

Introductions

What is Family Peer Support?

Challenges and Needs for Expectant
and Parenting Individuals

Why Peer Support?

Considerations for Service
Provision

Targeted Outcomes and
Testimonials





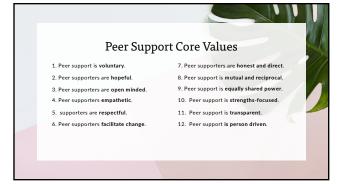
LifeWorks Austin LifeWorks is a fearless advocate for youth and young adults pursuing a life they love and a stable future for themselves and their families. LifeWorks provides services for youth and their families seeking housing, counseling, education and workforce programs.

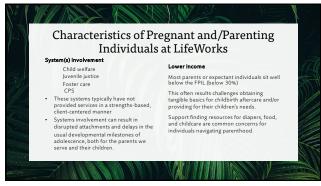
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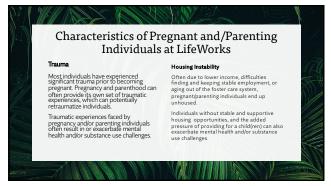
Community-Based Peer Support A team of Peer Specialists (Traditional and Family) who work with youth, ages 16 to 26, who are referred by another LifeWorks program and would like support creating maintaining, and/or enriching their own recovery journey. Peer Specialists meet with individuals either in one of our offices or in a mutally agreeable location in the community. E.g. Their home, coffee shops, etc.













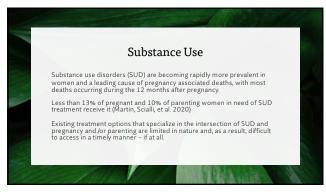
Common Challenges Pregnancy and Parenthood commonly bring additional challenges for individuals, such as: Increased Stress Perinatal Mental Health Challenges, such as Postpartum Depression and Anxiety Increased Risk of Substance Use Suicidal Ideation According to the CDC, in 2022 the leading underlying cause of pregnancy-related deaths was mental health conditions (including deaths to suicide and overdose/poisoning related to substance use disorder) (23%)

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Mental Health Challenges Each year, 500,000 pregnant women in the U.S. will experience a mental health condition either before or during pregnancy. As many as 75% of pregnant individuals with mental health symptoms do not receive treatment.

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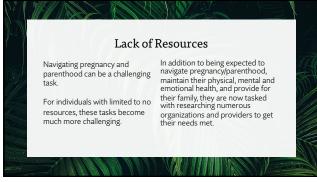
Interpersonal Violence The U.S. Centers for Disease Control and Prevention (2022) defines interpersonal violence as abuse or aggression occurring in the context of a romantic relationship. In the US specifically, rates range from approximately 9% to 15% for all types of IPV during pregnancy, 21% for IPV at 3 months postpartum, 18% at 12–18 months postpartum, 18% at 12–18 months postpartum, and 13% at 24 months (Mojahed et al. 2021). Perinatal IPV is associated with numerous adverse mental health outcomes during pregnancy and postpartum, including substance misuse and substance use disorders, sleep-wake disorders, sleep-wake disorders, sleep-wake disorders, depression, OCD, and PTSD. Other mental health outcomes during resource acting disorders, sleep-wake disorders, depression, OCD, and PTSD. Other mental health outcomes disorders, sleep-wake disorders, depression, OCD, and PTSD. Other mental health outcomes disorders, delior disorders, delegation, occupancy and postspartum, and substance use disorders, depression, OCD, and PTSD. Other mental health outcomes during response and postspartum, and substance use disorders, dealing disorders, sleep-wake disorders, deep-wake disorders, d



Suicidal Ideation Death by suicide is a leading cause of maternal mortality and accounts for about 20% of postpartum deaths. Suicide attempts during pregnancy and after childbirth are increasing, nearly tripling over the past decade. (Psychiatric Times, 2020)

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Pregnancy Loss/ Miscarriage/Child Loss Pregnancy or child loss is a traumatic event that can cause significant mental and emotional distress. Some of the major psychological effects of pregnancy loss include depressive disorders, anxiety disorders, posttraumatic stress disorder (PTSD), feelings of shame and stigma, and relationship strain. Effects of pregnancy loss often are underrecognized and untreated, leaving parents without the necessary resources and support to ensure healthy coping in the aftermath of loss.

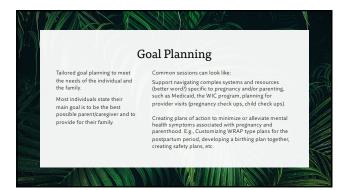


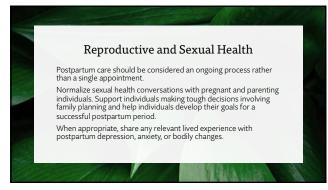












Resource Navigation Maintain up to date resource lists for tangible needs, such as diapers, formula, postpartum care kits, sexual/reproductive health, and food. Support individuals applying for or navigating complex systems for resources, such as WiC, SNAP benefits, and Medicaid. Share your experiences with providers and various resources, so that individuals can best determine what resources might fit their individual needs.

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Mandatory Reporting Be transparent and up front from the beginning. Be sure to inform youth who you must talk to, about what, and when. Ask if they have any questions to make sure they understand their rights and the policies around confidentiality and disclosure. Be mindful of past traumatic experiences and that making a report could potentially retraumatize individuals and disrupt a family. If you must make a report or disclose information, include the parent/guardian in the process as much as possible and be prepared to support them through the fallout.



Benefits of Peer Support A recent scoping review of eight studies that looked at the combination of peer support and mobile health showed decreased depressive scores and provided a positive experience for women, as compared to mobile health alone. (Libblub, et al., 2024) Research shows that peer support can improve people's well-being, meaning they have fewer hospital stays, larger support networks, and better self-esteem, confidence and social skills. (Mental Health Foundation, n.d.)

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Measures and Outcomes

Using the CAP Likert, individuals receiving Family Peer Support services from LifeWorks were given the self assessment at their initial entrance into services and again every 30 days.

The initial scores were then compared to their last or most recent assessment.

Of individuals engaged in Community-Based Family Peer Support services for at least 30 days that reported changes:

70.83% reported overall positive changes in the areas of:

- Coping
- Resiliency
- Hope
- Self-Worth
- Internal Locus of Control and/or
- Support (both within and outside of LifeWorks)





Four in 5 Pregnancy-Related Deaths in the U.S. Are Preventable **Centers for Deaces** Control and Prevention, Centers for Deaces** www.cdc.gov/media/releases/2022/p.0919-pregnancy-related-deaths.html. Liblub S, Pringle K, McLaughlin K, Cummins A, Peer support and mobile health for perinatal mental health A scoping review Birth. 2024; 00.1-13. doi: 10.1111/birt1.2814 Martin CE, Parlier-Ahmad AB, Addiction treatment in the postpartum period: an opportunity for evidence-based personalized medicine. Int Rev Psychiatry 2021. psj. 33(0):579-590. doi: 10.180/psy54.061.2021.1893.349. Epub 2.021.jul 8. PMID. 34238101; PMID. PMICB-903333. *Peer Support** Mental Health Foundation, www.mentalhealth.org.uk/usplore-mental-health/a-z-topics/peer-supports-t-ext-Research%/2.0shows%2.0that%2.0peer%2.0support_e steem%2.C%2.0confidence%2.0and%2.0scial%2.0skills.



