Stroke Survivor-to-Survivor Mentorship Program

UNC | SCHOOL OF MEDICINE

Our Team

Frances Reed
UNC SOM
MS 2

Tanner Perschau
UNC SLP
2nd-year

THE ALBERT SCHWEITZER FELLOWSHIP

- **Whole-person** care
- **Advocating** for and partnering with our patients **beyond the walls** of the hospital
- **Interdisciplinary** collaboration and learning
- Passion for **serving North Carolinians**

Our mentors:

Ali Zomorodi, MD

Meg Zomorodi, PhD, RNL, CNL

Katarina Haley, PhD, CCC-SLP

UNC SCHOOL OF MEDICINE

Why survivor-to-survivor mentorship?

Hidden and long-lasting mental health impacts

UNC SCHOOL OF MEDICINE

Within the **first year**…

- **More than one-third** of stroke survivors experience post-stroke depression.[1]

Rates approach **55% over time**.[2]

- Post-stroke anxiety affects about **35%** of survivors.[3]

Frequently **co-occurring.**[3]

What can we do?

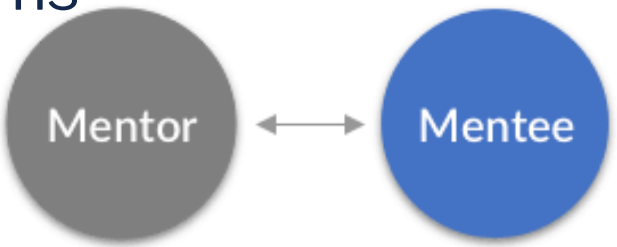
Social support and increased **life-participation** are **protective** against post-stroke depression and anxiety and other quality-of-life outcomes. [4]

Peer-support can **reduce depression** and psychological distress, particularly among **survivors with aphasia.** [5]

The Design

We aim to connect stroke survivors through a **peer-to-peer dyad mentorship** model designed to foster **social and emotional** well-being, **self-efficacy**, and **meaningful life participation** for both mentor and mentee.

- **Mentees** are stroke survivors **≤1 year post-discharge**, recruited via stroke care providers
- **Mentors** are stroke survivors **>1 year post-stroke**, recruited through community networks, support groups, and health systems



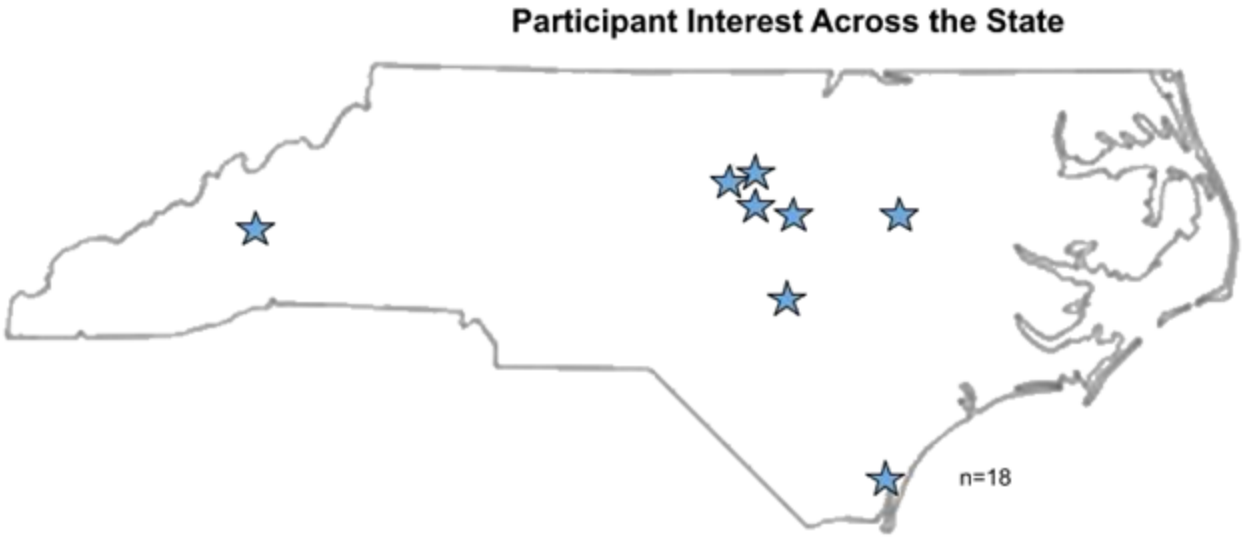
Our Partners

Clinical partners @:

- UNC Health
- Duke Health
- Mission Hospital

Community partners:

- Stronger Together Wellness
  - **Survivor and NC Peer Support Specialist Matt McCoy**
- The Aphasia Project (TAP)
- Local support groups



The Program

Participants…

- **Enrolled** through provider-distributed interest forms.
- Attended an initial **training** session.
- **Were matched** based on shared factors and preferences.

The Program

UNC SCHOOL OF MEDICINE

Dyads will…

- Co-create a **mentorship charter.**
- Set individual and shared **life participation goals.**
- Meet **at least** 2 times/month.
- Discuss provided topics, **share life experiences**, and progress towards life participation goals.
- Attend **three optional workshops** with topics designed to support **identified needs and interests (ex. STROGA)**

UNC | SCHOOL OF MEDICINE

What have we developed so far?

- Intake and matching questionnaire
- Adapted Peer Support Training for Stroke
- Mentorship dyad interactive charter agreement
- Pilot Peer Support Pairings
- Evaluation Metrics

Examples from Training & Charter

UNC SCHOOL OF MEDICINE

Peer Support: Dos

- ✅ Share personal experiences and coping strategies
- ✅ **Listen patiently** and non-judgmentally
- ✅ Offer **encouragement** and emotional support
- ✅ Maintain **appropriate** and mutually agreed-upon **boundaries**
- ✅ Alert professionals for **medical or crisis needs**

Examples from Training & Charter ctd.

UNC SCHOOL OF MEDICINE

Peer Support: Don'ts

- ❌ Offer **medical advice** or treatment suggestions
- ❌ **Pressure** another to **share** or agree with you
- ❌ Make **decisions for** your mentee
- ❌ **Share** each other's **information** outside of the mentor/mentee relationship or information **without permission**

Examples from Training & Charter ctd.

UNC SCHOOL OF MEDICINE

Boundaries

Emotional

✅ Support, ❌not therapy

✅Self-awareness of limits

❌Avoid trauma dumping

How will each partner work to uphold healthy boundaries?

Time & availability

✅Set communication schedules

✅Respect each other's time

Customize communication plan for how you plan to meet (in-person, phone call, video call, text) and how often.

Privacy & confidentiality

✅Keep shared information private

There are exceptions! Risk of harm → Call 911 (immediate danger to self or others) or 988 for the mental health crisis hotline.

Fill out emergency contact information.

Examples from Training & Charter ctd.

UNC SCHOOL OF MEDICINE

Boundaries

Physical & digital

Choose appropriate settings: Think **neutral**, **safe** places like coffee shops or parks.

For digital communication: Use preferred platforms and **avoid oversharing personal contact info** unless mutually agreed upon.

Brainstorm some meeting locations and platforms.

Conflict & discomfort

Mismatches? If personalities, expectations, or goals don't align, **it's okay to ask for a reassignment** or reset the relationship.

✅**Prioritize recovery**

Informed consent

By **signing the charter**, both parties acknowledge that **peer support is not clinical care**, agree to **maintain confidentiality**, and understand they **may withdraw from the program at any time**.

UNC SCHOOL OF MEDICINE

Goal setting

Beginning with the "end" in mind

Individual: What do you want more of in your life?

Pair: How do you want to support one another?

Examples from Training & Charter ctd.

UNC SCHOOL OF MEDICINE

Order off of the "Goal Setting Menu": I want to… more!

🌳 Community & Outings

Visit **outside** of your neighborhood (**market**, **park**).

Go to a **wedding** or **festival**.

Visit a **public place** (**shop**, **cafe**, **school**, **office**).

🎉 For Fun & to Relax

Learn a **new hobby**.

Have **tea/coffee** with a **friend**.

Go for a **walk in nature**.

Sit in the **sun**.

🏠 Daily Life & Movement

Help with household work.

Move around the house.

Do **something** that makes your home life **feel easier.**

Cook or **bake** something new.

👥 Social Connections

Chat or **laugh** with others.

Visit people you miss.

Meet someone **new**.

Do **something kind** for someone.

💜 Respect & Voice

Do something you feel is **honorable**.

Share your opinion in a family discussion.

Ask someone to **listen** to **your ideas**.

📸 Share Your Experience!

Bring a **photo** or **item**.

Write or **draw** a short reflection.

Share during the **group session.**

Celebrate together!

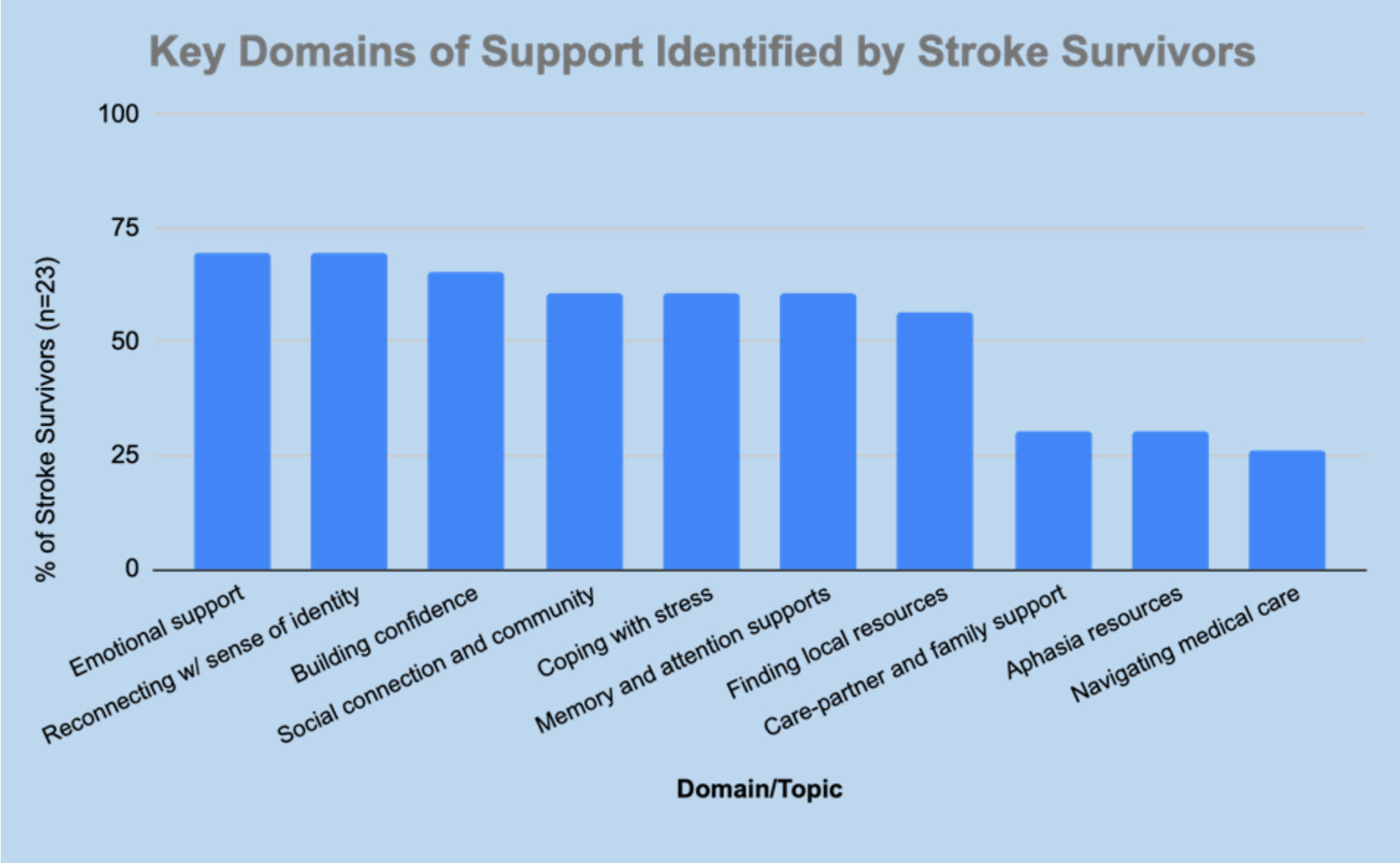
Our First Pilot Cohort

UNC SCHOOL OF MEDICINE

- We've matched
  - **20 survivors**
    - 7 **mentor-mentee** matches
    - 3 **peer-support** pairs
- Attended our **peer support training** on October 4th
  - co-lead by survivor and peer support specialist **Matt McCoy**
- Currently **co-creating a mentorship charter** (by October 24th)
- Will run pilot until March 2026 (**6 months**)

We've learned connection is needed

UNC SCHOOL OF MEDICINE



Challenges

UNC SCHOOL OF MEDICINE

- Very **low yield** of referrals/participant follow-up from **clinician distribution** of flyers interest forms
  - Highest success through word of mouth connections from other survivors (difficulty reaching those not already connected)
  - Handful of mentees from ASA support group website posting
- Not high enough **concentration** of engagement from one health system to launch pilot program in **one community**
  - greater connection across state, but more difficult to sustain
- More **time** needed to **implement feedback from pilot** and establish **sustainable system** for **program administration** housed in one place

UNC SCHOOL OF MEDICINE

Discussion: A penny for your thoughts?

UNC SCHOOL OF MEDICINE

If you were to establish a similar peer-support program within your system, what might be some logistical barriers?

UNC SCHOOL OF MEDICINE

If you were to adopt a similar peer-support program within your system, what would you need in order to maintain it?

UNC SCHOOL OF MEDICINE

Is it reasonable to have statewide collaboration around peer-to-peer support programs?

What would healthcare systems need to collaborate statewide?

References

1. Poststroke Depression: A Scientific Statement for Healthcare Professionals From the American Heart Association/American Stroke Association.Towfighi A, Ovbiagele B, El Husseini N, et al. Stroke. 2017;48(2):e30-e43. doi:10.1161/STR.0000000000000113.

2. Liu L, Xu M, Marshall IJ, Wolfe CD, Wang Y, O'Connell MD. Prevalence and natural history of depression after stroke: A systematic review and meta-analysis of observational studies. *PLoS Med*. 2023;20(3):e1004200. Published 2023 Mar 28. doi:10.1371/journal.pmed.1004200

3. Prevalence of Poststroke Anxiety and Its Associations With Global Cognitive Impairment: An Individual Participant Data Analysis. Ruthmann F, Lo JW, Mendyk-Bordet AM, et al. Journal of Affective Disorders. 2025;369:1136-1144. doi:10.1016/j.jad.2024.10.099.

4. Graven C, Brock K, Hill KD, Cotton S, Joubert L. First Year After Stroke: An Integrated Approach Focusing on Participation Goals Aiming to Reduce Depressive Symptoms. Stroke. 2016;47(11):2820-2827. doi:10.1161/STROKEAHA.116.013081

5. Supporting Wellbeing Through PEER-Befriending (SUPERB) Feasibility Trial: Fidelity of Peer-Befriending for People With Aphasia.Behn N, Moss B, McVicker S, et al. BMJ Open. 2021;11(8):e047994. doi:10.1136/bmjopen-2020-047994.

Thank you!

Frances Reed
frances_reed@med.unc.edu

Tanner Perschau
tanner_perschau@med.unc.edu