

Perspectives of Young Emerging Adults With Serious Mental Health Conditions on Vocational Peer Mentors

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Abstract

For early emerging adults with serious mental health conditions, vocational services with peer mentors are a promising adaptation of adult system evidence-based practices. Peer mentors were added to the Individual Placement and Support model of supported employment for 17- to 20-year-olds receiving residential and psychiatric care. To explore the feasibility of vocational peer mentors, open-ended satisfaction surveys and the Working Alliance Inventory were administered to mentees at 12 months. Thematic analysis of surveys reveals the importance of peer mentor authenticity, flexibility, and being a graduate of the mental health program where vocational services were based. Valued relational processes include the act of talking in the community, feeling understood, and forming a bond with peer mentors. Mentees with positive peer mentoring experiences reported stronger working alliances. This study sheds light onto near-age mentoring relational processes for this population, which can inform future research of mentoring processes and intervention design.

Keywords

transition age youth, peer mentoring, intervention adaptation, vocational services

Introduction

Evidence-based and developmentally tailored mental health services for emerging adults (ages 18–30 years) are critically lacking (Davis, 2003; Gilmer, Ojeda, Fawley-King, Larson, & Garcia, 2012; Manteuffel, Stephens, Brashears, Krikelyova, & Fisher, 2008). This age group is unlikely to access mental health services (Pottick, Warner, Stoep, & Knight, 2014), which is troublesome given the high rates of mental health conditions (Pottick et al., 2014; Substance Abuse and Mental Health Services Administration [SAMHSA], 2012), as well as the stress and instability (Arnett, 2004) observed in emerging adulthood. For adults with serious mental health conditions (SMHC), such as schizophrenia and bipolar disorder, participation in the Individual Placement and Support (IPS) model of supported employment consistently produces better vocational outcomes, as well as improved psychosocial functioning compared with typical services or a variety of other vocational approaches (Drake, Bond, & Becker, 2012). To better meet the needs of emerging adults with first episode psychosis, Supported Education (SE) services have been integrated with IPS (Killackey, Jackson, & McGorry, 2008; Nuechterlein et al., 2008). Across seven studies, IPS with SE resulted in higher employment and/or education

enrollment compared with vocational services as usual (Rinaldi et al., 2010).

IPS has not yet been adapted for early emerging adults with SMHC who were diagnosed in their youth and have long histories of intensive mental health treatment by the time they reach age 18 years. This population has unique characteristics affecting their vocational outcomes and service engagement. Young people with SMHC are likely to have multiple conditions, including behavioral, mood, and substance use disorders (Copeland et al., 2013; Pottick et al., 2014) and typically experience delayed high school graduation and entry into the job market (Carter & Wehby,

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2003; Davis, 2003). Common among adolescents with SMHC is child welfare system involvement, which also puts young people at risk for vocational struggles (Courtney & Heuring, 2005). Young people with the most severe SMHCs with histories of psychiatric hospitalizations are likely to receive residential treatment (Preyde et al., 2011), which can distance them from family, school, and community, and interrupt academic and vocational development (Trout, Hagaman, Casey, Reid, & Epstein, 2008). Together, these experiences threaten this populations' capacity to succeed in entry-level jobs and postsecondary education programs in early emerging adulthood. An opportunity exists for child service providers to adapt effective adult system practices to support this populations' vocational attainment.

Since the recovery movement, peer support has become common in adult community mental health services and is linked to clinical outcomes, such as decreased psychiatric hospitalizations (Sledge et al., 2011). However, peer support is a new approach in child mental health systems. The integration of peer mentoring with vocational services for young people with SMHC is promising. Peer relationships are key experiences in emerging adulthood (Arnett, 2004) and influence the health and behavior of young people during the transition to adulthood (e.g., Oppenheimer & Hankin, 2011; White et al., 2008). Recent research highlights the lack of vocational role models among young people with SMHC living in residential care settings (e.g., Vorhies, Davis, Frounfelker, & Kaiser, 2012). For populations who (a) are facing multiple major simultaneous transitions (e.g., emancipation from child welfare, entry into labor market) and (b) have multiple service professionals in their lives, near-age mentoring may allow for validation and learning from someone who is further along in their own transition to adulthood. Specifically, having shared "lived" mental health and treatment experiences (Deegan, 2007) is recognized as uniquely equipping "peer" support providers to engage difficult to engage populations (Davidson, Chinman, Sells, & Rowe, 2006), which is important for a population with low rates of mental health service use (SAMHSA, 2012).

In general, mentoring in child service systems is aimed at facilitating vocational success across youth, academic, and workplace settings (Eby, Allen, Evans, Ng, & DuBois, 2008). Formal near-age peer mentoring programs are popular for at-risk youth (e.g., Big Brothers/Big Sisters of America; Rhodes & DuBois, 2008) where younger mentees are paired with slightly older mentors in school programs. Research of the impact of mentoring is mixed (Eby et al., 2008). For example, having a slightly older student mentor in the first year of college was associated with college satisfaction during peer mentoring receipt but not with graduation rates or grade point average 4 years later (Sanchez, Bauer, & Paronto, 2006). Thus, the benefits associated with peer mentoring may not directly translate into vocational outcomes but are meaningful in other ways.

Mixed findings like these have led researchers to call for a more nuanced understanding of "mentoring" beyond outcomes associated with having a mentor (Davidson et al., 2006). "Peer mentoring" is different depending on the adopted mentoring model (e.g., formal, agency based or informal, community based), desired outcomes (e.g., academic achievement; risk behavior decrease), context (e.g., school, work, etc.; Colvin & Ashman, 2011), and how the act of "mentoring" is conceptualized. For example, peer mentoring through provision of knowledge and encouragement around a particular goal is recognized as "instrumental" mentoring (Karcher & Nakkula, 2010). Also, critically lacking is research exploring the relational processes of mentoring (how connections are fostered between mentor-mentee dyads) and what influence the processes and connections have on outcomes (Spencer, 2006). One way peer services in adult mental health have been explored is through the strength of the therapeutic or working alliance, which is a collaborative relationship based on trust, consistency, and responsibility between a provider and service recipient (Kirsh & Tate, 2006). Stronger working alliances are associated with improved service engagement and mental health outcomes in adults with SMHC (Solomon, Draine, & Delaney, 1995).

As providers adapt innovative strategies to support older youth beginning their transition to adulthood while still in child service systems, there is a serious need to not only describe these adaptations but also understand how they are experienced to make any conclusions about the developmental appropriateness of the adaptations. This article reports on an open-trial feasibility study of vocational near-age peer mentors as part of an adapted IPS model delivered to young emerging adults with SMHC. Specifically, this study aims to answer the following questions: (a) How often did participants meet with their peer mentor and vocational specialist? (b) How satisfied were participants with their peer mentoring experience? (c) What peer mentor attributes and mentoring experiences were of value (and not of value) to participants and why? and (d) Did strong working alliances develop between peer mentors and participants?

Method

Study Context

This article reports on one facet (peer mentorship) of a 3-year feasibility study of adaptations to IPS for emerging adults (Ellison et al., 2014). The site of the study was Thresholds, a mental health organization in Chicago. Institutional review boards at the Illinois Department of Child & Family Services (DCFS) and Thresholds approved the study. The adapted IPS model was implemented at the Thresholds' Young Adult Program (YAP). YAP provides residential care, vocational services, and mental health treatment (e.g., psychiatry and therapy) to individuals aged

16 to 22 years with one primary psychiatric diagnosis, typically including bipolar disorder, major depression, schizophrenia, as well as one or more comorbid anxiety, developmental, behavioral, or substance use disorders (e.g., posttraumatic stress disorder, cannabis dependence, conduct disorder). YAP participants live in supervised apartments or group homes in the community with 24-hr staff support. Participants typically have histories of complex trauma, psychiatric hospitalizations, residential care, minimal or no work experience, delayed high school completion, and sporadic family contact.

In the current study, a near-age peer mentoring model (Miller, 2002) was used in which the participants (ages 17–20 years) were paired with mentors who were slightly older (21–30 years). Peer mentors were “matched” with participants based on interests and experience. Initial qualifications for being a “peer” included (a) having a SMHC and the ability to share one’s story about successfully overcoming obstacles in his or her mental health recovery and vocational attainment, (b) being a YAP graduate who possesses a genuine interest in helping one’s peers to be successful, and (c) being a high school graduate who has held a job for at least 6 months and/or has attended a postsecondary educational program. To address peer mentor job tenure issues and to better match participants with mentors, peer mentor characteristics were expanded to include non-YAP graduates with experiences in child welfare and mental health systems or the adult mental health system and IPS services. Peer mentors were employed by Thresholds as part-time employees (working 5–10 hr a week). Ideally, peer mentors were also employed elsewhere and/or engaged in postsecondary education.

During 40 hr of training (typically occurring over a 6-week period), peer mentors completed courses aimed at increasing active listening skills, IPS knowledge, and the ability to share one’s vocational experiences effectively. They also attended vocational support groups and observed vocational team members meeting individually with participants. After completing the training, peer mentors were assigned between one and six mentees to meet with individually each week at the agency or in the community for 30 to 60 min. Primary peer mentor duties initially included providing emotional and informational support in regard to work and school and supporting engagement in vocational services. Over the course of the study, peer mentor duties expanded to include directly supporting exploration of potential jobs, careers and schools (e.g., visiting local employers and schools), coaching professionalism, and role modeling how to maintain healthy relationships with peers at work or in school. Peer mentors used a variety of topics to build rapport with and engage participants in discussions about work and school. In general, peer mentors aimed for 25% to 50% of meeting time to be focused on vocational attainment, allowing mentees to guide conversation topics during the rest of the meeting time.

Table 1. Peer Mentor Demographics.

Demographics	Peer mentors (n = 13)
Age	
20–21 years	5
22–24 years	6
25–30 years	2
Race/ethnicity	
African American	9
Latino	3
White	1
Receiving Supplemental Security Income	10
Emancipated from the child welfare system	9
Receiving adult mental health system services	6
Current and past employment experience	
Past part-time retail/customer service/fast food	10
Past full-time retail/customer service/fast food	2
Current other part-time position	2
Current and past education experience	
High school graduate	11
Current enrollment in GED program	2
Current enrollment in community college	4
Current enrollment in 4-year college	2
Past enrollment in community college	3
Past enrollment in 4-year college	1

Note. GED = General Educational Development.

Peer mentors worked closely with vocational specialists to coordinate efforts to support client vocational development, defined here as including progress with education and training, as well as employment. Peer mentors participated in bimonthly vocational team meetings where they discussed mentee vocational progress, received suggestions for how to better engage and support mentees, and importantly, provided an “insider” perspective on the challenges facing this population through sharing their own earlier vocational challenges. Peer mentors were supervised by a vocational specialist on the adapted IPS team who met with peer mentors daily and supported mentor–mentee activities (based on mentee expressed goals and identified needs). Peer mentors also participated in a weekly clinical supervision group facilitated by a licensed clinical social worker to support peer mentors in building healthy relationships with mentees and to process the emotional and (at times) traumatic content shared by mentees.

Initially, the goal was for 2 peer mentors to be on the IPS team. Due to turnover, between 1 and 4 mentors were employed at any given time during the 2.5-year study (July 2010–December 2012). A total of 13 peer mentors were hired (median age = 22 years; range = 20–30 years). All but one reported having a SMHC. See Table 1 for peer mentor demographics.

Table 2. Satisfaction Survey Questions.

Domains	Survey questions
Peer mentor experience	• What did you like most and least about your peer mentor? • What was it about the peer mentoring meetings that motivated you, or helped you continue to meet with your peer mentor? • How do you feel about meeting with your peer mentor? • What was helpful (and not helpful) about meeting with your peer mentor? • Was it difficult to meet with your peer mentor weekly? If so, why?
Peer mentor characteristics	• In your opinion, what other characteristics make a good peer mentor? • Do you . . . Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree . . . that a mentor should ◦ Have work or school experience ◦ Be a graduate of YAP ◦ Be similar in age to mentee ◦ Be the same gender as mentee ◦ Have a serious mental health condition ◦ Share his or her personal experiences, even if some are negative
Impact of peer mentor	• How do you think you benefited from this program overall? • Over time, was your mentor able to help you develop and/or achieve your vocational goals? • Have you learned something important about your employment or education goals from participating in the peer mentoring program?

Note. YAP = Young Adult Program.

Recruitment

Study participants were recruited who (a) were interested in working or attending postsecondary education programs, (b) were currently unemployed or not attending school, and (c) had at least 1 year of remaining eligibility for participation in YAP services. Potential participants were referred to the research team by the IPS team and were screened for eligibility. Participants could only access IPS services with the addition of a peer mentor if enrolled in the study. Of the 44 eligible for study participation, 35 enrolled. Of the 9 who did not, 5 did not want to work with a peer mentor and 4 did not want to participate in the study.

Participant Characteristics

Date of birth, gender, race, ethnicity, employment history, education achievement, mental health diagnoses, state custody status, receipt of Supplemental Security Income (SSI), and living situation type were collected from the agency electronic medical record (EMR) system after study enrollment by a research assistant. Mental health diagnoses are assessed and documented in the EMR by licensed clinicians and psychiatrists at the agency where the study took place.

Peer Mentor and Vocational Specialist Contact

Quantity of participant contact with peer mentors and their vocational specialists were measured by the frequency of visits and duration of visits in minutes each month. Vocational specialists recorded the date and start and end time of their meetings with participants in the Thresholds

EMR. Peer mentors recorded the date and start and end time of their meetings with participants on a “contact sheet” after each meeting. Contact sheets and EMR documented contacts were summed by the research assistant to calculate the number and duration of monthly and quarterly contacts.

Measures

Described below are the two measures used to assess the peer mentor component in this study: (a) a primarily open-ended peer mentoring satisfaction survey and (b) the Working Alliance Inventory–Short Form (WAI-S).

Satisfaction survey. Valued peer mentor characteristics and mentoring experiences were assessed through the peer mentor feedback survey. The survey is a semi-structured questionnaire administered 12 months after initiating peer mentor services. The questionnaire was developed by the Thresholds-Dartmouth Research Center and assesses general satisfaction with peer mentoring services, the impact peer mentoring has on vocational or educational goal accomplishment, and provides an opportunity to rank valued peer mentor characteristics. Participants were given the choice to write their own responses on the paper and pencil survey or respond verbally for the research assistant to record responses. See Table 2 for survey questions.

WAI-S. The WAI-S was administered to participants to assess their perceived working alliance with their peer mentor(s). The WAI-S is a 12-item self-report measure of the working alliance between a client and mental health practitioner (Tracey & Kokotovic, 1989). It is scored on a 7-point

Likert-type scale ranging from 1 (*never*) to 7 (*always*). Two versions of the WAI-S exist, one for clients and one for mental health practitioners. Internal consistency on the WAI-S subscales and total score are high, ranging from .90 to .98 (Tracey & Kokotovic, 1989). For purposes of this study, the client version was adapted to specifically measure the working alliance between study participants and their peer mentor by replacing the word “therapist” with “peer mentor” (e.g., “I believe my peer mentor likes me”).

Analysis

First, descriptive statistics were conducted for participant characteristics and contact with peer mentors and vocational specialists. Non-parametric statistics, including Mann–Whitney U and chi-square tests, were used to compare survey completers with non-completers. Using thematic analysis, a method of identifying and interpreting patterns of qualitative data (Braun & Clark, 2006), three members of the research team individually coded the open-ended survey responses. The team met twice to discuss individually generated codes and identify major themes within and across survey responses. Two different cohorts were identified: (a) those who had positive peer mentor experiences (e.g., felt safe, understood, and trusting of peer mentor) and (b) those who had a negative, mixed, or no opinion of their peer mentor experiences. Finally, Mann–Whitney U tests were used to compare total WAI scores and frequency of contact with peer mentors and vocational specialists between these two cohorts.

Results

Description of Sample

Of the 35 total study participants, 33 met with a peer mentor at least once. Of these 33, 21 (64%) completed the satisfaction survey. Thirteen provided verbal responses that were recorded by the research assistant and 8 provided written responses. Surveys were not completed for the following reasons: 5 were unable to be contacted (they had discharged from the program where they had participated in the adapted IPS services and their provided contact information did not work postdischarge), 3 were incarcerated, 3 stated that they had not met with a peer mentor, and 1 declined survey completion.

Survey completers ($n = 21$) were younger (median = 18 years; range = 17–20 years) than non-completers ($n = 12$; median = 19 years; Mann–Whitney $U = 72.5$; $p = .03$). Survey completers included 13 females and 8 males. Females were twice as likely to complete the survey than males ($\chi^2 = 4.16$, $p = .04$). Survey completers tended to be African American ($n = 18$), under the custody of the state ($n = 18$), and had qualified for SSI ($n = 14$). Using Pearson chi-square tests, no differences were found between survey

completers and non-completers with regard to race/ethnicity ($\chi^2 = 2.94$; $p = .23$), SSI receipt ($\chi^2 = 0.25$, $p = .62$), and state custody status ($\chi^2 = 0.59$; $p = .44$).

At enrollment, 13 survey completers had been employed in the past and had not yet graduated high school or received their General Educational Development (GED; $n = 19$). Thirteen had a mood disorder (e.g., bipolar disorder) as their primary *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; *DSM-IV*; American Psychiatric Association, 1994) Axis-1 diagnosis; 7 had a psychotic disorder and 1 had a developmental disorder as primary diagnoses. Most ($n = 17$) had at least one additional Axis-1 disorder, with posttraumatic stress disorder being the most common ($n = 10$).

Of the survey completers ($n = 21$), during the 12-months of the study, individual meetings with peer mentors ranged greatly from 1 to 30 meetings. Participants typically met with a peer mentor individually 9 times (median = 9). Similarly, individual meetings with vocational specialists ranged from 1 to 40, with a median of 14 meetings in the year of study participation.

Benefit of Peer Mentoring

Sixteen of 21 (76%) participants reported valuing or benefiting from peer mentoring in their open-ended responses. Benefits cited included increased self-awareness and responsibility ($n = 5$), job search and interview support ($n = 4$), and assistance in connecting with vocational team ($n = 3$). For example, one employed 17-year-old described that his peer mentor “gave me a new perspective on how to look at my life from people that have been where I am now.”

Ten of 21 (48%) reported peer mentoring aided in development and achievement of vocational goals in their open-ended responses. Peer mentors were cited as providing advice and concrete suggestions regarding vocational goals, as well as helping participants gain insight into the job search process while thinking about the future. For example, some participants cited their peer mentor as helpful with scheduling and managing commitments. Two participants cited learning from their peer mentor about the hiring process, how to dress during the interview, and how “to be patient.” A 19-year-old participant reflected that his peer mentor “got me thinking about what I would do after I get my high school diploma.” Participants also reported how their peer mentors provided guidance in navigation of romantic and peer relationships, exploring future housing options, and finding community resources.

Valued Peer Mentor Attributes

When asked open-ended questions about what characteristics make a good peer mentor, respondents emphasized the following: (a) being “strong,” “positive,” and “trustworthy”;

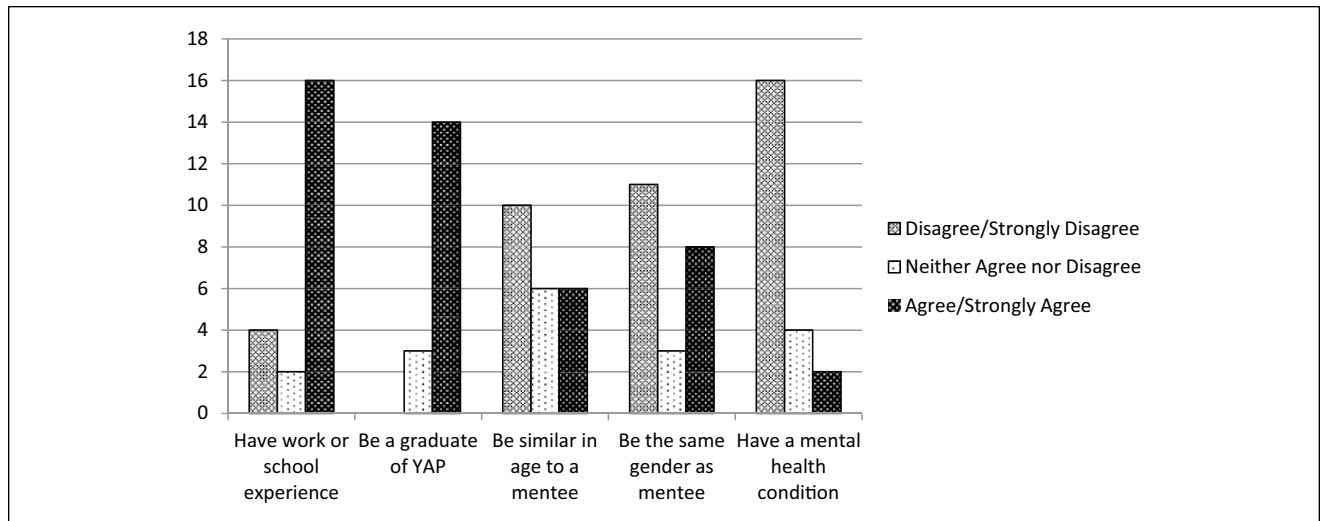


Figure 1. Valued peer mentor attributes.

Note. YAP = Young Adult Program.

(b) having similar life experiences and a capacity to empathize; and (c) having “overcome” personal struggles. For example, a participant who was enrolled in high school during the study described her peer mentor as “. . . trustworthy. I could talk to him about everything.” A participant who completed high school and enrolled in a cardiopulmonary resuscitation (CPR) course during the study described a desirable peer mentor as “someone who is honest . . . they can help someone without criticizing.” Also, the authentic way that peer mentors acted and reacted to participant experiences were described as valuable. A female who graduated from high school during the study described liking her peer mentor because “she didn’t look at me differently . . . she didn’t put on a phony act.” Mutual understanding and the ability to relate to one another were also cited as important. A participant with work experience but who was unemployed during the study described a good mentor as “someone who was one of us and when they get older, they can talk about their life, how they get through it and show us how to do it.” Mentees appeared to value not only being understood by the peer mentor but also actively “understanding” their peer mentor. A participant employed part-time as janitor reflected on what motivated him to engage with peer mentors: “I can relate . . . they were similar in age and problems.”

When specifically asked the extent to which they agreed or disagreed that a peer mentor should have each of a list of characteristics in the structured part of the survey, 16 of 21 (76%) participants agreed or strongly agreed that work or school experience was important, while 14 of 21 (67%) agreed or strongly agreed that having graduated from YAP was important (see Figure 1). Being similar in age, the same gender, or having a mental health condition was less important. Participants were also asked whether their peer mentor

should “share his or her personal experience, even if some are negative.” Ten of 21 (48%) agreed or strongly agreed that mentors should share their personal experiences (even if negative), while 8 of 21 (38%) disagreed or strongly disagreed and 4 of 21 (19%) neither agreed nor disagreed.

Peer Mentoring Relationship

Receipt of advice, feeling related to and understood, and having the opportunity to “talk” to and “bond” with someone with similar life experiences were valued aspects of the peer mentoring relationship that emerged from the open-ended questions. Participants described how peer mentors provided new insights into a particular vocational process or direct advice on how to do something to attain vocational goals. For example, participants valued “being given a perspective that I hadn’t seen before” and that peer mentors “help [with] making decisions about what kinds of jobs I should apply for.” Advice mattered because peer mentors had “been through it all before.” Valuing peer mentors was not limited to vocational support. Some valued processing their personal struggles (e.g., with relationships; securing housing) with their peer mentor. However, as clearly stated, it was not only the information and insight gleaned from peer mentor interactions but it was also the building of a relationship between peer mentor and mentee: “[we] talked about my job and how important it was that I keep it . . . but it was also a bond.”

Indicated in their open-ended responses, participants liked talking with peer mentors because of the quality of their conversation, especially for the undivided attention they received from someone who they could relate to and who understood them. For example, one stated that his peer

mentor “knows what he is talking about; he seems to pay attention to everything I say to him.” Feeling a sense of trust in the interaction with peer mentors was an important part of the mentoring experience, clearly highlighted by one participant’s description of what he or she liked about peer mentoring: “I felt safe and listened to.” Also present in the open-ended responses was appreciation for the reciprocal/dual nature of the relationship. For example, a participant who graduated from high school during the study described her peer mentor as someone who “understands where I am coming from and I understand where she is coming from.”

The opportunity to spend time together as peer mentor–mentee dyads outside of the agency and in the community, as well as small incentives, was commonly mentioned in open-ended responses as motivators to meet with peer mentors or what participants liked about peer mentor meetings. Incentives included US\$5 gift cards to a local coffee shop and sandwich shop, providing participants with a snack when meeting with their peer mentors. A few noted that it was not only about getting food or drink, but rather, the opportunity to interact in the community with someone who listened and provided advice was valuable. For example, in describing why he liked his peer mentor, one participant said, “I enjoyed his company and the space to get away from the [agency].”

Overall Peer Mentoring Experience

Overall, 13 of 21 (62%) had positive responses regarding their peer mentor experiences (e.g., felt safe, understood, and trusting of peer mentor) and believed that they benefited from peer mentoring. When asked, “what did you like least about your peer mentor,” 8 of 21 (38%) participants replied “nothing.” Three (14%) felt that either the visits were too short or not frequent enough. Two (9%) did not like morning appointments with their peer mentor. Another 2 (9%) felt that their conversations with their peer mentors were redundant. One participant reported her peer mentor focused on her own “personal issues” during their meeting time. Another participant, who emphasized how much he trusted his peer mentor, struggled with a peer mentor leaving his position, lamenting that he least liked when his “peer mentor left and I knew we would not talk anymore.”

Few direct suggestions were made in response to a question about how to improve peer mentoring. However, 13 of 21 (62%) respondents reported difficulty in meeting with their peer mentor weekly due to scheduling issues related to work, school, or program-related activities. After coding for *positive* and *negative* responses, there was a cohort of 8 (38%) who reported primarily negative ($n = 2$), mixed ($n = 2$), or “no feelings to report” due to rarely meeting with their peer mentor ($n = 4$). These respondents suggested improved matching between peer mentors and mentees based on age, interest, and life experiences. One emphasized that a valuable

peer mentor is “someone who will stay here long enough. I had four mentors in 12-months.”

Contact. Contact with peer mentors, but not with vocational specialists, varied by overall peer mentoring experience. Participants with positive peer mentor experiences were significantly more likely to meet with their peer mentor (median = 11 meetings; range = 6–30) compared with those with negative/mixed/no opinion of their peer mentoring experiences (median = 6 meetings; range = 1–13; Mann–Whitney $U = 18.00$; $p = .014$). There was no significant difference found in the amount of vocational specialist contact between those with positive peer mentoring experiences (median = 12 meetings; range = 4–38) and negative/mixed/no opinion of peer mentoring (median = 16 meetings; range = 1–40; Mann–Whitney $U = 53.00$; $p = .942$).

Working alliance. All 21 participants who completed the satisfaction survey also completed the WAI-S at 12-month follow-up. Across these respondents, the median score for the overall working alliance was 65.00 (range = 24–84). Participants who reported primarily positive peer mentor experiences ($n = 13$) had higher working alliance scores (median = 68.00; range = 44–84) compared with those with negative, mixed, or no opinion about their peer mentor experiences ($n = 8$, median = 42.50; range = 24–72; Mann–Whitney $U = 14.0$, $p = .01$).

Discussion

This is the first study to explore peer mentoring experiences as part of adapted IPS vocational services. This open-trial study provides initial evidence that near-age peer mentors may benefit young emerging adults with SMHC who have delayed vocational development and are involved in multiple child systems. Study findings suggest that near-age vocational mentoring was appreciated by some (13 of 21; 62%), especially for time spent in the community with someone who possessed similar life experiences and for the development of a special bond based on trust and understanding. Young emerging adults with SMHC are at risk for lacking social network connections with individuals who are employed and/or have obtained postsecondary degrees (Vorhies et al., 2012). Vocational peer mentors may fill an important developmental void in support for young people with SMHC. However, some (8 of 21; 38%) did not find peer mentors personally useful. These young people tended to have strong relationships with their vocational specialist and possibly had other individuals in their lives who shared vocational information with them, motivated their pursuit of vocational goals, and supported their vocational endeavors. To develop best practices for young emerging adults with SMHC, further research is needed to understand how and why peer mentors are perceived as valuable by some,

but not others, and ultimately, if positive peer mentor relationships enhance vocational outcomes. Especially needed is research of near-age peer mentors embedded in IPS with young emerging adults who do not have the histories of out-of-home care, trauma, and involvement in multiple child systems.

Corroborated and built upon in this study are the key relational experiences identified in research of adult–adolescent mentoring dyads, including companionship, collaboration, authenticity, and empathy (Spencer, 2006). Among those with positive peer mentoring experiences (13 of 21; 62%), these four mentoring experiences were echoed throughout open-ended survey responses. Companionship, or the joy experienced and the value of the mentor–mentee relationship (Spencer, 2006), was present in the expressed emotional closeness and bonds participants had with peer mentors. The value of spending time and “talking” with peer mentors supports previous research on the significance of individual attention afforded through peer mentoring (Colvin & Ashman, 2011). Collaboration, or working together to develop a skill or capacity (Spencer, 2006), was present not only in how peer mentors helped to navigate work and school but also in the support and advice provided across a number of important emerging adulthood transition domains, including relationships, resources, and housing. Experiences of empathy (i.e., feeling understood) and authenticity (i.e., expression of genuine emotions in the mentoring dyad; Spencer, 2006) fueled feelings of companionship and collaboration with peer mentors in this study. Mutual shared lived experiences were cited as both *why* mentees liked their mentors and *how* mentors supported mentees. Participants felt they could be “real” with their mentors and that their mentors were “real” with them, potentially a rare experience due to the multiple stigmas faced in this population. Experiences of authenticity and empathy were achieved through valued peer mentor attributes found in this study and others (e.g., Terrion & Leonard, 2007), which include a capacity to actively listen, express oneself, and convey a sense of safety and trust.

The word “trust” appeared repeatedly across the responses of those with positive mentoring experiences as to what they liked about meeting with their peer mentor and how their mentor supported them. In this study, “trust” appears to be realized through both mentoring relational processes (i.e., the extent to which trust is fostered through experiences of empathy, authenticity, etc.) and peer mentor attributes (e.g., extent to which person is trustworthy, reliable, and safe to disclose to). Trustworthiness is essential in fostering strong working alliances in adult mental health system peer services research (Hewitt & Coffey, 2005). For young people who are distrusting of service providers and who experience stigma due to not feeling understood by family, friends, or professionals (Kranke, Floersch, Kranke, & Munson, 2011), connecting with a peer mentor may offer

a kind of relational or interpersonal respite during this transitional time.

The inclusion of the WAI-S in this study provides initial evidence that forming strong working alliances is a characteristic of positive peer mentor relationships for young emerging adults with SMHC. Working alliance, as applied to therapists, is comprised of therapist–client affective bonds and agreement on treatment goals and therapy tasks (Bordin, 1979). Evidence-informed practices for transition age youth with SMHC, such as the Transition to Independence Process (TIP; Clark & Unruh, 2009) and Rehabilitation for Empowerment, Natural supports, Education, and Work (RENEW; Malloy, Sundar, Hagner, Pierias, & Viet, 2010), strive to foster agreement in goal and task formation through empowering young people to actively engage and advocate for themselves in treatment planning. In addition to the affective bonds and meaningful connections that those with positive mentoring experiences felt with their peer mentors, the higher WAI-S scores suggest that participants also agreed with their peer mentor on their vocational support tasks. Of any age group, emerging adults with SMHC are the least likely to access mental health services (SAMHSA, 2012). Near-age peer mentors may provide a personal connection that fosters shared decision making and goal development, which may influence treatment engagement and longevity. More research is needed exploring the factors that facilitate the development of working alliances between young emerging adults and near-age peer mentors.

Much of the research available on mentoring is with unpaid adults who volunteer to mentor one at-risk youth (e.g., DuBois, Portillo, Rhodes, Silverthorn, & Valentine, 2011). In this study, both trust and strong working alliances were achieved for the cohort that reported a positive mentoring experience (13 of 21; 62%) despite the fact that peer mentors were paid agency employees (not adult volunteers) and worked with a number of young people (not just one young person). Peer support is often grounded in being mutually beneficial and voluntary for both the mentee and the mentor (Solomon, 2004). This study suggests that non-volunteer peer mentors working with multiple mentees is feasible for this population. Additional research is needed to understand how and why trust is built and its impact on mentee (and mentor) experiences and what concrete vocational benefits (e.g., continued engagement in school or work) mentees are afforded through peer mentoring.

Peer support theory in psychiatric rehabilitation is based on the premise that possession of a lived experience with a SMHC is the foundation for a strong working alliance between peer support worker and client (Davidson et al., 2006). The young people in this study did not view having a SMHC as an important characteristic for peer mentors. However, other important “shared” life experiences were identified as important, including a history in the child welfare or juvenile justice system. In addition, participants

highly valued peer mentors having graduated from the same program. Taken together, these findings suggest that shared experience with highly challenging situations may be more important than shared experience of SMHC in this vulnerable population that has experienced both.

Though mentees valued the shared experience of YAP, requiring this experience in mentors proved challenging as program graduate peer mentor turnover was high along with the difficulty in attracting older program graduates who were both vocationally achieving and could commit between 6 and 10 hr a week to peer mentoring. Future research should examine why having gone through the same program is an important peer mentor attribute and the extent to which having specific shared experiences (e.g., with child systems, living in group homes) enhances or interferes with the mentor–mentee bond.

Challenges

Recruitment and engagement findings in this open-trial suggest that vocational peer mentors do not appeal to all young emerging adults with SMHC. Some ($n = 5$) declined to be in the study because they did not want to work with a peer mentor. Others ($n = 3$) never met with their assigned peer mentor despite extensive efforts made by peer mentors to meet individually with study participants. It is important to consider how vocational peer mentors are introduced to young people with SMHC. Participants who were already enrolled in vocational services at the start of the feasibility study may not have perceived a need for additional vocational support through a peer mentor. Participants who were not already enrolled in vocational services but were introduced first to the adapted IPS services and peer mentor through agency-run groups, activities, and other participants, may have been more willing and interested in meeting with a peer mentor.

Critical feedback from the current study revealed challenges in scheduling meetings with peer mentors because of other commitments (e.g., school and work). Terrion and Leonard (2007) found that accessibility, availability, and willingness to commit time are important peer mentor characteristics. In the current study, peer mentors were initially limited to meeting with mentees between 10:00 a.m. and 4:00 p.m. so that peer mentors could receive immediate supervision if needed. After mentee relationships were initially established, peer mentors responded to mentee phone calls, emails, and texts, and met with mentees outside of these hours. Future implementation of peer mentors as part of IPS should design supervisory support to be flexible in the initial stages of the mentor–mentee relationship to ensure that connections are made between the mentors and mentees. Also, peer mentor turnover contributed to the two reports of mixed peer mentoring experiences. Understanding and addressing peer mentor turnover, as well as how the

peer mentoring bond develops and contributes to engagement with the vocational specialist, are important for future research.

Although some mentees overwhelmingly valued their peer mentor, some did not. Having a positive view of peer mentoring was related to higher rates of peer mentor contact. The findings in this small sample did not shed light on the impact of the peer mentoring relationship on engagement with vocational specialists. Future research on this model should investigate this aspect of the peer mentoring relationship. Also, the higher rates of vocational attainment observed among those with negative, mixed, or indifferent peer mentoring experiences are intriguing and warrant further investigation. These rates may have been a result of poor mentor–mentee matching or that those who achieved vocationally did not need extra support or had more scheduling conflicts that prevented the peer mentor relationship from developing. Future research must address the barriers to connecting with peer mentors, vocational specialists, and ultimately progress with work and school.

Theory and Practice Implications

This study is a small feasibility project aimed at understanding how an adult evidence-based practice was adapted to meet the needs of young emerging adults with SMHC involved in multiple child systems in an urban setting. Thus, study implications are cautiously offered. Peer mentoring research with emerging adults with SMHC is in its infancy. Systematic reviews and meta-analyses of the mentoring literature suggest that mentoring affects youth and adult outcomes, including health, well-being, and vocational attainment (e.g., DuBois et al., 2011; Eby et al., 2008). There is some evidence that the strength of the working alliance between adult mentors and youth mentees affects youth mentee outcomes (e.g., Larose, Chaloux, Monaghan, & Tarabulsky, 2010). In general, we lack an understanding of the relational processes of mentoring and key mentor characteristics (e.g., Karcher, Nakkula, & Harris, 2005; Spencer, 2006) that distinguish mentoring, specifically *peer* mentoring, from other support services.

Relational processes influence peer mentor–mentee relationship development as well as mentee outcomes. For example, the theorized reciprocal and reflexive nature of mentoring relationships (Shore, Toyokawa, & Anderson, 2008) likely differs from those with mental health professionals where clear delineations exist between who is the helper and who is the service recipient (Salzer & Liptzin, 2002). The perceived mentee experiences of authenticity, empathy, and trust found in those with an overall positive peer mentoring experience provide some initial support for the potential benefit of embedding peer mentoring in vocational support services for young emerging adults with SMHC. However, these positive relational experiences

were not experienced by all participants, nor were positive peer mentoring experiences linked to vocational attainment, both of which have immense implications for providers interested in utilizing peer mentors to engage young emerging adults in vocational services.

In this study, peer mentors who were farther along in their own transition to adulthood and vocational development had longer tenure as peer mentors. Addressing and preventing peer mentor turnover are paramount, given the frustration expressed by participants in this study who experienced multiple changes in peer mentors over the 1 year of their study involvement. Flexibility around meeting times and locations is important for early emerging adults who are often juggling multiple commitments (e.g., work, mental health treatment). Activities should take place in the community and allow sufficient time for talking about both vocational development and other topics that are important to the mentee.

Providers who want to implement “peer” mentors should consider the attributes that their clients identify as shared “peer” attributes. The extent to which mentees perceive that their mentors share “peer” characteristics with them may be an important factor influencing mentor–mentee compatibility, bonding, and mentee outcomes. Research exploring personal definitions of “peer” is needed to understand how matching influences positive mentoring processes and mentee outcomes.

These findings also suggest that it is feasible for each paid peer mentor to work with multiple mentees, which may make peer mentoring as part of IPS more feasible and affordable. However, a smaller number of employed peer mentors inherently limit the pool of potential “shared” peer attributes. Future research should explore whether a lack of perceived shared “peer attributes” or having a peer mentor who has multiple meaningful relationships with other young people in the same program contributes to mentee dissatisfaction or prevents engagement with peer mentors.

Peer mentors may be valuable assets in preventing vocational and clinical service disengagement and facilitating reengagement. In this study, services were frequently disrupted due to incarceration, being absent without leave, psychiatric hospitalization, and physical moves away the program. Mentor–mentee contact was also disrupted when participants were away from the program. Mentor–mentee contact may continue during episodes of service disengagement if providers develop methods to maintain connections with peer mentors if it is in the young person’s best interest. With advances in technology and online social networking, remaining connected through service disruption may be possible.

Peer mentors may be helpful in bridging the child and adult service system gap through supporting young emerging adults in their navigation of adult service systems. Future research should explore how “peer” support

facilitates the transition from child to adult mental health systems. Funding paid peer mentor positions to support mentees before, during, and after transition into the adult system may prove challenging depending on the state the services are delivered in. Child and adult mental health systems are unique, separate, and vary state to state with regard to what services are offered and funded. In 36 states, a certified peer specialist role exists in adult community mental health systems (Kaufman, Brooks, Steinley-Bumgarner, & Stevens-Manser, 2012). The shared peer attribute between a certified peer specialist and a client is the possession of SMHC. Although this role could be potentially expanded across child and adult systems, states and providers should be cautioned. In this study, having a mental health condition was not as important as other peer mentor attributes, such as being a program graduate. And, although peer mentors have potential to support the transition across systems of care, there is inconclusive evidence of the positive impact of “peer” mentoring with young emerging adults.

Importantly, providers should be mindful that not all peer mentor–mentee dyads will develop close bonds and be prepared to address relational issues that arise between a peer mentor and mentee. Providers should support ill-matched mentor and mentee in dissolving their relationship, as well as support mentees in establishing a relationship with a new peer mentor if they express interest. Peer mentoring as part of IPS should not be required to receive IPS, rather it should be utilized as a potentially beneficial extra support for young emerging adults with SMHC struggling with vocational attainment.

Limitations

The design of the study was for a feasibility trial of an adapted intervention. Conclusions about the impact of peer mentoring cannot be made because the study utilized a small convenience sample at one mental health service provider and did not include a comparison group. A major limitation was the low response rate: Only 21 of 33 (64%) who were still living on-site at the program had met with a peer mentor and completed a peer mentor survey, thus limiting the conclusions about the value and experience of peer mentors as part of IPS. The satisfaction survey was open-ended allowing for a multitude of responses, but experiences and perceptions may have been missed because they were not directly inquired about. It is unknown as to why potential participants did not want a peer mentor or why some participants did not provide feedback because they reported never meeting with a peer mentor. Future research must explore why young people elect or do not elect to work with vocational peer mentors. Also, future research design must include methods to prevent study attrition if participants are subject to aging out of child system services during data collection. The perspective of the peer mentors

themselves is missing from this study. Future research should explore what peer mentors experience in their role and how their own mental health, transition to adulthood, and social networks affect their capacity to be a successful peer mentor.

To develop and evaluate practices that are truly developmentally appropriate for young emerging adults with SMHC who are system involved, studies that explore key components of interventions are necessary. This study provides initial insights into the potential benefits and challenges of embedding peer mentors into IPS, which are important to consider when tailoring vocational interventions for this at-risk population.

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