at baseline



Results: REC-CAP at four weeks



Results: Community recovery capital



Results: Goals set

- Attend recovery groups such as AA, NA, and SMART Recovery while waiting for treatment
- Many wanted to get back into sports they had stopped due to substance use
- Improve relationships with partners, family, and friends, and continue getting support from mental health professionals
- Setting limits on alcohol and drug use and finding ways to manage cravings

Results: Participant Interviews

"I've been through quite a few things health wise, especially in the last month. So between the 2nd and 3rd REC-CAP sessions has been hugely helpful, in keeping my mind on not drinking ... keeping focused on staying sober." (P9, 54 yo W)

"... I really appreciated that they [peer worker] were open ... it just really helped reinforce that what I was doing was valid and on track. And having seen their success story, having come out the other end of their addiction, it was just really hopeful and relatable and relevant ... it really meant everything." (P14, 52 yo W)

Results: Staff Interviews

“... REC-CAP helped to prompt the goals ... see the areas in which they need support ... connectedness was the kind of really important thing. Most of the goals were around that ... [using REC-CAP] they're actually seeing that, 'hey, yeah, I'm not getting out. I'm not doing anything.' ... it was really good to have that to show them where they're at.” *(PW2)*

“... our counselling list is so long, if clients were able to get involved with that within the first few weeks ... that actually would have set them up and prepared them really well to get even more out of counseling.” *(Intake worker)*

Next steps

- Refining the REC-CAP tool for our local needs
- Providing more guidance on assessment and goal setting procedures
- Thinking through other settings to apply the concept of peer navigation, supplemented by the recovery capital tool -> continuing care

Wellington House

- Pilot randomised controlled trial with 80 clients
Wellington House
- Participants assigned to control group or intervention group
- Followed up at 4 -weeks and 12-weeks post-discharge
- Funded by HCF Foundation Translational Research Grant

Conclusion

Further information about our peer navigation and recovery support work:

annette.peart@monash.edu

Acknowledgements

Turning Point team: Lauren Findlay, Dan Lubman, Victoria Manning, Ari Roxburgh, Tarisai Shinya, Benn Veenker, DirectLine and TPETS staff

Funders: HCF Foundation; Helen and David Hains Foundation